COMMONWEALTH OF KENTUCKY

| Action |
|------------------------------------|
| (Date of Action) |
| (Date of Action) , |
| (Date of Action) |
| License No. |
| (Section of Law) (Effective Date) |



APPLICATION FOR REINSTATEMENT TO THE PRACTICE OF PROFESSIONAL LAND SURVEYING IN KENTUCKY

Kentucky State Board of Licensure for Professional Engineers and Land Surveyors 160 Democrat Drive Frankfort, Kentucky 40601 502/573/2680 800/573/2680



Date _____

 $REINSTATEMENT — Enclose \$500.00 \ check \ or \ money \ order \ payable \ to \ "Kentucky \ State \ Treasurer" \ as \ a \ non-refundable \ application \ fee.$

Instructions: Answer all questions in this application truthfully and completely.

Full Name (as it originally appeared on your certificate of licensure)

I. PERSONAL DATA:

1.

| (First) | (Middle) | (Last) |
|---|---------------------|--------|
| 2. Application Date: | 3. NCEES ID number: | |
| 4. Last four of your Social Security No | 5. Date of Birth: | |

Place * in parenthesis at address you wish the Board to use for official Board mailings.

6. Business Address ()

7. Residence Address ()

8. Telephone (daytime):

10. Cellphone:

11. Email address:

12. Have you passed the Fundamentals of Land Surveying exam in any state? [] Yes [] No If yes, what state

Certificate Number

| 13. Do you hold | a valid license to practice Professional Land | Surveying | in any State | e or Territory? | | | |
|---|--|----------------|-----------------|---|--|--|--|
| Yes | YesNo If yes, what State P | | | PLS No./Expiration Date | | | |
| 14. Do you hold | a valid license to practice Professional Engi | neering in a | ny State or | Territory? | | | |
| Yes | YesNo If yes, what State PE | | | E No./Expiration Date | : | | |
| 15. (a) Have you | ever been refused or denied a license? | | | | | | |
| | ever been disciplined by a professional lice isciplinary action*? If YES to any of the abo | | | • | • | | |
| violation of | disciplinary action' means any final written decision or the board's laws or rules. Disciplinary actions include element Agreements or Consent Orders, probation, susp | reprimands, ad | lministrative f | ines, the board's refusal to | | | |
| 16. Have you eve | er been convicted of a felony? Yes | No If yes, | explain: | | | | |
| | en adjudged mentally incompetent by a cour | | | | No If yes, explain: No If yes, explain: | | |
| II. EDUCATI O | ON HISTORY: | | | | | | |
| | Name and Address of Institution | | Attended T- | Date of Graduation | Course Completed or Degree Conferred | | |
| High School – or Preparatory Education | | From | То | S. M. | | | |
| College or University – | | | | | | | |

Make copies of this page if you need additional space. III. **EXPERIENCE**:

| Го | Time - Years, in decimal tenths. | | | ıs. | | | | |
|--------------------------------|---|--|---|--|---|--|--|---------------------------|
| Dates, Month - Year, From - To | | (3) Surveying experience prior to college graduation | (| *In Responsible charge and showing the charge and charg | (5) Professional Surveying experience after PLS | Name, Title, address, and email address of a person most familiar with each engagement, preferably a supervisor (Not deceased). Indicate if PLS. | | |
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| | | | | | | | | |
| *Beginni | ng at the point in time when those for whom or with whom you worked considered that d be entrusted to carry out assignments without close day-to-day supervision. | | | | | | | Page Total |
| | | | | | | | | Cumulative Page Totals |

IV. REFERENCES:

| Name | Address (with Zip code) | Email address and Telephone Number | | | |
|---|---|---------------------------------------|--|--|--|
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| | | | | | |
| Note: The total of endorsers and persona Surveyors. | al references must be at least five, three of which must be Lie | censed Professional Land | | | |
| I hereby certify that I have familiarized myself with Kentucky Revised Statutes Chapter 322 and with 201 Kentucky Administrative Regulations Chapter 18, including the Code of Professional Practice and Conduct, and do hereby subscribe to the provisions therein. I do solemnly swear or affirm that I understand the instructions and terms in this application form, and that this application is true, correct, and complete to the best of my knowledge. | | | | | |

PLS Reinstatement Application, Ed. 12/22/2025

Signature of applicant and Date