

SOUTH DAKOTA STATE BOARD OF TECHNICAL PROFESSIONS

2040 W Main Street, Suite 304, Rapid City, SD 57702-2447

Phone: 605-394-2510 Fax: 605-394-2509

www.state.sd.us/dol/boards/engineer

Email: dolsdbotp@state.sd.us

PRINCIPLES AND PRACTICE OF LAND SURVEYING (LS) EXAM APPLICATION

Applicants may apply for the LS examination which is the national examination from the NCEES.

Applicants must have passed the Fundamentals of Land Surveying (FLS) Exam

Experience must be obtained under the direct supervision of licensed land surveyors.

EDUCATION & EXPERIENCE REQUIREMENTS

	EDUCATION	EXPERIENCE	TOTAL
ABET* BS Surveying or Engineering Degree	4	4	8
ABET* BS Technical Surveying or Engineering Degree	4	4	8
Vocational degree in Surveying or Engineering	2	7	9
Non-school Trained applicant	0	11	11

*ABET is the Accreditation Board for Engineering and Technology

APPLICATION DEADLINES

All items listed below must be submitted to the board office no later than midnight on:

January 1st for the April exam

July 1st for the October exam

1. Application fee is \$100.00.
2. Complete the LS exam application.
3. List of References – You shall furnish the names and addresses of at least 5 references to which you will send the **Confidential Exam Reference Form** to. At least 3 references must be licensed land surveyors in good standing and the 3 references must have personal knowledge of your experience. The other 2 references can be character references. Relatives, business associates supervised by you and current South Dakota Board members are not acceptable as references.

Make 5 copies of the Confidential Exam Reference Form. Complete the top portion on page 1 and complete all of page 2. Mail the confidential exam reference forms that you list as references to those individuals. The confidential exam reference form must be sent by the reference to our board office. The form can be mailed, faxed or scanned & emailed to the South Dakota Board office.

4. Education – **Graduates** must provide an **official transcript** issued directly from the granting institution by the registrar’s office. Transcripts must be mailed directly from the institution to the South Dakota board office.

01/06/10

5. Experience – Land surveying experience must be completed under the supervision of a licensed professional land surveyor.
6. Complete the top portion through your social security number and birth date and mail the **State License Verification Form** to the state where you passed the Fundamentals of Land Surveying (FLS) exam with a stamped envelope addressed to this office. This is not necessary if you passed the FLS in South Dakota.
7. Complete the open-book **take home exam** over South Dakota laws and return it to this office.
8. Submit the application and \$100 application fee by mail, fax OR scan & email to the South Dakota Board of Technical Professions.

APPLICATION FEES

Application fee of \$100 payable to the South Dakota Board of Technical Professions by check or money order. **OR** you can pay by using a VISA or MasterCard credit card.

CHANGE OF ADDRESS OR EMAIL ADDRESS

If you have an address or email change after you have submitted your application please fill out a change of address form found on the South Dakota Board of Technical Profession website homepage or contact the board office.

APPROVAL OF APPLICATION

After evaluation of your LS exam application by the board you will be advised in writing by the board office if you have been approved or not approved for the examination.

The board office will notify you by writing **within 5 weeks after the application deadline.**

DO NOT register with NCEES until you receive an approval letter from the South Dakota Board of Technical Professions.

The approval letter from the board office will contain information necessary for you to register for the examination with NCEES www.ncees.org so that you can meet their deadlines.

NCEES DEADLINES

(They will vary on the exact date)

3rd to 4th week of February for the April exam

1st week of September for the October exam

EXAMINATION RETAKES

A board approved LS exam applicant who fails to pass the first examination may retake the examination two times. If an applicant fails an examination three times, the applicant must submit a new application for board approval and take the examination only once each calendar year thereafter. Failure of an applicant to attend an examination for which the applicant has been scheduled to attend does not count as a failure of the examination. The board may review an applicant who fails the examination three times.

LAND SURVEYING (LS) EXAMINATION APPLICATION

Date _____

Male

Name _____

Female

First

Middle

Last

Date of Birth _____

Social Security Number _____

Indicate mailing address: Home Business

Indicate Primary Email: Home Business

Home Address _____ *Home Phone* _____

Street

Home Email _____

City

State

9-digit Zip

Business Name _____ *Business Phone* _____

Business Address _____ *Fax* _____

Street or PO Box

Email _____

City

State

9-digit Zip

I passed the Fundamentals of Land Surveying (FLS) Exam in the state of _____ with # _____.

1. Have you applied for the exam in another jurisdiction and been denied? Yes No

2. I prefer to sit for the LS exam in the _____ Spring Fall

3. I have requested transcripts of Graduation from the Registrar's Office

been Non – school trained

4. Other than traffic violations, have you ever been convicted of a felony or misdemeanor? Yes No

If the answer is "yes" to the above question, please provide details including results of any appeal on a separate sheet of paper.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. Submittal of this application serves as my signature.

LIST OF REFERENCES

You shall furnish the names and addresses of at least 5 references to which you will send the Confidential Exam Reference Form to. At least 3 references must be licensed land surveyors in good standing and the 3 references must have personal knowledge of your experience. The other 2 references can be character references. Relatives, business associates supervised by you and current South Dakota Board members are not acceptable as references.

Name of Reference	Profession, State, And License #	Mailing Address Street, City, State, Zip	Business Relationship

EDUCATION

State in chronological order the name and location of each college, university or technical school attended and the year of graduation, if applicable.

Name and Location Of Institution	Years From - To	Degree, Year and Major

PROFESSIONAL EXPERIENCE

Important: Read all instructions in this section before completing experience record

1. Work experience is considered on the basis of a calendar month of 40-hour work weeks. Credit is granted for both part-time and full-time work.
2. The experience must have been achieved prior to the time of the examination.
3. Experience prior to completion of education shall be on the basis of 6 months for each full year of experience, not to exceed 12 months total experience credit.
4. No more than 6 months credit may be given to any student for work experience gained during the summer.
5. List experience in chronological order beginning with earliest engagement.
6. Leave no gaps in your experience. Non land surveying work must also be listed.
7. Each of the three columns under “time” should be filled in for each engagement. Use zeros where necessary but do not leave blank.
8. The time in “land surveying work” plus the time in “non surveying work” must equal the time entered under “total time”. Columns 1 and 2 must equal Column 3.
9. List the name and address of the licensed land surveyor, supervisor or employer who supervised your work.

Engage ment Number	DATE From (mm/yy)	DATE To (mm/yy)	EXPERIENCE Name and Address of employer, Title of Position, and Character of engagement Describe your work experience	TIME (1) Surveying work Months	TIME (2) Non Surveying work Months	TOTAL (3) TIME Months	NAME, PROFESSION, LICENSE # ADDRESS List licensed land surveyor, supervisor or employer who supervised your work.
SAMPLE	06/87	12/89	ABC Land Survey Inc., Rapid City, SD; Crew Chief; Responsible for field survey, survey data collection, construction staking	18	0	18	Keith F. Peabody, L.S. #1234 ABC Land Survey Inc., Rapid City, SD
1							
2							
3							
4							
5							

Engage ment Number	DATE From (mm/yy)	DATE To (mm/yy)	EXPERIENCE Name and Address of employer, Title of Position, and Character of engagement Describe your work experience	TIME (1) Surveying work Months	TIME (2) Non Surveying work Months	TOTAL (3) TIME Months	NAME, PROFESSION, LICENSE # ADDRESS List licensed land surveyor, supervisor or employer who supervised your work.
6							
7							
8							
9							
10							
			Summary (Actual Time)Total				
			PLEASE DO NOT FILL IN Board verification of experience claimed				

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CONFIDENTIAL EXAM REFERENCE FORM

(Please type or print. Form is to be mailed directly to the Board Office.)

Reference Name: _____ Applicant's name: _____

Reference Address: _____ Reference Business Phone: _____

City/State/Zip: _____ Reference Home Phone: _____

The applicant named above has applied for professional licensure by examination. This review depends upon the verification of the extent, diversity, and quality of the applicant's practical training and experience. We request your assistance, as a supervisor or associate, by completing the form with conscientious consideration of the need for accurate data and for objective appraisal of the applicant's ability and/or potential to be examined for licensure. Your cooperation and early reply will be appreciated.

- 1. Are you a
 - Professional Engineer
 - Land Surveyor
 - Architect
 - Landscape Architect
 - Petroleum Release Licensee
 - Other

If you answer yes to any of the professions above, please list original state of licensure _____ and license # _____

2. How long have you known the applicant well? _____

3. What is/was your association with the applicant? _____

4. Did/do you have review and approval authority over applicant's work? Yes No

5. Would you recommend this applicant be licensed? Yes No

6. Describe applicant's character and personal reputation: _____

7. The applicant describes the portion of employment or experience we wish you to verify on the next page. Please state your opinion regarding accuracy of the description, including extent and complexity of work. Use additional sheets if necessary.

Affidavit: I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature: _____ Date: _____

Applicant's Name _____

Address _____
Street City State 9-digit Zip

Employment dates: From _____ To _____

Part-time Full-time Did you work in the same office? Yes No If not, explain below.

Applicant should make explicit statements below, listing and defining work performed, listing and defining projects for which you had full or partial responsibility, including statements of extent and complexity of work performed by you. Additional sheets may be used.

Complete this page and send both pages to the reference listed on Page 1 so your statements can be verified.

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STATE LICENSE VERIFICATION FORM

Name of State Licensing Board Name of Applicant

State Board Address Applicant's Address

City, State, Zip City, State, Zip

Social Security # Date of Birth

The applicant named above was licensed as

- Engineering Intern
Professional Engineer
Surveying Intern
Land Surveyor
Architect

Table with 4 columns: Certificate Number, Date Issued, Expiration Date. Includes blank lines for data entry.

Basis of License Hours Results NCEES Exam Date

Table with 5 columns: Basis of License, Hours, Results, NCEES, Exam Date. Includes rows for FE, PE, FLS, PLS.

Architect: Attach score information for each exam division.

Engineering Exam Discipline was

NCEES cut-off scores were accepted without changes. Yes No

FE/FLS was accepted from the state of

PE/PLS was accepted from the state of

Has any disciplinary action been taken against this applicant? Yes No

Name

Title

Date

(If a fee is required, please notify the applicant.)

(Board Seal)

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CREDIT CARD AUTHORIZATION FORM

This form can be faxed OR e-mailed OR mailed to our office.

DATE _____		
Amount \$ _____	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Name of Applicant: _____		
Name on the card: _____		
Card Number: _____		
Card Expires: _____ / _____		
Month	Year	

For Office Use Only

Reason _____

Receipt # _____

Need to run through Authorize Net Date _____