

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION STATE OF NEW HAMPSHIRE
 DIVISION OF TECHNICAL PROFESSIONS
 121 South Fruit Street, Suite 201
 Concord, N.H. 03301-2412
 Telephone 603-271-2219 · Fax 603-271-6990

PETER DANLES
 Executive Director

LINDA CAPUCHINO
 Division Director



NH LAND SURVEYOR RENEWAL FORM

Part I. LICENSEE INFORMATION

LICENSE EXPIRATION DATE _____ AMOUNT DUE _____
 NAME _____ LS LICENSE # _____
 HOME ADDRESS _____ HOME PHONE _____
 BUSINESS NAME & ADDRESS _____ WORK PHONE _____
 Indicate mailing address by check box EMAIL ADDRESS _____

Part II. FEE SCHEDULE	CRITERIA	PAYMENT INFORMATION
<input type="checkbox"/> Renewal Fee \$150.00	Payable by last day of the month of licensee's birth.	Make check payable to "Treasurer, State of New Hampshire" OR use the enclosed credit card sheet
<input type="checkbox"/> Late fee \$30.00 per month	Include \$30.00 per month or fraction of a month the renewal is late.	
<input type="checkbox"/> \$10.00 - Retired Status	Honorary status only, continuing education log not required.	
<input type="checkbox"/> First Time Renewal	4 CEU's required	

PART III. QUESTIONS	Include an explanation if "yes"	YES	NO
1. Have there been any legal judgments decided against you for your services as a licensed Land Surveyor?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any disciplinary actions brought against you by any board or jurisdiction?		<input type="checkbox"/>	<input type="checkbox"/>

PART IV. CERTIFICATION

RULES OF PROFESSIONAL CONDUCT
 I certify to the best of my understanding, knowledge and belief that I have adhered to the intent and spirit of the ethical and professional standards of New Hampshire Code of Administrative Rules Lan 500; and
CONTINUING EDUCATION UNITS
 I attest that the information contained in this form and the attached continuing education activity log is true and correct to the best of my knowledge and belief and complies with the minimum of 8 continuing education units required by Lan 403.01 (b). I further acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:

➡ SIGN HERE _____

Credit Card Sheets are not accepted via e-mail.

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Fax: 603-271-7928

This page will be destroyed after the transaction has taken place.

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard (required)			
Card Number			(required)
Expiration Date:	Month:	Year:	(required)
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			