

STATE OF NEW MEXICO BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS AND PROFESSIONAL SURVEYORS

SURVEYING INTERN CERTIFICATION OR TRANSFER APPLICATION

IMPORTANT—Do not fill in until you read and understand this form. This form must be filled in completely. The applications shall be accompanied by the proper filing fee. Mail Application and check or money order to the address on the last page of the application form.

Make Check or Money Order payable to: **NM PE/PS BOARD**

NOTE: When you provide a check as payment, you authorize the State of New Mexico to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

For Office Use Only

Date Received: _____

☐ Check
☐ Money Order

Amount: \$ _____

Receipt # _____

1. GENERAL INFORMATION

Legal Name _____ Social Security Number _____
Mr. ☐ Ms. ☐ (please check one)

(Please provide Alias or Maiden Name if transcripts or other documents are recorded as such.)

Mailing Address _____ City: _____ State: _____ Zip: _____

Present Position (your title and firm name) _____

Business Address _____ City: _____ State: _____ Zip: _____

Business Phone Number _____ Cell Phone Number _____

Fax number _____ Email Address _____

Birthplace _____ Date of Birth _____ Citizenship _____

Application is hereby made for:

☐ Certification by FS Exam \$25.00
☐ Transfer of SI Certification \$25.00

(Please check only one)

2. EDUCATION

Give in chronological order the name of each college or university attended, the time spent in each and, the degree received and date graduated. An official transcript of your college record must be sent to the Board by the school before the application will be considered.

Name of College / University	From Date to Date	Major	Degree Received	Date Graduated
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. EXAM INFORMATION

Name of State	Date of Exam	NCEES ID No. (FOR CBT EXAMINEE APPLICANTS)
_____	_____	_____

Have you ever applied in NM? _____ Type of application _____ Date _____

4. PREVIOUS LICENSURE

Name of State	Year Certified	How Certified: written or oral exam (give number of hours), reciprocity, long experience, etc.	Certification No.
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever applied in NM? _____ Type of application _____ Date _____

5. SURVEYING EXPERIENCE RECORD*

EXPERIENCE MUST BE TYPED ON THESE FORMS.

RESUMES WILL NOT BE ACCEPTED IN LIEU OF THIS FORM. (COPY FORM FOR ADDITIONAL SPACE.)

DATES	TIME SPENT	WORK EXPERIENCE AND TITLE OF EACH POSITION <i>Give concise explicit statement, including magnitude and complexity of work, your duties and degree of responsibility.</i> Start a new engagement with each significant change in assignment or responsibility, (Instrumentman, Inspector, Asst. Engr., GS-10, etc.) . List engagements chronologically from present to past. Use extra sheets if necessary. <i>Resumes in lieu of this form are not accepted.</i>	BUSINESS & EMPLOYER'S NAME, TITLE & ADDRESS of professional surveyor familiar with each engagement, preferably your immediate superior. (This person should be used as your reference in Section 5.)
From-To	(In Years & Months)		

**If there is discontinuity in your surveying experience, please explain.*

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From–To	(In Years & Months)		

**If there is discontinuity in your surveying experience, please explain.*

6. REFERENCES

Give the name and addresses, including zip codes, of three persons, not members of the board, two or more of whom shall be professional surveyors, who have personal knowledge of your character and experience and who will be receiving from you a reference form.

	Name	Complete address with zip code	Position
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____

7. AFFIDAVIT

Have you ever been convicted, plead guilty, or entered a plea of nolo contendere to any crime under the laws of the United States, or any state, territory or county thereof, which is a felony, misdemeanor or otherwise, an essential element of which is moral turpitude, or have you been disciplined by any other licensing board?

If yes to either or both questions, provide complete and full detail on a separate sheet to include but not limited to: Name and location of court or licensing board administering disciplinary action, date and type of disciplinary action, i.e. fine, imprisonment, sanction, suspension of license, revocation of license, other type of disciplinary action.

STATE OF _____
County of _____

(This section to be completed by the Notary)

I, (Applicant name) _____, being first duly sworn, depose and say that I am the applicant named in this application, that I have read the contents thereof, and that, to the best of my knowledge and belief, the foregoing statements are true and correct in every respect.

Subscribed and sworn to me before me this

_____ day of _____, _____

(Signature of Applicant)

My Commission expires _____

(Signature of Notary Public)

(SEAL)

Americans with Disabilities Act – No qualified individual with a disability shall, by reason of such disability, be excluded from participating in or be denied the benefits of the services, programs, or activities of the Board or be subjected to discrimination by this Board. To obtain further information please contact the Board office.

Mail application and fee to:
State of New Mexico Board of Licensure for Professional Engineers & Professional Surveyors
PO Box 25101, Santa Fe, NM 87504
Phone: 505-476-4565
Website: www.sblpes.state.nm.us (Statutes and Rules are online.)