

APPLICATION FOR REGISTRATION AS SURVEYOR-IN-TRAINING

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: _____

AFFIX SIGNED

2" x 3"

PHOTOGRAPH

REGISTRATION

HAVE YOU BEEN DENIED REGISTRATION AS A LAND SURVEYOR OR AS A SURVEYOR-IN-TRAINING IN ANY STATE? _____

HAVE YOU PASSED A WRITTEN EXAMINATION FOR REGISTRATION AS A SURVEYOR-IN-TRAINING IN ANY STATE? _____

IF SO, PROVIDE STATE, DATE AND NUMBER OF SURVEYOR-IN-TRAINING CERTIFICATE(S). _____

HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION FOR SURVEYOR-IN-TRAINING REGISTRATION IN NEBRASKA? _____

GENERAL INFORMATION — REGISTRATION

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EDUCATION

STATE IN CHRONOLOGICAL ORDER THE NAME AND LOCATION OF EACH HIGH OR PREPATORY 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 AQUAINTED 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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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)

AFFIDAVIT