

APPLICATION FOR REGISTRATION TO PRACTICE LAND SURVEYING

PRINT OR TYPE LEGIBLY

GENERAL INFORMATION

NAME (AS DESIRED ON CERTIFICATE) : _____

SOCIAL SECURITY NUMBER: (last 4 digits) _____

DATE OF BIRTH: _____

RESIDENCE ADDRESS: _____

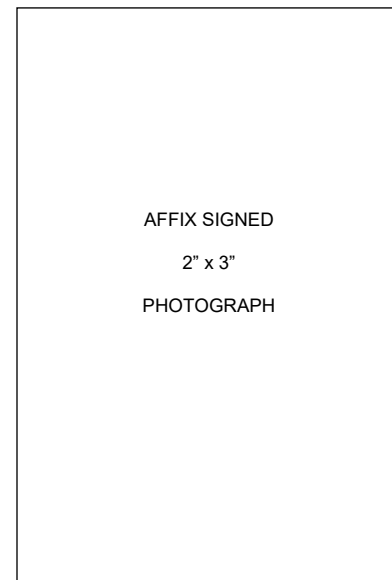
COMPANY NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

RESIDENCE TELEPHONE: _____

EMAIL ADDRESS: _____



GENERAL INFORMATION — REGISTRATION

REGISTRATION

STATE OF FIRST REGISTRATION AS A LAND SURVEYOR: _____

DATE AND NUMBER OF CERTIFICATE: _____

HAVE YOU BEEN DENIED REGISTRATION IN ANY STATE? _____

OTHER STATES IN WHICH YOU ARE REGISTERED AS A LAND SURVEYOR: _____

HAS YOUR REGISTRATION BEEN SUSPENDED OR REVOKED IN ANOTHER STATE? IF "YES" ATTACH DETAILS. _____

HAVE YOU PREVIOUSLY SUBMITTED AN APPLCATION FOR REGISTRATION AS A LAND SUREYOR IN NEBRASKA? _____

ARE YOU REGISTERED AS A SURVEYOR-IN-TRAINING? IF SO, PROVIDE NUMBER, DATE & STATE. _____

NEBRASKA STATE BOARD OF EXAMINERS FOR LAND SURVEYORS

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EDUCATION

State in chronological order the name and location of each high or preparatory school, college, university or technical school attended, the time spent at each and, if a graduate, the year of graduation. Also list graduate work, evening school, correspondence school, research work, etc.

The application **must** be accompanied by copies of documents to prove:

Graduation from college; transcripts of credits showing dates of graduation and degrees received.
College training without graduation; transcripts of credits.

NAME AND LOCATION OF INSTITUTION	YEARS FROM & TO	DATE GRADUATED	TECHNICAL COURSE	DEGREE RECEIVED

REFERENCES OF CHARACTER AND QUALIFICATIONS

Five or more references are required. References shall not be related to the applicant either by birth or marriage and shall not be members of the board. At least three of the references must be well acquainted with the applicant's land surveying history and must be able to vouch for his or her qualifications.

One of these three references must be a registered land surveyor.

NAME & LS# (If Registered)	COMPANY, P.O. ADDRESS, CITY, STATE & ZIP	BUSINESS RELATION TO APPLICANT

EDUCATION — REFERENCES

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CODE OF ETHICS

I HEREBY SUBSCRIBE TO AND AGREE TO ABIDE BY THE FOLLOWING CODE OF ETHICS:

- 1. TO ACT FOR MY CLIENTS IN PROFESSIONAL MATTERS AS A FAITHFUL AGENT OF TRUSTEE, AND ACCEPT REMUNERATION IN ACCORDANCE WITH STATED CHARGES FOR SERVICES RENDERED MY CLIENTS.
2. NEVER ATTEMPT TO INJURE FALSELY OR MALICIOUSLY, DIRECTLY OR INDIRECTLY, THE PROFESSIONAL REPUTATION, PROSPECTS, OR BUSINESS OF ANOTHER LAND SURVEYOR.
3. NEVER ATTEMPT TO SUPPLANT ANOTHER LAND SURVEYOR FOR EMPLOYMENT BY THE USE OF UNETHICAL PRACTICES.
4. NEVER COMPETE WITH ANOTHER LAND SURVEYOR FOR EMPLOYMENT BY THE USE OF UNETHICAL PRACTICES.
5. NEVER REVIEW THE WORK OF ANOTHER LAND SURVEYOR FOR THE SAME CLIENT, EXCEPT WITH THE KNOWLEDGE AND CONSENT OF SUCH LAND SURVEYOR, OR UNLESS THE CONNECTION OF SUCH LAND SURVEYOR WITH THE WORK HAS BEEN TERMINATED.
6. NEVER ADVERTISE IN ANY MANNER DEROGATORY TO THE DIGNITY OF THE PROFESSION.
7. NEVER BREAK ANY ACCEPTED CODE OF PRACTICE PREVAILING IN THIS STATE OR ANY OTHER GOVERNMENTAL JURISDICTION.

CODE OF ETHICS — AFFIDAVIT

AFFIDAVIT

(TO BE EXECUTED BY APPLICANT)

STATE OF _____ }
COUNTY OF _____ } SS.

PRINTED NAME OF APPLICANT: _____, BEING DULY SWORN DEPOSES AND SAYS I HAVE READ THE CONTENTS HEREOF, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THE FOREGOING STATEMENTS ARE TRUE IN SUBSTANCE AND EFFECT AND ARE MADE IN GOOD FAITH.

SUBSCRIBED AND SWORN BEFORE ME THIS

_____ DAY OF _____, 20_____

(SIGNATURE OF APPLICANT)

(SEAL)

MY COMMISSION EXPIRES _____

(SIGNATURE OF NOTARY PUBLIC)