



APPLICATION FOR LICENSURE BY COMITY (SURVEYOR)

INSTRUCTIONS

Submit the following with your application to the above address:

- Check or money order only in the amount of \$60 made payable to LLR – Board of Engineers & Surveyors. **Fee is non-refundable. NO CASH IS ACCEPTED.**
A return check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your valid Driver’s License, State Issued ID, or Passport.
- Copy of your Social Security Card.

GENERAL INFORMATION (Check preferred address below.)

Applicant Name: _____

Home Address: _____
Street or P.O. Box City, State Zip County

Home Telephone: _____ Email: _____

Business Name: _____

Business Address: _____
Street or P.O. Box City, State Zip County

Business Telephone: _____

Business Email: _____

SSN: _____ DOB: _____ Sex: Male Female

PERSONAL REFERENCE

(List name and complete mailing address of five (5) references, of which at least three (3) must be licensed surveyors having personal knowledge of your character and professional reputation; do not use the same names listed in the Experience Record section.)

Name	Mailing Address

EDUCATION

(State in chronological order the name and location of each college or university, the time spent at each, and if graduated, the year of graduation; also list graduate work.) Transcript(s) must arrive at the Board office in an envelope sealed and stamped by the Registrar.)

Name and Location of Institution	Years Attended (From – To)	Date Graduated (Month/Day/Year)	Degree Received/Major

LICENSURE

Have you ever taken the FS examination? YES NO If so, date of examination: _____

Have you ever taken the PS examination? YES NO If so, date of examination: _____

Have you passed the FS examination? YES NO If so, jurisdiction/date/cert no.: _____

Have you passed the PS examination? YES NO If so, jurisdiction/date/cert no.: _____

Are you licensed as a Professional Engineer? YES NO If so, jurisdiction/date/cert no.: _____

Do you have a NCEES Council Record? YES NO If so, list number/date: _____

Is your firm licensed in S.C. to offer land surveying services? YES NO If so, List COA#: _____

EXPERIENCE RECORD

(Important! Read carefully all instructions on this form and instruction sheet. Forms not completed as instructed will be returned.)

SECTION A – Employment No. 1 should be first employment after date of graduation.

SECTION B – List start date (month/day/year) and end date (month/day/year).

SECTION C – List name, title, company name and complete mailing address of person who can verify experience listed, preferably the person you report(ed) to who should be a registered surveyor. Do not name yourself as a reference if you are self-employed; list clients instead.

SECTION D – Each of the three columns under the heading “Time” must be filled in for each employment. Use zeros where necessary, but do not leave blank spaces; do not use the word “yes”; “(3) Total Time must equal “(1) Sub-Professional Work” plus “(2) Professional Work”.

A. EMPLOYMENT NUMBER	B. DATES OF EMPLOYMENT From – To (MM/DD/YYYY)	C. EMPLOYER NAME AND MAILING ADDRESS	D. TIME (Years and Months)		
		NAME OF INDIVIDUAL VERIFYING EXPERIENCE	(1) Sub-Professional Work	(2) Professional Work	(3) Total Time
1					
2					
3					
4					
5					
6					
TOTALS:		SUMMARY BY APPLICANT – Column (3) Total Time must equal Column (1) Sub-Professional Work plus Column (2) Professional Work:			

BACKGROUND INFORMATION

If your answer to any of the questions below is yes, please explain in detail on a supplemental sheet and attach official court papers.

- 1. Have you ever been denied licensure as an FLS/PLS in South Carolina or any other jurisdiction? YES NO
- 2. Has any jurisdiction taken disciplinary action against your license? YES NO
- 3. Have you surrendered or allowed a professional or occupational registration/license to lapse in any jurisdiction due to any pending or threatened disciplinary action? YES NO
- 4. Have you been found by a court or registration board to have violated the surveying registration laws or the professional/occupational laws of any jurisdiction? (If yes, provide dates and details, if not previously provided to this Board.) YES NO
- 5. Have you entered into any negotiated settlement, consent order, or other agreement with regard to allegations involving violation of professional or occupational registration laws? (If yes, provide dates details, if not previously provided to this board.) YES NO
- 6. Have you ever been convicted of or pled guilty or nolo contendere to a felony crime of any kind or a non-felony crime involving drugs? YES NO
- 7. Have you offered/provided any engineering and/or surveying services in the State of South Carolina prior to obtaining South Carolina Licensure? (If yes, please attach a list of projects and fees.) YES NO
- 8. Currently, are you being treated, or within the last five years, have you been treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? YES NO
- 9. Currently or within the last five years, have you developed any disease or conditions, physical, mental, or emotional that might interfere with your ability to competently and safely perform the essential functions of practice? YES NO

ATTESTATION

The undersigned, in making this application to the South Carolina Board of Registration for Professional Engineers and Surveyors swears (or affirms) that he (or she) is the applicant named herein and that the answers and the information contained herein are true to the best of his (or her) knowledge and belief.

I acknowledge and agree that any separate statements or documentation which I may sign or submit to the Board are hereby made a part of this application.

Applicant Signature

Sworn and Subscribed before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for

Commission Expiration Date

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)