



**New Mexico State Board of Licensure for
Professional Engineers and Professional Surveyors**

PO Box 1967 • Santa Fe, New Mexico 87504
Information (505) 476-4565 • Fax (505) 476-4802
www.sblpes.state.nm.us

WAIVER OF APPLICATION FEES FOR FIRST TIME APPLICANTS

Effective May 1, 2022 - The Board voted at their December 3, 2021 meeting to waive all first time Board application fees for EI/SI Certification, Professional Surveyor by Examination, Professional Engineer by Examination, the Professional Surveyor – 2 Hours New Mexico Examination and initial license fee if the applicant can attest to the following:

I, _____, hereby affirm that I am a resident of the state of **New Mexico** and have graduated with a bachelors, masters, or doctorate degree from a **New Mexico institute of higher learning within the immediate five years prior to submission of my application.**

(Signature)

(Date)

STATE OF NEW MEXICO BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS AND PROFESSIONAL SURVEYORS
PO Box 1967, Santa Fe, New Mexico 87504
Phone: (505) 476-4565 / Website: www.sblpes.state.nm.us

For Office Use Only

Check Money Order

Amount: \$ _____
Receipt # _____

SURVEYING APPLICATION

IMPORTANT - Do not fill in until you read and understand this form. This form must be filled completely and legibly. The applications shall be accompanied by the proper filing fee. Mail application and fee to the above address.

1. GENERAL INFORMATION

Legal Name _____ Date of Birth _____
Mr. Ms. First Name Middle Name (or Initial) Last Name

_____ Email _____

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

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

Present Position (firm name and your title) _____

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

Business Phone Number _____ Cell Phone Number _____

Note: Please ensure all information listed above is entered correctly. Failing to do this may cause problems mailing and/or emailing out vital information needed to process the application.

Application is hereby made for: (Please check only one)

- | | | |
|---|---|---|
| Principles & Practice of Surveying Exam
& NM State Specific Exam | Professional Surveyor by Comity/Endorsement
& NM State Specific Exam | Reinstatement of a Lapsed PS License
<input type="checkbox"/> Application for Reinstatement: \$200
NM License # _____ |
| <input type="checkbox"/> Waiver of Application Fee | <input type="checkbox"/> Application without NCEES Record: \$250 | |
| <input type="checkbox"/> Application for PS Exam: \$150 | <input type="checkbox"/> Application with NCEES Record: \$200 | |
| | <input type="checkbox"/> Streamlined Licensure (Expedited path): \$175 | |

QUALIFICATION REVIEW FOR STREAMLINED LICENSURE THROUGH ENDORSEMENT

If applying for licensure via endorsement, have you:

- A) Had one or more professional surveying licenses active in a United States jurisdiction for fifteen or more continuous years immediately preceding application to New Mexico?
 Yes* No
- B) Had your license suspended or revoked at any time from any jurisdiction?
 Yes No*
- C) Within the last 5 years preceding the submission of an application to New Mexico, been disciplined by any other licensing board?
 Yes No*
- D) Have you passed the Fundamentals of Surveying and Principles and Practice of Surveying Examination administered by NCEES?
 Yes* No

***If you answered yes-no-no-yes you qualify for streamlined licensure under NMSA 61-23-27.4.E. Please proceed to Section 5.**

NOTICE: Only check or money orders are accepted for this transaction. When you provide a check as payment, you authorize the State of New Mexico to process the payment. Make Check or Money Order payable to: **NMBLPEPS**

The original notarized application and payment must be mailed. Faxes or emails will not be accepted.

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.

2. EDUCATION

NCEES Council Record applicants: please check . You do not need to complete this section.

Give in chronological order the name and location 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 and Location of School	From Date to Date	Major	Degree Received	Date Graduated
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. REFERENCES

NCEES Council Record applicants: please check . You do not need to complete this section.

Give the name and email addresses of five persons, excluding members of the board, three or more of whom shall be licensed surveyors, who have personal knowledge of your character and experience and who will be receiving from you a reference form.

	Name	Email Address	Reference Type
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

4. SURVEYING EXPERIENCE RECORD*

NCEES Council Record applicants: please check . You do not need to complete this section.

EXPERIENCE MUST BE TYPED ON THESE FORMS.

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

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

Employer Name	_____		
Employer Address	_____		
Supervisor	_____		
Employment Dates	Beginning Date:	_____	End Date:
Duration (Years, Months)	_____	Part Time/Full Time	_____
Title	_____		

Work Experience Description (Provide magnitude and complexity of work, your duties, design experience, and degree of responsibility.)

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5. PREVIOUS LICENSURE

NCEES Council Record applicants: please check . You do not need to complete this section.

Name of State	Year Licensed/ SI Certified	How Licensed/ Certified: written, CBT, or oral exam (give number of hours), reciprocity, long experience, etc.	S.I. and P.S.	Lic. No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you a NM Surveyor Intern (SI)? _____ Cert. # _____ Date _____
 Have you ever applied in NM? _____ Type of application _____ Date _____

6. MILITARY SERVICE

Are you currently serving in the armed forces of the United States or in an active reserve component? Yes No
 Military Branch: _____ (Provide a copy of military orders establishing duty station.)

Have you previously served in the Military, as a veteran who has been honorably discharged or separated from military service within the 2 years immediately preceding the date applied for licensure? Yes No (Provide a copy of discharge papers.)

Are you a spouse of a military member who is currently serving in the armed forces of the United States or an active reserve component? Yes No (Provide a copy of military orders establishing duty station for spouse and a copy of marriage certificate.)

Pursuant to the New Mexico Administrative Code 16.39.6.8, documents to expedite licensure for military service members, spouses, and veterans require a completed application and fee, and satisfactory evidence that the applicant holds a license that is current and in good standing, issued by another jurisdiction, including a branch of armed forces of the United States, that has met the minimal licensing requirements that are substantially equivalent to the licensing requirements for the occupational or professional license the applicant applies for pursuant to Chapter 61, Article 23 NMSA 1978.

7. AFFIDAVIT

Pursuant to 16.39.7.9 F, 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? (Reference appendix A. for the list of criminal convictions.) Yes No

Have you been disciplined by any other licensing board? Yes No

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