



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301  
Phone: 603-271-2152

Applicant # \_\_\_\_\_

**STATE OF NEW HAMPSHIRE**  
**BOARD OF LICENSURE FOR LAND SURVEYORS**  
**RE-APPLICATION TO SIT FOR THE NHL EXAMINATION**  
(You must fill out an application each time you sit for the exam)

Each applicant shall submit a **typewritten** re-application form with the \$125.00 fee for the NHL exam. Make checks payable to: Treasurer, State of New Hampshire. **(Non-refundable)**. Please pay all PLS fees directly to NCEES.

- a. Name in full \_\_\_\_\_
- b. Maiden name \_\_\_\_\_
- c. Residence address \_\_\_\_\_ (    )\*
- d. School or business address \_\_\_\_\_  
\_\_\_\_\_ (    )\*

**\*Indicate mailing address by marking X in parenthesis**

- e. Home Number \_\_\_\_\_ Work Number \_\_\_\_\_
- f. E-mail address \_\_\_\_\_
- g. Present position \_\_\_\_\_
- h. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_
- i. Have you taken the PLS exam in any other state since last taking it in NH? Yes    No
- j. Have you ever been barred from sitting for the PLS exam in any state? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain on a separate sheet of paper the circumstances under which you were barred.

This form and appropriate exam fee/s must be received by the Board by January 1 for the April exam and July 1 for the October exam, or your application will be denied.



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**Affidavits**

The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect.

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Signature of Applicant

Address all communications to:

NH OPLC - Land Surveyors  
7 Eagle Square  
Concord, NH 03301

***Find us on-line at***

**<https://www.oplc.nh.gov/board-land-surveyors>**

REV. 12/2021