

Important Information  
Regarding  
Reinstatement Application for Land Surveyors

At its meeting on November 13, 2007, the State Board of Registration for Professional Engineers and Land Surveyors adopted a new policy regarding the license reinstatement of Professional Engineers and Land Surveyors.

Board Policy 07-02 is as follows:

*All applicants seeking reinstatement of their registration following the license being administratively revoked for having an expired license for greater than 4 years shall be required to pass as a minimum the principles and practices examination, unless the applicant has continued their license in force from another acceptable jurisdiction without interruption and in compliance with current Continuing Education requirements for a licensed Georgia registrant during the time when the Georgia licensure was not active.*

License Reinstatement Applicants should be aware that this application will be reviewed by the Board and if the applicant is determined to be eligible for reinstatement, one of the following options will be recommended and voted on at a Board meeting:

- If the applicant has maintained licensure in another jurisdiction without interruption, and otherwise meets continuing education requirements, there will be a \$1000 reinstatement fee assessed upon approval.
- If the applicant has **not** maintained licensure in another jurisdiction without interruption, and otherwise meets continuing education requirements, it will be necessary for the applicant to pass the Principles & Practices exam, for which the applicant will be given 4 offerings beginning with the next available offering. No additional Board fee will be assessed; however, the applicant will have to remit payment for the scheduling of the exam(s) to the exam administrator.

**FOR BOARD USE ONLY**

Amount Submitted \_\_\_\_\_

Date \_\_\_\_\_

Receipt # \_\_\_\_\_



**FOR BOARD USE ONLY**

Certificate Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Applicant No. \_\_\_\_\_

**GEORGIA STATE BOARD OF PROFESSIONAL ENGINEERS & LAND SURVEYORS**

237 Coliseum Drive • Macon, Georgia 31217 • (404)424-9966

[sos.ga.gov/georgia-state-board-registration-professional-engineers-and-land-surveyors](http://sos.ga.gov/georgia-state-board-registration-professional-engineers-and-land-surveyors)

**REINSTATEMENT APPLICATION FOR CERTIFICATE AS A LAND SURVEYOR**

**Application Fee \$100 + \$10 processing fee (non-refundable)**

**License Type: LAND SURVEYOR**

**Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards):**

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**Method Obtained by:**

Applicant is applying for above referenced license by: **Reinstatement** of License # \_\_\_\_\_

**Name** as desired on License: \_\_\_\_\_  
First Middle Last

Names as shown on exam records or transcripts (if different):  
\_\_\_\_\_  
First Middle Last

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
Number and Street Apt. No. City/State Zip  
**P.O. Box not acceptable**

**Mailing Address:** \_\_\_\_\_  
(if different) Number and Street Apt. No. City/State Zip

\_\_\_\_\_  
Telephone Number Day Telephone Number Evening E-Mail Address

**Affiliation:**  
Name of firm \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
Number and Street Apt. No. City/State Zip  
**P.O. Box not acceptable**

**Mailing Address:** \_\_\_\_\_  
(if different) Number and Street Apt. No. City/State Zip

NOTE TO APPLICANT: This information will be entered into the Division database for Accounting and Licensing purposes. All items must be completed, and then duplicated on the next page of the application for Board review.

**APPLICATION FOR REINSTATEMENT AS A LAND SURVEYOR**

*(License that has expired for more than 4 years. If your license expired less than 4 years ago, you may renew online.)*

**Section 1: General Information**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
First Middle Maiden Last

Social Security Number\*: \_\_\_\_-\_\_\_\_-\_\_\_\_ Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.*

Mailing Address: \_\_\_\_\_  
Street and Number City State and Zip

Permanent Address: \_\_\_\_\_  
Street and Number City State and Zip

Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

What year were you initially granted a Land Surveyor license in the State of Georgia: \_\_\_\_\_

Have you practiced surveying on a project within the State of Georgia where a license was required, but you did so without a current license?  Yes  No If yes, include complete details on additional sheet.

Present Position (your title): \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Address: \_\_\_\_\_

Have you ever been convicted or pled nolo contendere to a crime?  Yes  No If yes, include complete details on additional sheet.

**Section 2: Registration**

Lapsed Georgia Land Surveyor License number: \_\_\_\_\_

Expiration Date of your most recently lapsed Georgia License: \_\_\_\_\_

Has a professional license from any jurisdiction been revoked, suspended or sanctioned?  Yes  No

Name all the jurisdictions (states or territories) where you have been granted a Land Surveyor license:

\_\_\_\_\_

Name all the jurisdictions where you have maintained an uninterrupted Land Surveyor license(s) (Provide verification of license in **current** state of residence.):

\_\_\_\_\_

Name all jurisdictions where you no longer maintain a current professional license for whatever reason:

\_\_\_\_\_

**SECTION 3: EXPERIENCE**  
**\* EXPERIENCE SINCE YOUR GEORGIA LICENSE WAS REVOKED \***

**SHADED AREAS ARE FOR BOARD USE ONLY**

School: _____	Degree/Date _____	ABET: Yes _____	No _____
Masters: _____	Degree/Date _____	ABET: Yes _____	No _____
Technology: _____	Degree/Date _____	ABET: Yes _____	No _____
Other: _____	Degree/Date _____	ABET: Yes _____	No _____
LSIT State & Date: _____	LS State & Date: _____		

Eng. #	Company/ Employer Name	Your Title	From: <u>Mo/Yr</u>	To: <u>Mo/Yr</u>	Total Months

Total # of Endorsement Forms: \_\_\_\_\_ (All Engagements MUST be endorsed.)

**NOTES:**

**SECTION 4: CONTINUING EDUCATION <sup>1</sup>**

Course Title <sup>2</sup>	Date Completed	Number of PDHs Acquired <sup>3</sup>

**Notes**  
<sup>1</sup> See Board Rules, Chapter 180-11.  
<sup>2</sup> Attach proof of completion of all coursework listed.  
<sup>3</sup> PDHs must have been earned in the last four (4) years with 7.5 or more earned within the last two (2) years.

**SECTION 6: ENDORSEMENT FORM**

**Section 6A – To Be Completed By Applicant for LS Reinstatement**

Applicant Name: \_\_\_\_\_  
Last
First
Middle
Maiden

Engagement No. as listed in Section 3: \_\_\_\_\_

This endorsement is for:    Reference & Experience Verification                  Reference Only                  Employment Verification Only

**Georgia Law Section 43-15-15(d) states: “An application shall contain the names of not less than five persons, not related to the applicant by blood or marriage, of whom at least three shall be registered, active land surveyors...having personal knowledge of the experience on which the applicant predicates his qualifications.”**

Experience described on this form was obtained while employed by: \_\_\_\_\_  
Company Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

For this engagement please provide name of direct supervisor: \_\_\_\_\_

Was your direct supervisor a registered LS?                  Yes                  No                  Other: \_\_\_\_\_

Endorser for this Engagement: \_\_\_\_\_

**State your Title(s) & Name of Company. Describe experience (one line is not sufficient) detailing in first person the work you personally performed in design, study, review, testing or other tasks which required your surveying skills. This work should be progressive in difficulty and magnitude; reflect the acquired ability to design and apply surveying principles to demonstrate that your judgment may be trusted on projects involving public health and safety. Do not attach resume or project lists. Experience must be verified by LS associates even if you are self-employed.**

Dates		Engagement No.
From Mo/Yr	To Mo/Yr	
Type of Experience		%
Boundary Surveying, including research & calculations		
Topographic or As-Built Surveying		
Geodetic or GPS Surveying		
Construction Lay-Out/Staking		
Other		

If you need additional space, please attach additional sheets.

**Section 6B – To Be Completed by Endorser  
 Applicant’s description in Section 6A above is:**

Accurate                  Inaccurate                  (Explain if inaccurate): \_\_\_\_\_

Were you the applicant’s direct supervisor for this engagement? Yes                  No

If direct supervisor, were you a registered Land Surveyor?                  Yes                  No                  State Registered/No.: \_\_\_\_\_

Date of Issue: \_\_\_\_\_                  Signed: \_\_\_\_\_

Section 6C – To Be Completed by Endorser

The Georgia Board prefers that you mail this form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Board office at 237 Coliseum Drive, Macon, GA 31217-3858, please make a blank copy of this form and mail it back to the applicant following the directions above, then mail the completed form to the Board. All responses will be held in strictest confidence by the Board.

Name of Applicant: \_\_\_\_\_
1a. How well do you know the applicant: very well well slightly not at all
1b. List dates (months and years) of contact with the applicant: \_\_\_\_\_ to \_\_\_\_\_
Mo. & Yr. Mo. & Yr.
1c. Basis of contact: As the applicant's LS supervisor As an associate or co-worker in Surveying Work
Other (explain) \_\_\_\_\_ Are you related by blood or marriage? Yes No
2. Do you have personal knowledge of the applicant's surveying work? Yes No If yes, complete entire form.
If no, complete only items 3 & 10.
3. What is your opinion of the applicant's personal integrity and reputation: \_\_\_\_\_
4. Would you employ applicant in a position of trust: Yes No If no, explain: \_\_\_\_\_

5. Using the interpretations below, please rate the practice and quality of performance of the applicant's engineering work.

Table with 7 columns: Type of Practice, Responsible Charge (Yes/No), Above Average, Average, Below Average, Unsatisfactory, Unknown. Rows include Boundary Surveying, Topographic or As-Built Surveys, Geodetic or GPS Surveying, Construction Lay-Out/Staking.

Interpretations:

- Above Average: Performance unquestionably of a professional level demonstrated through competence and creative ability.
Average: Work not distinguished in content or level, but adequate for surveying purposes indicating an ability, under some supervision, to produce workable maps and/or analysis.
Below Average: Performance needs careful checking and rather close supervision to meet requirements.
Unsatisfactory: Work of poor quality, not up to minimum professional standards. Requires review and revision by associates or supervisors before execution. Inadequate for "the purpose of safeguarding life, health and property."
Unknown: Did not review work or work with applicant in this area. Can not determine proficiency.

6. Considering the need to protect the public health, safety and welfare, in your opinion how does this applicant rank in professional competence and responsibility:

Qualified Additional Experience Needed Unqualified

7. REMARKS: The Board will appreciate additional information or amplifying information regarding the applicant's surveying experience, capabilities, or limitations, if any. Use reverse side for continuation of comments, if necessary.

9. Based on the definition of the practice of surveying, Georgia Law 43-15-2(11), do you recommend the applicant for LS licensure?

Yes No

10. I certify that the above statements are true and correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

Print Name: \_\_\_\_\_ FIRST MI LAST

State of LS License/Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Present Position: \_\_\_\_\_ Firm: \_\_\_\_\_

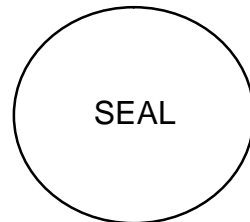
Address: \_\_\_\_\_

Daytime telephone number :( \_\_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If licensed, please verify with Land Surveyor seal with signature.



**SECTION 5: AFFIDAVIT BY APPLICANT**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) \_\_\_\_\_ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on the Board’s website.**
  
- 2) \_\_\_\_\_ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC My Commission Expires:





**OFFICE OF SECRETARY OF STATE**  
PROFESSIONAL LICENSING BOARDS DIVISION  
237 Coliseum Drive  
Macon, Georgia 31217  
(844) 753-7825

**CONSENT FORM**

I hereby authorize the Board of Registration for Professional Engineers and Land Surveyors ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Physical Address (P.O. Boxes NOT Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

One of the following must be checked:

This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Special licensure provisions (check if applicable):

- Working with mentally disabled  
 Working with elder care  
 Working with children

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

Name \_\_\_\_\_

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]