



TEXAS BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS

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

Office Use Only
Trans. # RPLS
Entity #
Receipt #

UPDATE APPLICATION FOR RPLS OR RCP EXAM

All information requested on this form must be legibly written. An examination fee, in the form of a check or money order, made payable to the Board (unless the applicant is a military service member- see section 3), of **one hundred fifty dollars (\$150.00)** must accompany this application. All fees are non-refundable. No cash will be accepted.

1. General Information

Date _____

1. Full Name: Last _____ First _____ Middle Int _____

2. Social Security # _____ Driver's License # _____

3. Mailing Address: Street _____

City _____ County _____ State _____ Zip _____

E-mail Address _____

4. Business: Firm Name _____ Firm Number _____

Street _____

City _____ County _____ State _____ Zip _____

Present Position _____

4. Telephone Numbers

Residence () _____ Business () _____

5. Membership in Societies, Associations _____

6. Please indicate which exam(s) you wish to take. RPLS RCP (Reciprocal)

2. Military Service

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

Please indicate below all that apply:

Military Service Member Military Veteran Spouse of Military Service Member (RCP applicants only)

3. Education Completed from Date of Last Application

Please list any education obtained since the submission of the original application. If no new experience has been accrued this section may be left blank.

Name and Location of Institution	Years		Date Graduated	Technical Course	Degree Received
	From	To			
Surveying Education					
College/University Other Than Surveying					

4. Professional Surveying Experience from Date of Last Application

Numbered answers must correspond to numbered questions. If time breaks occur between surveying employment, indicate general nature of occupation.

1. Name of Employer
2. Employer's Address
3. Title(s) of your position(s) and date(s) each title obtained
4. Name and present address of Registered Professional Land Surveyor
5. Character of work performed

Date		Numbered Answers must correspond to Questions above Any Additional information should be made by attachments	Time (Years and Months)		
From Month/Day /Year	To Month/Day /Year		Total	Sub- Professional	Professional
		1. _____ 2. _____ 3. _____ 4. _____ 5. _____			

5. Certification

I hereby certify under penalty that the information contained herein is true and correct to the best of my knowledge, information and belief.

Signature**Date**

Printed Name