

**MONTANA BOARD OF PROFESSIONAL ENGINEERS
AND PROFESSIONAL LAND SURVEYORS**

301 South Park Avenue
PO Box 200513
Helena Montana 59620-0513
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E-MAIL: dlibsdpels@mt.gov
WEBSITE: <http://www.landsurveyor.mt.gov>

APPLICATION PROCEDURES FOR:

LAND SURVEYOR INTERN

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 30 days for processing from the date that the Board has a complete routine application)

GENERAL INSTRUCTIONS: An applicant for enrollment by exam shall complete the application form in every detail unless applying only by education. Experience sections are not required in that case.

ENROLLMENT REQUIREMENTS

Applicants for enrollment by examination must meet one of the following set of requirements:

- 1) A bachelor of science in a board approved curriculum that includes 27 semester hours or 40-quarter credit hours in land surveying techniques, principles and practices.
- 2) At least 2 years of formal education in an approved curriculum that includes a minimum of 27 semester or 40 quarter credit hours in surveying techniques, principles, and practices, above high school level, with at least 60 semester or 90 quarter credit hours or equivalent semester hours, or the equivalent approved by the board.
- 3) A bachelor of science degree in a board-approved curriculum and evidence satisfactory to the board that, in addition, has had at least 2 years of combined office and field experience in land surveying, with a minimum of 1 year in charge of land surveying projects under the supervision of a professional land surveyor.
- 4) At least 6 years of combined office and field experience in land surveying, with a minimum of 4 years of experience in charge of land surveying projects under the supervision of a professional land surveyor.

FEES

All application fees are non-refundable. Payment of fees shall be by money order, personal check or certified check, payable to the Montana Board of PELS.

Land Surveyor Intern \$25.00

DEADLINE DATES: The board office must receive applications on or before the following dates for review at a regularly scheduled meeting:

JANUARY 15	FOR REVIEW AT THE WINTER MEETING FOR SPRING EXAM
APRIL 15	FOR REVIEW AT THE SPRING MEETING FOR FALL EXAM
JULY 15	FOR REVIEW AT THE SUMMER MEETING FOR FALL EXAM

The Board encourages the applicants to attend the meeting however, if you are unable to attend you will be notified of the Board's decision in writing.

SUPPORTING DOCUMENTATION FOR EXAMINATION:

Complete all portions of application and affidavit and make arrangements for the following items to be completed:

COLLEGE/UNIVERSITY TRANSCRIPTS: Official transcripts of college credits sent directly to the Board office from the school, college, or university. Transcripts marked "ISSUED TO STUDENT" **will not** be accepted.

REFERENCE FORM LETTERS: Make three copies of the reference form and send it to references listed. References must be reputable citizens, unrelated to the applicant of whom at least one (1) shall be a professional land surveyor having personal knowledge of the applicant's experience. No member of the Montana Board will be accepted as a reference. **References are to complete the form and mail it directly to the board office.**

EXAMINATION DATES:

Spring Examination Dates:

April 12, 2008	April 9, 2011
April 25, 2009	April 14, 2012
April 17, 2010	April 13, 2013

Fall Examination Dates:

October 25, 2008	October 29, 2011
October 24, 2009	October 27, 2012
October 30, 2010	October 26, 2013

MONTANA BOARD OF PEPLS

PO Box 200513
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Website: www.landsurveyor.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 30 days for processing from the date that the Board received your complete routine application)

APPLICATION FOR: LAND SURVEYOR INTERN

LAND SURVEYOR INTERN \$25.00

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____

E-mail Address _____

Please indicate your preferred mailing address _____ Home or _____ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

PLEASE CHOOSE AN EXAM LOCATION _____ BUTTE _____ BOZEMAN _____ HAVRE [spring only]

All applicants must answer the following questions.

If you answer "yes", provide a detailed explanation on a separate sheet of paper:

YES NO

- | | | | |
|-----|--|--------------------------|--------------------------|
| 1. | Have you ever previously applied for a license to practice in Montana? If yes, give date, and results. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have you ever been denied licensure or the opportunity to take this profession's examination in any state or country? If yes, attach an official document. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16 th birthday. If yes please attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |

EDUCATION:

List all colleges, universities, and institutions where you have obtained a degree. Official transcripts must be sent directly to the Board office from the college or university.

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

QUALIFICATIONS TO APPLY FOR ENROLLMENT: (CHECK ONLY ONE)

Indicate which paragraph describes your qualifications. Then specify the name of the school, type of degree, course description, and credits earned. Details for education are not necessary if the school attended is from Flathead Valley Community College. Degrees earned that are not from Flathead Valley Community College will be considered by the board.

1. I have an Associate of Applied Science degree in Land Surveying from Flathead Community College. [No additional information is needed] **or**
2. I have a Bachelor of Science degree in a board- approved curriculum that includes 27 semester hours or 40 quarter credit hours in land surveying techniques, principles and practices.

Name of School _____ Type of Degree _____

You must attach a list of course descriptions and number of credits earned for each course you are counting towards satisfying the requirement set forth in 37-67-310 MCA. A minimum of 27 semester or 40 quarter credit hours in surveying techniques, principles, and practices is required.

3. I have at least 2 years of formal education in an approved curriculum that includes a minimum of 27 semester or 40 quarter credit hours in surveying techniques, principles, and practices, above high school level, with at least 60 semester or 90 quarter credit hours or equivalent semester hours. **The following information must be provided.**

Name of School _____

Type of Degree _____

You must attach a list of course descriptions and number of credits earned for each course you are counting towards satisfying the requirement set forth in 37-67-310 MCA. A minimum of 27 semester or 40 quarter credit hours in surveying techniques, principles, and practices is required.

4. I have a bachelor of science degree in a board approved curriculum and evidence satisfactory to the board that, in addition, has had at least 2 years of combined office and field experience in land surveying, with a minimum of 1 year in charge of land surveying projects under the supervision of a professional land surveyor.

Name of School _____

Type of Degree _____

Applying with land surveying experience only:

5. I have at least 6 years of combined office and field experience in land surveying, with a minimum of 4 years of experience in charge of land surveying projects under the supervision of a professional land surveyor.

PROFESSIONAL & CHARACTER REFERENCES:

Please type or print names and addresses of 3 references of whom at least one (1) must be a professional land surveyor. These names provided should be directly related to the experience being submitted for review.

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

Administrative Rules of Montana CLASSIFICATION OF EXPERIENCE CLASSIFICATION OF EXPERIENCE FOR LAND SURVEYING APPLICANTS (1) Land surveying experience shall include the following:

(a) preprofessional experience of four years of total progressive experience, gained under the supervision of a licensed professional land surveyor, all of which is required to be completed at the time of application. Land surveying experience must include a substantial portion spent in charge of work related to property conveyance and/or boundary line determination. Credible experience may include one or more of the following:

- (i) approved preprofessional experience;
- (ii) progressive experience on land surveying projects which indicate the experience is of increasing quality and required greater responsibility;
- (iii) experience not obtained in violation of the licensure act;
- (iv) experience such as aliquot part subdivision of sections, retracing existing boundaries, establishing new boundaries, corner search and re-establishment, researching existing public records, survey computations, preparation of legal descriptions, certificates of survey, subdivision plats, corner recordation forms, exhibits and other documents pertinent to such work; or
- (v) credible teaching experience at an advanced level, post graduate or senior graduate, in a college or university offering a land surveying curriculum approved by the board, gained under the supervision of a licensed land surveyor.

(2) Experience time cannot be counted during periods counted for education.

(3) Upon request by the board, land surveyor applicants must demonstrate adequate experience in the field aspects of the profession.

(4) Subprofessional experience shall be credited to the required preprofessional experience at a minimum of one-half the period of experience. Subprofessional experience shall be limited to a maximum of four years to be credited as no more than two years of pre-professional experience. Credible subprofessional experience may include one or more of the following:

- (a) approved subprofessional experience;
- (b) survey experience done under the supervision of a licensed professional land surveyor, including such work as:
 - (i) construction layout of buildings and miscellaneous structures;
 - (ii) surveys necessary to obtain data and location of highways, roads, pipelines, canals, etc.;
 - (iii) construction staking for land modification; and
 - (iv) construction staking for highways, roads, utilities, etc.;
- (c) other construction surveying experience supervised by a licensed professional land surveyor; or
- (d) other surveying experience supervised by a licensed professional land surveyor.

AUTH: 37-67-202, MCA

IMP: 37-67-306, 37-67-309, MCA

RESUME OF EXPERIENCE (See "Classification of Experience", page 8)

- a. Each of the three columns under "time" shall be filled out for each employer. Use zeros where necessary, but do not leave blank spaces, and do not use the word "yes".
- b. Use page 12 of this application to break down hours for columns B and C.
- c. The definition of what is considered "land surveying" and "other surveying" experience is found in ARM 24.183.702.

RESUME OF WORK EXPERIENCE (Use additional sheets as necessary, Total Sum of Experience must be completed)

Employer No.	Beginning Date	Ending Date	NAME OF EMPLOYER, POSITION TITLE, AND TYPE OF WORK PERFORMED Please make statements concise and accurate. Use "Experience Detail Sheet" to provide complete details of your experience. Begin with your present or recent position.	TIME OF EXPERIENCE			WORK VERIFICATION List Name, License No. (if applicable), and present address of someone familiar with your work experience. Immediate Supervisor preferred.
				Land Survey Experience	Other Survey Experience	Office Experience	
				A	B	C	
1			Title: Name of employer:				Name: License No. Present address:
2			Title: Name of employer:				Name: License No. Present address:
3			Title: Name of employer:				Name: License No. Present address:
4			Title: Name of employer:				Name: License No. Present address:
5			Title: Name of employer:				Name: License No. Present address:
6			Title: Name of employer:				Name: License No. Present address:
TOTAL SUM OF EXPERIENCE							

LAND SURVEYING EXPERIENCE BREAKDOWN

Please record work time in months (example: 6 mo.) Totals must be given in each column or application will be returned for completion.

		Field Experience						Office Experience											
		LAND SURVEYING			OTHER SURVEYING			OFFICE											
Engagement No.	Beginning Date	Ending Date	Property Corner Search	Retracing GLO Surveys	Retracing Legal Descriptions	Staking New Boundaries	Topographic Surveys	RECORD TOTAL LAND SURVEYING EXPERIENCE FOR EACH ENGAGEMENT, Column A, Page 11	Staking Roads or Highways	Layout of Structures	Staking Infrastructure	RECORD TOTAL OTHER SURVEYING EXPERIENCE FOR EACH ENGAGEMENT, Column B, Page 11	Calculating Section Break Downs	Reducing Field Notes	Records Search	Drafting	Completing Restoration Forms	Land Division Design and Calculations	RECORD TOTAL OFFICE EXPERIENCE FOR EACH ENGAGEMENT, Column C, Page 11
1																			
2																			
3																			
4																			
5																			
6																			
7																			
TOTALS																			

I hereby certify that I have filled out this form according to the Montana Professional Engineers and Land Surveyors Rule: ARM 24.183.802, "Classification of Experience" as shown on page 9 of this application and that the form completed is true and correct. Use additional sheets if necessary.

Signature of Applicant

Date

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Professional Engineers and Professional Land Surveyors.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Applicant Signature _____ Date _____

