

**OKLAHOMA STATE BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS AND LAND SURVEYORS**

220 N.E. 28th Street, Suite 120
Oklahoma City, OK 73105-2802
(405) 521-2874
www.pels.ok.gov

NCEES Record Holder – Initial Licensure as a P.L.S.

[Application for Oklahoma P.L.S. applicants who previously filed a Form D-Part 1 to take the P.S. exam]

PLEASE READ ALL INSTRUCTIONS PRIOR TO FILLING OUT THE APPLICATION

Information regarding obtaining a Record can be found at <https://ncees.org/records/>. Please follow the instructions and contact the NCEES Records Department at 800-250-3196 if you encounter any problems. **You must request that NCEES transmit your Record to us; we cannot do this for you.** NCEES will charge a fee of \$100 to transmit the completed Record to us. You will then have a Record that you can maintain throughout your career with no charge for updates and a reduced fee of \$75 for each transmission to other states where you seek licensure.

1. Request NCEES submit your NCEES Record to this office.
2. Complete the entire P.L.S. application form on the computer and print the application single-sided. DO NOT PRINT DOUBLE-SIDED. **Handwritten applications will not be accepted.**
3. **If you are practicing land surveying through a firm that DOES NOT HAVE A CERTIFICATE OF AUTHORIZATION with this Board, you MUST submit a Certificate of Authorization application along with your P.L.S. application. Application forms are available at www.pels.ok.gov.**
4. Once your P.L.S. application package is complete (including the Certificate of Authorization application, if applicable), your completed application(s) will be presented for review at the next scheduled Board meeting. If approved, you will be contacted to schedule the two-hour Oklahoma Law and Surveying (OLS) examination, which is given quarterly at the Board office.



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1. Full **Legal** Name (do not abbreviate) _____

Maiden Name or other last name previously used (if applicable) _____

2. Name: _____

(as you wish it to appear on your certificate - you must sign and seal using this exact name)

3. NCEES ID Number _____

4. Date of Birth: _____ 5. Social Security #: _____

6. Residence Physical Address: _____
(number and street) (city, state and zip code)

_____ (telephone) _____ (fax) _____ (e-mail)

7. Business Physical Address: _____
(number and street) (city, state and zip code)

_____ (official name of place of employment) _____ (your title) _____ (CA # - if applicable)

_____ (telephone) _____ (fax) _____ (e-mail)

8. Preferred e-mail and mailing address (Residence or Business): _____

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9. Have you been convicted, found guilty or plead guilty or nolo contendere to any crime, which was a felony or misdemeanor, and not traffic related?

_____ No _____ Yes (If Yes, attach explanation.)* **DUI's and DWI's must be reported.**
**** Include all information, even if a significant period of time has passed.**

10. Have you ever been disciplined by any professional or vocational licensing authority (including Oklahoma)?

_____ No _____ Yes (If Yes, attach explanation.) **Include formal and informal actions, administrative actions, stipulations and agreements**

11. Have you ever had an application for professional or vocational licensing denied for a reason other than you did not meet the educational or experience requirements?

_____ No _____ Yes (If Yes, attach explanation.)

12. To your knowledge, are you currently under investigation by any professional or licensing authority?

_____ No _____ Yes (If Yes, attach explanation.)

13. Have you been subject to any court rulings, court mandated registration, or any other public records that would show impropriety or reflect poorly on the profession?

_____ No _____ Yes (If Yes, attach explanation.)

PLEASE NOTE: Failure to provide complete and accurate information to the Board concerning any applicable criminal convictions or disciplinary action WILL result in rejection of your application. A new application form and fee will be required for further consideration.

14. AFFIDAVIT AND RELEASE STATEMENT

I, _____, hereby make application
(full legal name - do not abbreviate)
for licensure as a professional land surveyor under the provisions of 59 O.S. § 475.1-475.22a, and the rules and regulations of this Board. I declare under penalty of perjury under the laws of Oklahoma that I am the person described in this application and that the statements and representations contained therein are true in every respect.

Furthermore, I hereby authorize any individual, company or institution with whom I have been associated to furnish the Oklahoma State Board of Licensure for Professional Engineers and Land Surveyors with any information concerning my qualifications for professional licensure in Oklahoma which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information. I also consent to the confidentiality of the requested evaluation, and waive any right to see or to question the evaluation submitted.

Original Written Signature

Date

APPLICATION CHECKLIST

- _____ Request that NCEES submit your Record to this office
- _____ All sections of application completed and printed single-sided (**DO NOT PRINT DOUBLE-SIDED**)
- _____ Affidavit and Release Statement signed and dated
- _____ Certificate of Authorization application submitted (if applicable)

Mailing address of the Board

Oklahoma State Board of Licensure for Professional Engineers and Land Surveyors
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Oklahoma City, OK 73105-2802