



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS**

PLS REQUEST FOR EXAMINATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
<p>By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.</p>			
_____		_____	
SIGNATURE		DATE	

PLS REQUEST FOR EXAMINATION			Office Use Only: 1447—\$150
EXAM ADMINISTRATION DATE -	<input type="checkbox"/> October	<input type="checkbox"/> April	
EXAM SECTION - CHECK ALL THAT APPLY ✓			Office Use Only Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____
<input checked="" type="checkbox"/>	Me Specific Multiple Choice (MSMC)	\$ 150.00	
<input type="checkbox"/>	NCEES Principles of Surveying (PS)	\$ 00.00*	
TOTAL FEES	\$150.00		
-PLEASE NOTE-			
*You will be charged an exam fee by NCEES when you register on-line with them for the Principles of Surveying Exam (PS).			

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my VISA MASTERCARD the following amount: \$ _____			
I UNDERSTAND THAT FEES ARE NON-REFUNDABLE			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine Relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you physically located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **How far back do I go answering the criminal question?** Any conviction, ever.
- **How many parts are there to the exam?** There are two parts to the professional exam:
 1. NCEES Principles & Practices of Surveying (PS)
 2. Maine Specific Multiple Choice (MSMC)
- **When is the exam administered?** The PS exam is now administered electronically several times a year (see NCEES web site for scheduled). The MSMC is administered in April and October.
- **Who administers the exam?** NCEES administers the PS exam; The Board administers the MSMC exam.
- **How many times may I re-take the exam?** You may take it as many times as you need to.
- **Is there an application deadline for the exam?** Only for the MSMC. The deadline for the April administration is April 1st, and the deadline for the October administration is October 1st.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.