



**TEXAS BOARD OF PROFESSIONAL  
LAND SURVEYING**

12100 Park 35 Circle, Building A, Suite 156 MC-230  
Austin TX 78753  
Web: www.txls.state.tx.us  
Phone: 512 239 5263 Fax: 512 239 5253

Office Use Only
Transaction #
Entity #
Receipt #

**APPLICATION TO RETAIN SURVEYOR-IN-TRAINING CERTIFICATE**

**Instructions for Filing Application**

- A. Read all Board Rules before completing the application. Note that Board Rule 661.51 has specific information regarding retaining the SIT Certificate.
- B. All information requested on this form must be clearly typewritten or lettered in black ink. All questions must be answered. Failure to complete any portion of the application form will result in the application being returned to the applicant.
- C. The application should be prepared in duplicate. The original must be returned to the office of the Board, and the applicant should retain the duplicate.
- D. An application fee of twenty-five dollars and 94 cents (**\$25.94**) must accompany the application, which is non-refundable.
- E. Payment must be by money order, cashier's check or certified check, made payable to the "Texas Board of Professional Land Surveying". Cash and personal checks will not be accepted.

**1. General Information**

Name in Full \_\_\_\_\_ Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Address (Indicate preferred mailing address)

Residence Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Firm Name \_\_\_\_\_

Firm Number \_\_\_\_\_

Street or P. O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone Numbers (include area code)

Residence ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Resident of Texas  Yes  No If No, where? \_\_\_\_\_

Are you a US Citizen  Yes  No If No, give INS Status \_\_\_\_\_ Card No. \_\_\_\_\_

Attach unmounted, recent, passport type photograph in this space. Trim photograph to fill the space.  <u>Use ballpoint pen to sign and date photograph.</u>
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**2. Registration Other Than Under This Act**

Are you Registered as a Surveyor in Other States?  Yes  No If Yes, complete the information below:

State \_\_\_ By exam \_\_\_ Hours of Exam \_\_\_ Registration No. \_\_\_ Date Registered \_\_\_ Expiration \_\_\_

State \_\_\_ By exam \_\_\_ Hours of Exam \_\_\_ Registration No. \_\_\_ Date Registered \_\_\_ Expiration \_\_\_

Are you Registered/Licensed in any other profession?  Yes  No If Yes, complete the information below:

Profession \_\_\_\_\_ State \_\_\_ Registration No. \_\_\_ Date Registered \_\_\_ Expiration \_\_\_

Has any Registration/License been revoked or received disciplinary action?  Yes  No \_\_\_\_\_

If Yes, give details (you may attach additional sheets) \_\_\_\_\_

Board Rule 661.51 requires written proof of completion of at least 32 hours of acceptable continuing education that was completed since first becoming a SIT. Acceptable continuing education for the 8 year period will be defined as follows:

Successful completion of courses in areas supporting development of skill and competence in professional land surveying; participating in programs, seminars, workshops or conferences which provide increased professional knowledge related to the practice of professional land surveying and other continuing education activities which are approved by the Board. Board approved continuing education courses can be found on the Board's web site, [www.txls.state.tx.us](http://www.txls.state.tx.us).

Date Completed	Name of Course or Description of Activity (Indicate which courses are Board Approved)	Hours
<b>Total Hours (must be at least 32)</b>		

**6. Certification**

I hereby certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name