



**TEXAS BOARD OF PROFESSIONAL  
ENGINEERS AND LAND SURVEYORS**

1917 S. Interstate 35, Austin Texas 78741-3702  
[www.txls.texas.gov](http://www.txls.texas.gov)  
Phone: (512) 440-7723 Fax: (512) 442-1414

Office Use Only
Trans. # LSLS 1004
Entity #
Receipt #

**Licensed State Land Surveyor Exam:  
Update Application**

This application is to be submitted only after your initial application has been approved by the Board. Please print neatly. Answer all questions pertaining to information that has changed since the submission of the original application.

**A check or money order made payable to TBPELS, in the amount of one-hundred and fifty dollars (\$150.00), must accompany this application** (military service members are exempt- see section 3) **and is non-refundable.** However, this fee can be postponed **one time** if the applicant notifies the Board that they need to move exams at least 10 days prior to the exam they have applied for.

**1. General Information**

Full Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Firm Name: \_\_\_\_\_ Firm Number \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Present Position \_\_\_\_\_

**2. Other Registrations**

Registration Number as a Registered Professional Land Surveyor in Texas \_\_\_\_\_

Registration Date \_\_\_\_\_ License Current To \_\_\_\_\_

Has your license ever been revoked? \_\_\_\_\_ If so, specify?

**3. Military Service**

Application and examination fees are waived for all military service members or military veterans. This form must be accompanied by official documentation confirming the applicant's military status. If documentation is not submitted, the applicant will be required to pay the application and examination fees.

Please indicate all that apply:  Military Service Member  Military Veteran

#### 4. Professional Surveying Experience

Please complete the following:

DATE		Title of Position; Name of Employer; Character of Work Performed; Responsibility; Location of Each Engagement	Time (Years and Months)			Name and Present Address of Supervisor or Employer (Not Deceased)
From date of Registration as R.P.L.S.	To Present		(1) Total Time (Actual) Yrs. Mos.	(2) From date of Registration as R.P.L.S.	(3) To Present	
TO BE COMPLETED BY APPLICANT – Summary (Actual Time)						

#### 5. Certification

I hereby certify, under penalty of law, that the information contained herein is true.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date