



## APPLICATION GUIDE FOR LICENSURE AS A LAND SURVEYOR-IN-TRAINING

### GENERAL INFORMATION

There are several steps to become licensed as a Land Surveyor-In-Training (LSIT) in Maine.

- The first step is to decide which path to licensure you qualify for (see below).
- Secondly you must pass the National Council of Examiners for Engineers and Surveyors (NCEES) “Fundamentals of Land Surveying” exam (FS). The exam is administered through computer based testing (CBT) at testing centers nationwide currently in conjunction with PearsonVUE. **You must take and pass the FS exam before applying for an LSIT license.**
- After passing the exam, you have 48 months to complete all education and/or experience requirements for licensure and submit a complete license application to the board. If you do not meet all the qualification requirements within that 48-month period, then you must re-take the examination and submit a new application.

### PATHS TO LICENSURE AS AN LSIT

To be licensed as a Maine Land Surveyor-In-Training, you must complete the requirements of one of the four pathways listed below. All applicants must pass the NCEES “Fundamentals of Land Surveying” exam (FS) which is described below. If you now hold a Non-Maine LSIT license and wish to become licensed in Maine, you must demonstrate to the Board that you can meet the requirements of one of the four categories below:

| PATH | SECTION OF LAW | EDUCATION                        | EXPERIENCE  | EXAM                |
|------|----------------|----------------------------------|-------------|---------------------|
| 1    | 18223(2)(A)    | 4 YEAR DEGREE<br>CORE CURRICULUM | NONE        | NCEES<br>FS<br>EXAM |
| 2    | 18223(2)(B)    | 2 YEAR DEGREE<br>CORE CURRICULUM | TWO YEARS   | NCEES<br>FS<br>EXAM |
| 3    | 18223(2)(C)    | CORE CURRICULUM                  | SIX YEARS   | NCEES<br>FS<br>EXAM |
| 4    | 18223(2)(D)    | HIGH SCHOOL DIPLOMA<br>OR GED    | SEVEN YEARS | NCEES<br>FS<br>EXAM |

# EXAMINATION

## **REGISTERING FOR THE EXAM**

In order to sit for the NCEES Fundamentals of Surveying Exam (FS) you must register with NCEES directly. The website is: <http://ncees.org/exams/fs-exam>

## **EXAMINATION DATES**

The examination is administered via computer based testing (CBT) by NCEES/PearsonVUE and will be administered during four testing windows throughout the year: January-February, April-May, July-August, and October-November. Registration will be open year round, but seating will only be available during the open testing windows.

## **EXAMINATION FEES**

Exam fees are paid directly to NCEES when you register for the exam.

## **NATURE OF EXAMINATION**

This is an 8-hour examination on the "Fundamentals of Land Surveying" (FS). The exam is prepared and scored by the NCEES. The morning session is 'closed book' and consists of multiple choice questions. The afternoon session is 'closed book' and consists of problems.

No copies of examinations may be kept by the examinee, and none will be furnished for study. Battery-powered, non-printing, silent calculators may be used. Electronic devices with "QWERTY" key pads may **not** be used. There is a list of acceptable calculators at the NCEES web site: [www.ncees.org](http://www.ncees.org).

## **INSTRUCTIONAL MATERIALS**

NCEES publishes a "NCEES Examinee Guide" which explains the exam process in more detail which is available on their web site: [www.ncees.org](http://www.ncees.org). Sample questions are also available at the NCEES web site.

## **REQUEST FOR RE-EXAMINATION**

If you fail an examination you may re-take it in the next testing window which is described further in the "[NCEES Examinee Guide](#)".

After passing the FS exam with NCEES, you have 48 months to complete all education and/or experience requirements for licensure and submit a complete license application to the board. If you do not meet all the qualification requirements within that 48-month period, then you must re-take the examination and submit a new application.

**LICENSE APPLICATION**

Three of the four paths to licensure noted above to become licensed as an LSIT in Maine require the successful completion of 33 credit hours of college-level courses in the subject areas listed below.

**CORE CURRICULUM**

| <u>CREDIT HOURS</u> | <u>SUBJECT AREA</u>   |
|---------------------|---|
| 6                   | <b>SURVEYING</b>  |
| 3                   | <b>BOUNDARY LAW</b>   |
| 3                   | <b>ENGLISH COMPOSITION</b><br><i>TECHNICAL WRITING, COMMUNICATION, CREATIVE WRITING OR SPEECH</i>   |
| 6                   | <b>MATHEMATICS:</b><br><i>ADVANCED ALGEBRA, ANALYTICAL TRIGONOMETRY, ANALYTICAL GEOMETRY, DIFFERENTIAL CALCULUS, INTEGRAL CALCULUS, SPHERICAL TRIGONOMETRY, OR STATISTICAL ANALYSIS</i> |
| 6                   | <b>BUSINESS AND LAW:</b><br><i>LEGAL PRINCIPLES, ACCOUNTING, BUSINESS ADMINISTRATION, CONTRACTS, BUSINESS LAW, OR PROFESSIONAL ETHICS</i>   |
| 3                   | <b>SCIENCE:</b><br><i>PHYSICS, GEOLOGY, BOTANY, ASTRONOMY, SOILS, DENDROLOGY, CHEMISTRY, BIOLOGY, BOTANY, OR ECOLOGY</i>  |

**EXPERIENCE**

Your land surveying experience should become increasingly more complex and encompass all facets of the work, including research, field work of all types, plan development, the writing of deed descriptions and reports, and time spent as a party chief. Report any part-time work in terms of the actual amount of time spent.

A description of experience satisfactory to the Board also appears in Chapter 50 of the current Rules.

**VERIFICATION OF EXPERIENCE FORM AND KEY NUMBER**

Fill out the Employment Experience Summary portion of the application first, then complete a verification of experience form for each employer listed in the summary. The Key number listed on the summary should correspond with the key number entered in the right hand corner of each verification of experience form (s).



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

**LSIT LICENSE APPLICATION**

|   |                       |                        |             |
|---|-----------------------|------------------------|-------------|
| <b>APPLICANT INFORMATION (please print)</b>   |                       |                        |             |
| 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                 |             |
| <b>DISCIPLINARY ACTION DISCLOSURE</b>   |                       |                        |             |
| <i>NOTE: Failure to disclose disciplinary action may result in denial, fines, suspension and/or revocation of a license.</i>  |                       |                        |             |
| <b>1. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b>   |                       |                        |             |
|   |                       | <b>NO</b>              | <b>YES</b>  |
| If yes, enclose a detailed explanation and copies of all documents.   |                       |                        |             |
| 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 & 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. |                       |                        |             |
| <b>SIGNATURE</b>  |                       | <b>DATE</b>            |             |

**LICENSE APPLICATION**  
**LAND SURVEYOR-IN-TRAINING (LSIT)**

- A check payable to "Treasurer State of Maine" in the amount of \$196.00 must accompany this application OR you may use the credit card form below.
- All fees for whatever purpose, are non-refundable.
- You must have passed the NCEES Fundamentals of Surveying Exam BEFORE you submit this license application.
- Please attach a copy of your exam passage letter to this application.

|   |
|---|
| <b>Office Use Only:</b><br>1421 -\$175<br>2619—\$21 |
|---|

|   |
|---|
| <b>Office Use Only</b><br>Check # _____<br>Amount: _____<br>Cash # _____<br>Lic. # _____<br>Issue Date _____<br>Exp. Date _____ |
|---|

|  |                            |                                |                  |
|--|----------------------------|--------------------------------|------------------|
| <b>PAYMENT OPTIONS:</b>  |                            |                                |                  |
| 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>      |
| MAILING ADDRESS OF CARDHOLDER (please print)   |                            |                                |                  |
| I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my |                            |                                |                  |
| VISA   | MASTERCARD                 | the following amount: \$ _____ |                  |
| <b>I UNDERSTAND THAT FEES ARE NON-REFUNDABLE</b>   |                            |                                |                  |
| Card number:   | <i>XXXX-XXXX-XXXX-XXXX</i> | Expiration Date                | <i>mm / yyyy</i> |
| <b>SIGNATURE</b>   |                            | <b>DATE</b>                    |                  |

**GENERAL INFORMATION**

Are you registered or licensed as a Land Surveyor-In-Training in any other state(s)?  Yes  No

If yes, please give registration or license number (s) \_\_\_\_\_

Date issued \_\_\_\_\_ Expire Date \_\_\_\_\_ State \_\_\_\_\_

Did you qualify by written examination?  Yes  No

If yes, state place, date and length of examination: \_\_\_\_\_

Was it a NCEES examination?  Yes  No

**EDUCATION**

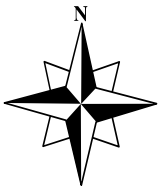
Provide an official transcript for each post-secondary institution listed below

| Institution and Location | Diploma or Degree Obtained |
|--------------------------|----------------------------|
|                          |                            |
|                          |                            |

**EMPLOYMENT EXPERIENCE SUMMARY-- PLEASE LIST MOST RECENT WORK FIRST.**

Complete a experience verification form ("Key Form") for each employer listed below. Please include details of type and scope of land surveying performed. You may use plain 8 1/2 x 11 inch sheets to supplement the form. All pages should be identified by "Key" number and signed by the applicant and the supervisor.

| WORK UNDER LICENSED SURVEYOR | TITLE OR POSITION | NAME AND ADDRESS OF EMPLOYER | DATES OF EMPLOYMENT |          | TIME IN LAND SURVEYING |        |
|------------------------------|-------------------|------------------------------|---------------------|----------|------------------------|--------|
|                              |                   |                              | FROM MO/YR          | TO MO/YR | YEARS                  | MONTHS |
| KEY 1                        |                   |                              | FROM MO/YR          | TO MO/YR | YEARS                  | MONTHS |
| KEY 2                        |                   |                              | FROM MO/YR          | TO MO/YR | YEARS                  | ONTHS  |
| KEY 3                        |                   |                              | FROM MO/YR          | TO MO/YR | YEARS                  | MONTHS |
| KEY 4                        |                   |                              | FROM MO/YR          | TO MO/YR | YEARS                  | MONTHS |



STATE OF MAINE  
BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333-0035  
(207) 624-8522

KEY NUMBER

VERIFICATION OF EXPERIENCE FORM

**SECTION I: TO BE COMPLETED BY APPLICANT**

**INSTRUCTIONS TO APPLICANT:** Complete Sections I and III, make a copy for your records, and forward this original from to your SUPERVISOR. Be sure the Key Number in the box at the top right corner of this form corresponds with the appropriate Key Number and information on your application. **NOTE:** Sections I and III of this form must be typewritten or printed in ink.

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Code Street City State Zip

TELEPHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Home Business

**EXPERIENCE DESCRIBED ON THIS FORM WAS OBTAINED WHILE EMPLOYED BY:**

FIRM OR ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BEGINNING: \_\_\_\_\_ / \_\_\_\_\_ ENDING: \_\_\_\_\_ / \_\_\_\_\_  FULL-TIME  PART-TIME \_\_\_\_\_  
Month Year Month Year Hours/Week

I hereby certify that the work experience described on the reverse side of this form and the time claimed for that experience are true and accurate.

\_\_\_\_\_  
Applicant's Signature Date

**SECTION II: TO BE COMPLETED BY SUPERVISOR  
INSTRUCTIONS TO SUPERVISOR: PLEASE TYPE OR PRINT.**

- Read carefully the applicant's Report of Professional Experience on this form and any supplemental sheets;
- Provide the requested information below and complete items 1-6; If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the Board relative to the applicant, please submit a separate letter with this form. If you do so, please identify applicant by full name and Key Number in your letter and indicate that the candidate is an applicant for land surveying;
- Sign the Affidavit in Section IV of this form and at the bottom of each continuation sheet, if any, or if you do not sign the Affidavit please explain in a separate letter attached to this form;

SUPERVISOR NAME: \_\_\_\_\_ PHONE NO: ( ) \_\_\_\_\_ - \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
Street City State Zip Code

Are you a licensed Land Surveyor?  Yes  No If yes, State in which licensed: \_\_\_\_\_ License #: \_\_\_\_\_

**WITH RESPECT TO APPLICANT'S REPORT OF PROFESSIONAL EXPERIENCE AS DESCRIBED ON THIS FORM:**

- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 1. | Does that description accurately reflect the work personally performed by the applicant?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Does the time claimed by the applicant for this experience reasonably reflect actual time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Was the applicant's work performed in an adequate, reliable, and professional manner?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Are you attaching a separate letter with additional information about the applicant?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. Identify your work relationship to the applicant at the time. If none, please explain. \_\_\_\_\_

6. Comments

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**SECTION III: TO BE COMPLETED BY THE APPLICANT**

Describe your general surveying duties during your employment with the firm named on the front of this form.

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B. Describe in separate paragraphs the specific kinds of surveying work you personally performed while employed by the firm named on the front of this form. Use specific project assignments as examples. Then indicate separately the time you spent on each such kind of work. If you need more than one SUPERVISOR from a single firm, use a separate form for each SUPERVISOR. If you do not have enough space on this form, use one or more continuation sheets. **BOTH YOU AND YOUR SUPERVISOR MUST SIGN EVERY SHEET.**

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C. Describe briefly your personal level of responsibility or authority for the work described above. Explain here any changes in your title resulting from promotions or other job changes during this period of employment.

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**SECTION IV: SUPERVISOR'S AFFIDAVIT**

- I have read the applicant's Verification of Experience Form. I hereby certify that I am knowledgeable about and qualified to attest to, the applicant's work and land surveying ability and that, except as otherwise noted on the front side of this for, or in attached correspondence, the work experience described by the applicant and the time claimed therefore are generally true and accurate.
- I cannot so certify. Letter of explanation attached.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

APPLICANT NAME \_\_\_\_\_

**CORE CURRICULUM:**

If qualifying via path 1,2, or 3, the Board requires the successful completion of the college-level courses in the subject areas indicated in the chart below. Please complete the chart as you feel is applicable and authorize transmittal an official transcript from your school(s) be sent to the Board. **You must complete this form in full and the Board must have received your transcripts** before your application can be reviewed.

| CREDIT HOURS REQUIRED | SUBJECT                          | SCHOOL | COURSE NAME | COURSE ID # | CREDIT HOURS EARNED |
|-----------------------|----------------------------------|--------|-------------|-------------|---------------------|
| 6                     | SURVEYING                        |        |             |             |                     |
| 3                     | BOUNDARY LAW                     |        |             |             |                     |
| 3                     | ENGLISH COMPOSITION <sup>1</sup> |        |             |             |                     |
| 6                     | MATHEMATICS <sup>2</sup>         |        |             |             |                     |
| 6                     | BUSINESS AND LAW <sup>3</sup>    |        |             |             |                     |
| 3                     | SCIENCE <sup>4</sup>             |        |             |             |                     |

1 TECHNICAL WRITING, COMMUNICATION, CREATIVE WRITING OR SPEECH

2 ADVANCED ALGEBRA, ANALYTICAL TRIGONOMETRY, ANALYTICAL GEOMETRY, DIFFERENTIAL CALCULUS, INTEGRAL CALCULUS, SPHERICAL TRIGONOMETRY, OR STATISTICAL ANALYSIS

3 LEGAL PRINCIPLES, ACCOUNTING, BUSINESS ADMINISTRATION, CONTRACTS, BUSINESS LAW, OR PROFESSIONAL ETHICS

4 PHYSICS, GEOLOGY, BOTANY, ASTRONOMY, SOILS, DENDROLOGY, CHEMISTRY, BIOLOGY, BOTANY, OR ECOLOGY



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 TTY users call Maine Relay 711 Fax: (207) 624-8637 [www.maine.gov/professionallicensing](http://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.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** This varies depending on a number of factors. You can call the office for the status of your application.
- **How far back do I go answering the criminal question?** Any conviction, ever.
- **What exam do I take?** There is just one exam: NCEES Fundamentals of Land Surveying (FS)
- **When is the exam administered?** The exam is available multiple time per year via computer based testing.
- **Who administers the exam?** The exam is administered by NCEES.
- **How many times may I re-take the exam?** You may take it as many times as you need to.
- **What are the fees?** There are separate fees for the exam registration with the test administrator, NCEES, and for the license one you have passed the exam.
- **Is there a deadline to register for the exam?** No.

**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 disciplinary action disclosure question
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Enclose pertinent documentation such as exam scores or transcripts
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.