APPL#_____
For Office Use Only

STATE OF NEW HAMPSHIRE

APPLICATION FOR TEMPORARY PERMIT FOR LAND SURVEYING

$300.00 Application Fee

The application must be filled out completely and typewritten
Check Payable to "Treasurer, State of NH" or complete the enclosed credit card form **(Non-Refundable Fee)**

1. General Information

Name _____
Last First Middle

Names Previously Used (if applicable)_____ SS# _____

☐ Residence Address _____
zip code

Business Name & Title _____

☐ Business Address_____
Indicate mailing address by check box zip code

Business Phone _____ Home Phone_____

Email _____

Place of Birth_____ Date of Birth_____

2. Registration/Licensure Information

Have you taken and passed the Surveyor in Training?_____

If yes indicate: State _____ Certificate # _____ Date:_____

Licensed by **NCEES** Exam?_____ If not how?_____

Location of exam_____ Date _____ Grade Awarded _____

Total number of hours of written examination/s (indicate "none" if no written exam was taken):_____

State in which first registered or licensed as a Land Surveyor_____

Date of Licensure_____ License Number_____ Is License now in force?_____

If not in force, indicate why _____

Have you **ever** applied for land surveying licensure in **New Hampshire**?_____ Status_____

Professional Licenses: List all states where you hold or have held licensure. Use a separate sheet if necessary. Verification of one current license as well as verification from the state(s) where examination(s) was administered is required.

License #	State	Year Licensed	#Hours Written Examination	Reciprocity or Grandfather	Active or Lapsed

3. General Information Questions

CHECK ONE:	YES	NO
1. Have you ever been convicted of any felony or any misdemeanor, or a violation involving land surveying or the practice of land surveying. If so, name the court, the details of the offense and the date of conviction and the sentence imposed.	☐	☐
2. Have you ever lost or been denied registration/licensure as a land surveyor or disciplined by another licensing board in any other state and if so, an explanation of the circumstances?	☐	☐

If the answer is yes to any of the above questions, submit a written explanation with your application

4. Membership in Professional or Scientific Associations

Name of Organization	Location	Grade or Membership	Date

5. Education

1. Official transcripts are required and must be sent directly to the board office from the college or university, in a sealed envelope.

INSTITUTION AND LOCATION	FROM	TO	MAJOR	DEGREE AWARDED/DATE
Secondary School				
1.				
Colleges and Universities:				
1.				
2.				
3.				
4.				

6. Professional Experience

This information described below is a summary of your employment, and should start with your first employer. Information below must be comprehensive and complete. Please attach additional sheets as needed. **Please sign any additional sheets.**

Date	1. Name of Employer- Title of Position	Name and present address of someone familiar with each position, preferably person to whom applicant reported or with whom he/she was associated.
Indicate years	2. Location and Character of Each Position	
From to	3. Degree of Responsibility	

REQUEST FOR VERIFICATION OF LICENSURE, CERTIFICATION, OR EXAMINATION

PART A. Candidate Information

Applicant Name:_____ Date:_____

Address:_____ License #_____

_____ Date of Birth:_____

City State Zip

****

PART B. To be completed by verifying Board and returned directly to: **New Hampshire Office of Professional Licensure and Certification, 121 S Fruit St, Suite 201, Concord, NH 03301.** (Phone 603-271-2219)

I. THE ABOVE NAMED PERSON WAS LICENSED AS:

	Certificate Number	Date Issued	Valid Until
( ) PROFESSIONAL ENGINEER	_____	_____	_____
( ) ENGINEER-IN-TRAINING	_____	_____	_____
( ) LAND SURVEYOR	_____	_____	_____
( ) SURVEYOR-IN-TRAINING	_____	_____	_____

II. MINIMUM REQUIREMENTS WERE:

1. ( ) Written Examination:

	Hours	Results	NCEES? (yes/no)	Exam Date
Principles and Practice of Engineering	_____	_____	_____	_____
Fundamentals of Engineering	_____	_____	_____	_____
Principles and Practice of Land Surveying	_____	_____	_____	_____
Fundamentals of Land Surveying	_____	_____	_____	_____

Exam Option: (Discipline)_____

2. ( ) EIT or LSIT Accepted from:_____ _____
3. ( ) Oral Examination:_____hours PE _____hours PLS
4. ( ) Comity with:_____
5. ( ) Education and Experience_____
6. ( ) Other_____

III. QUESTIONS

1. Has any disciplinary action ever been taken against the applicant? _____Yes _____No
2. If so, has the disciplinary case been satisfied to the Board's requirements? _____Yes _____No
   If not, give details_____
3. Was the NCEES Cut-Score used? _____No If no please explain:_____
   _____

State:_____

By:_____ (mandatory board seal)

Title _____

Date _____

9. Affidavits

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the temporary permit, as applied for, but also to the retention of said permit, if issued.

_____
(Signature of Applicant)

Please place a sample of the seal below, that you intend to use on your plans. This stamp must be the one indicated in the temporary permit information. Upon approval, this certificate shall bear a Temporary Permit Stamp by the Board to accompany your plans to the registry.

AFFIX LLS SEAL IN BOX ABOVE

ADDRESS ALL COMMUNICATIONS TO:

NH OPLC – TECHNICAL DIVISION
121 SOUTH FRUIT ST, SUITE 201 CONCORD, N.H. 03301

Find us on the on-line at www.oplc.nh.gov/land-surveyors/index.htm

rev. 10/17/16

LAND SURVEYOR TEMPORARY PERMIT CHECKLIST, ELIGIBILITY & PROCEDURES

THIS CHECKLIST MUST BE RETURNED WITH YOUR APPLICATION

_____
Candidate Name

Before you mail your application to the Board, please check the following items carefully. Your attention to these details will make it possible for the Board Staff to process your application without delay.

Have you:

- ☐ Marked the box on the application form indicating which address you want us to use?
- ☐ Requested your college/university to send us your transcript directly?
- ☐ Completed the "References" portion of the application, sent reference forms and Board addressed and stamped envelopes to each of your references, and kept a blank copy of the form for yourself?
- ☐ Filled in the Detailed Project Information in Section 8
- ☐ Signed and dated the application?
- ☐ Included the correct fee with the check made payable to **Treasurer, State of NH** or completed the attached credit card sheet?
- ☐ Included a sample of your land surveyor seal?

RSA 310-A:63 IV. A person not a resident of and having no established place of business in this state who wishes to practice or offer to practice the profession of Land Surveying in this state may make application to the Board on this form for a temporary certificate to practice, provided such person is licensed in his/her own state or country in which the requirements and qualifications for obtaining a certificate of licensure are substantially equivalent to or greater than those specified in this chapter. Upon written approval of the application by the Chairman and the Secretary, the applicant shall be authorized to practice the profession of Land Surveying in this state, limited to such periods as shall be determined by the Board, but may not exceed an aggregate of 30 days in one calendar year. Any portion of a day shall be counted as a whole day.

Upon receipt and Board approval you will be issued a temporary permit number.

Upon completion of the specified project, you will submit the plans to be recorded and a blue line or zerox copy to this office bearing your out of state stamp and signature. The Board will then stamp this permit and your plans to be recorded in the registry with the **TEMPORARY STAMP PERMIT**.

Date _____

College or University Registrar

_____

_____

_____

Dear Registrar:

Enclosed please find my fee in the amount of $_____ in payment for a certified transcript of my scholastic record. I attended college during the years _____ to_____. I received my degree on_____. My Social Security number is _____ and my date of birth is _____.

My student identification number was_____.

Please send the transcript ***directly*** to the following address:

NH OPLC – Technical Division
121 South Fruit Street, Suite 201
Concord, New Hampshire 03301

The Board of Land Surveyors have informed me that they will treat the transcript in accordance with the provisions of the Education Rights Privacy Act and that no unauthorized person will have access to the transcript.

Sincerely,

_____
(Signature)

_____

_____

_____
(Printed Name and Address)

NH OPLC – TECHNICAL DIV
121 S FRUIT ST, SUITE 201
CONCORD NH 03301

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Note: This page may be printed or copied on a 3 by 10 label sheet to create mailing labels for use with reference letter envelopes, etc. This setup is for Avery label 5960.

STATE OF NEW HAMPSHIRE
BOARD OF LICENSURE FOR
LAND SURVEYORS

Reference Name_____
Please Print or Type

Applicant's Name_____

To the Party listed above:

You have been listed as a reference by the above named applicant for temporary permit as a Land Surveyor. The following information is requested to assist the Board in determining the qualifications of the applicant as required by law.

If you feel that you cannot properly evaluate the candidate, please return this form to the NH Board of Licensure for Land Surveyors and, in confidence, we will request that the candidate provide a further reference.

Definition of LAND SURVEYOR (RSA 310-A:54 II)

A "Land Surveyor" is a professional specialist in the technique of measuring land, educated in the basic principles of mathematics, the related physical and applied sciences, and the relevant requirements of law for adequate evidence and all requisite to the surveying of real property and engaged in the practice of land surveying as defined (in the law).

THIS IS CONFIDENTIAL INFORMATION FOR USE OF BOARD MEMBERS ONLY

How long have you known the applicant?_____Years.

Do you consider that he/she fulfills the above definition? ☐ Yes ☐ No

It is required that three persons serving as references be licensed land surveyors (preferably one of which should be or has been an immediate supervisor). If you are serving in either of these capacities, please indicate your state of registration/licensure and number.

State: _____ LS# _____

State: _____ LS# _____

State: _____ LS# _____

We prefer to have an in depth qualified reference so it is imperative that you fully consider your comments. Only you can ascertain the candidate's qualifications. The Board must depend upon you for this information.

1. To your knowledge, does the applicant have practical experience in deed research, drafting of deed descriptions, etc., preparatory to the conveyance of land? Please specify!

2. To your knowledge, is the applicant adequately informed of the rules of evidence and boundary law to effectively perform the duties ordinarily required of a land surveyor? Please specify!

2a. If you believe the candidate has this knowledge, could you give an estimate of the period of time the candidate has been performing these duties.

3. To your knowledge, has the candidate spent a portion of his/her professional career in responsible charge in a survey office? If you believe the candidate has spent a portion of his time in direct supervisory charge, could you give an estimate of the period the candidate has been performing these duties.

4. Are you aware of anything which reflects adversely on the integrity or general good character of the applicant?

5. If you are acting in any capacity other than a licensed land surveyor and you are in a position to pass judgment on the adequacy of the candidate's work, please explain under what conditions you are familiar with his/her work.

Please make any further comments which you feel will help the Board in determining the applicant's suitability for licensure as a land surveyor.

I make the above statements with full knowledge that the person referred to is making application for licensure by the State of New Hampshire as a Land Surveyor, and this information will be filed with the person's application.

Date_____ Signature:_____

After completing this form, please mail to:

State of New Hampshire
Office of Professional Licensure and Certification, Technical Division
121 South Fruit Street, Suite 201
Concord, N.H. 03301

Find us on-line at http://www.oplc.nh.gov/land-surveyors/index.htm

7. References of Character and Qualifications

Applicant will give the name and address of not fewer than five reputable citizens, unrelated to the applicant, of whom at least three shall be licensed land surveyors, having personal knowledge of the applicant's experience. No member of the board will be accepted as reference. Name of persons listed under item 6, "Experience," may also be used as references.

Name	Address including zip code	Occupation/License	Business Relationship to Applicant

8. Project Information

Title:	
Specific Location of Project:	
Town Tax map- Page and Parcel#	
Briefly Describe the Project:	
Estimate Time in Days:	
Field Time:	Registry Time:
Computation Time:	Drafting Time:
Licensed Supervision Time:	Any other Time Required:

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)	☐ Visa	☐ Mastercard **(required)**	
Card Number			**(required)**
Expiration Date:	Month:	Year:	**(required)**
Billing Name and Address (your billing address must match the address associated with the cre card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

Confidential

Rev. 5/16 Any payment for issued licenses or certifications are non-refundable.