

Land Surveyor Form 1ILS

Application for Intern Land Surveyor Certificate

In accordance with New York State Education Law and the Commissioner's Regulations, a graduate of either an associate's degree or higher program in land surveying or an associate's degree or higher program in engineering, math, or a related science with credits in land surveying acceptable to the department who has successfully completed the NCEES Fundamentals of Surveying (FS) examination is eligible for an "Intern Land Surveyor" certificate. The fee for this certificate is \$70.

Application for Engineer in Training Certificate 15 \$70 LX

1. Social Security Number _____ 2. Birth Date Month _____ Day _____ Year _____
(Leave this blank if you do not have a U.S. Social Security Number)

3. Print Name Last _____
First _____
Middle _____

5. Telephone/Email Address
Daytime Phone
 Home or Business

Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.

4. Mailing Address Home or Business
(You must notify the Department promptly of any address or name changes)

Area Code _____ Phone _____
Email Address (please print clearly)
 Home or Business

Line 1 _____

Line 2 _____

Line 3 _____

City _____

State _____ ZIP Code _____

Country/
Province _____

6. New York State DMV ID Number
(Driver or Non-Driver ID)

(Leave this blank if you do not have a
New York State DMV ID Number)

7. Fundamentals of Surveying examination (FS) (check one)

I completed the NCEES FS examination as a New York State candidate.

Examination Date _____ NCEES ID Number _____
mo. yr.

I completed the NCEES FS examination as a candidate of a jurisdiction other than New York State.

Jurisdiction _____
Examination Date _____ NCEES ID Number _____
mo. yr.

8. I graduated from either:

an associate's degree or higher program in land surveying; or

an associate's degree program in engineering, math or a related science with credits in land surveying acceptable to the Department.

School name _____

Exact title of program _____

Degree earned _____ Date awarded _____
mo. yr.

Direct verification of my education will be submitted via (check one)

Form 2 (I will submit to my school for completion upon graduation)

Form 20F (submitted by my New York State school upon graduation)

9. Have you previously applied for New York State licensure in any profession licensed under New York State Education Law? If "yes", in what profession(s)? _____ Yes No
10. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? Yes No
11. Are criminal charges pending against you in any court? Yes No
12. Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? Yes No
13. Are charges pending against you in any jurisdiction for any sort of professional misconduct? Yes No

NOTE: If you answer "Yes" to any questions numbered 10-13, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. In answering these questions, consider whether, pursuant to Executive Law § 296(16), you are required to report any arrests, criminal accusations, or dispositions of such arrests or criminal accusations. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents. While your application is pending, you must notify the Division of Professional Licensing Services if the answers to any of these questions have changed.

14. Citizenship/Immigration Status

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States _____
- I. I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify _____
- J. I do not reside in the United States.

If you checked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number _____

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THE [USCIS WEBSITE](https://uscis.dhs.gov).

15. Affidavit

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Applicant's Signature

Date

Mail this form and fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201, U.S.A.. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.