

LAND SURVEYOR

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR IN-TRAINING DESIGNATION

NOTICE: KNOWINGLY MAKING A FALSE STATEMENT IN CONNECTION WITH YOUR APPLICATION MAY BE CAUSE FOR DENIAL OF YOUR APPLICATION AND/OR REFERRAL FOR CRIMINAL PROSECUTION.

Please review the Arizona Board of Technical Registration (AZBTR) **Rules** and **Statutes** on the website carefully. They establish the requirements for examination and explain Board procedures. It is very important that you become thoroughly familiar with the Statutes and Rules. A violation of any of the provisions of the law or rules may be cause for disciplinary action against a registrant.

- In-Training Designation is *not* required by the Board.
- Complete each section of the application following instructions on the form and in Rule R4-30-202.
- The information on this website provides answers to the most frequently asked application related questions. All requests for information relating to your application status should be made **in writing and sent to Board staff.**

Mail the application to the AZBTR office at: 1110 W. Washington Street, Suite 240, Phoenix, AZ 85007.

Once the AZBTR receives a properly completed application, an application number will be assigned and a file established. **No refunds will be made.** It is your responsibility to ensure that your application is correct and complete.

A completed application includes the following:

- Application with all questions answered, signed and dated
- A signed check or money order in the amount of \$40.00 application fee
- Military status form
- Verification of having passed the Fundamentals exam
- Official college transcripts, if applicable
- Three (3) Certificates of Experience Record and Reference form, if applicable
- Any applicable disciplinary or criminal record, see instructions

Application supporting documentation for education, examination and/or experience

- The Board will maintain all documentation submitted (prior to applying) for a maximum of one year.
- Documentation from a previously submitted application will not be used for a new application.
- Transcripts: Arrange to have copies of certified transcripts for all educational credit claimed sent **directly from the Registrar**. Electronic transcripts can be sent directly to your assigned Licensing Specialist or to **Licensing@azbtr.gov**. The AZBTR will accept an education equivalency evaluation from a Board approved entity in place of official transcripts for foreign education. The evaluation must contain the applicant's graduation date. If a graduation date is not listed then official transcripts will be required. Please refer to A.A.C. R4-30-208 to determine the education allocation that may be applied to your degree.

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- Fundamentals examination verification for applicants must be provided directly to the AZBTR by the National Council or the Board of jurisdiction in the state where the applicant completed the examination.
- **If the applicant does not have a four year degree in their specific field, three Certificates of Experience Record and Reference forms must be submitted directly to the Board from the applicant's current or former supervisors who are registered in the same profession for which the applicant is applying to demonstrate that the applicant meets the experience criteria for registration.** The applicant is responsible for completing Section A of the form and mailing forms to the present and past supervisors. The sum of the eleven categories in the "Detailed Summary of Qualifying Experience" section of the form must total the amount (in months) of your employment with that particular company. The supervisors must complete Section B of the form and send all pages directly back to the Board. The Board will not accept forms that are submitted by the applicant and will not accept old forms previously submitted to any other jurisdiction. Forms may be sent directly to **licensing@azbtr.gov**.
- If the applicant cannot provide Land Surveyor Certificate of Experience forms completed by supervisors, the applicant can submit a letter of explanation as to the reason why that requirement cannot be met and have the Land Surveyor Certificate of Experience forms submitted by professional references, at least two of whom are registered engineers for consideration. Please note that submission of these alternate forms will be considered, but may not be accepted as demonstrating necessary experience.
- If you have had any license or registration disciplined in Arizona or another jurisdiction, you must provide a copy of the Order. If you have been charged or convicted of a criminal offense, you must have the police record and court order sent to the AZBTR directly by the court of jurisdiction.

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An application is not considered “administratively complete” until all of the verifying documentation has been received. You will receive a notice from the Board via regular mail and email when your application is considered administratively complete. If you do not receive a confirmation within 60 days, you are welcome to contact your Licensing Specialist by email. Please refer to the “About Us” “Staff” section on the website to obtain the email for your assigned Licensing Specialist. Application assignments are made based on the first letter of the applicant’s last name.

Please refer to:

- A.R.S. §32-122
- A.R.S. §32-202
- A.A.C. R4-30-222



State of Arizona
BOARD OF TECHNICAL REGISTRATION

1110 W. Washington Street, Suite 240, Phoenix, Arizona 85007 (602)364-4930 FAX: (602)364-4931 https://btr.az.gov/

APPLICATION FOR IN-TRAINING DESIGNATION

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

APPLICATION FEE \$40.00

Engineer in-training [] Land Surveyor in-training [] Geologist in-training []

1. GENERAL INFORMATION

Name: Last First Middle

Date of Birth Social Security # (mandatory)

Citizenship or Legal Residence

Residence Address Apt/Suite/Unit

City, State, Zip Tel. #

Mailing Address

Mailing City, State, Zip:

Business Name

Business Address Suite:

City, State, Zip Tel. #

Email

If you have been legally known by another name(s) list here with explanation and provide documentation:

[]

2. BACKGROUND/DISCIPLINE

If the answer to any of the following questions is "yes," please attach a detailed explanatory statement (use additional sheets if necessary) and related official documentation in accordance with A.A.C. R4-30-201.

Please refer to the "Important Notice to Applicants" in the Instructions.

- 1. Have you been subject to professional disciplinary action, including license denial, in AZ or any other State/Jurisdiction? Yes [] No []
2. Have you ever been convicted of a criminal offense including misdemeanors such as DUI? Even if on appeal, you must disclose. ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas MUST be reported) Yes [] No []

Internal Use Only

Receipt Number: Amount Paid:

Criminal History Check Completed
No Further Action Required []
Further Information Required []
Initials:
Date:

Revised 5/9/17

3. PREVIOUS PROFESSIONAL REGISTRATIONS/CERTIFICATIONS

(Please provide verifications issued by each state/jurisdiction)

EXAMS TAKEN:

FS State _____ Year _____

4. EDUCATION

(Complete this section only if you are applying with education and not work experience)

ALL EDUCATION RELEVANT TO THIS APPLICATION MUST BE VERIFIED BY CERTIFIED TRANSCRIPTS FORWARDED DIRECTLY FROM THE REGISTRAR'S OFFICE OF THE COLLEGE OR UNIVERSITY ATTENDED TO THE BOARD. Transcripts of non-degreed applicants other than seniors claiming educational credit must be forwarded and received, including an outline of the nature and extent of studies, prior to admission to examination (seniors should not have transcripts forwarded until a degree has been awarded).

Name and Location of Institution	Years: From-To	Date Graduated	Major/Minor	Type of Degree
	TO			
	TO			

5. EXPERIENCE RELATED TO THE FIELD OF APPLICATION

(Complete this section & Certificate of Experience form(s) only if you are applying with work experience and not education)

The applicant's current and former employers must verify all experience on the Certificate of Experience Record and Reference forms provided them. Experience must be gained in accordance with A.R.S. § 32-122 and A.A.C. R4-30-201. If experience was not gained under a registrant, provide your supervisor's resume along with the Certificate of Experience Record and Reference form. *If you cannot supply the names and addresses of supervisors for at least three engagements, you must provide to the Board a written, sworn statement explaining the inability to provide this information.* Please provide additional sheets if necessary.

List experience below starting with your current employer:

Employment Dates: From _____ To _____	Job Title:
Name and Current Address of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	

Employment Dates: From _____ To _____	Job Title:
Name and Current Address of Employer:	
Supervisor's Name:	Supervisor's Title:
Average Number Of Hours Worked Weekly:	

Applicant Name _____

6. REFERENCES

Name	Address and Telephone Number	Position

7. CERTIFICATION/ RELEASE

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I authorize any individual, company or institution with whom I have been associated to furnish the Arizona State Board of Technical Registration with any information concerning my qualifications for professional registration/certification in Arizona which they have on record or otherwise possess, and release the individual, company or institution and all individuals from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

The Board will verify your answers by searching public records databases. If the Board determines that any of your answers are incorrect you may become the subject of an investigation.

Signature of Applicant

Date

NOTICE

Making a false statement in connection with this application may be cause for denial of this application and/or referral for criminal prosecution.

Arizona Revised Statutes ("A.R.S.") 41-1030(B) states that "[a]n agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition."

A.R.S. 41-1030(D) states that "[t]his section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section."

A.R.S. 41-1030(E) states that "[a] state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy."

A.R.S. 41-1030(F) states that "[t]his section does not abrogate the immunity provided by section 12-820.01 or 12-820.02."



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Military Status - A.R.S. § 32-4304(A)(4)

Effective July 1, 2022, a regulating entity that issues an occupational or professional license shall “track veteran and military spouse status of applicants”. All state agencies shall report the information to the Governor’s office on an annual basis.

It is requested that you provide the following information in order for the Arizona Board of Technical Registration to comply with A.R.S. § 32-4304(A)(4):

Are you active duty military?

yes

no

I do not wish to answer

Are you a veteran?

yes

no

I do not wish to answer

Are you the spouse of an active duty military individual?

yes

no

I do not wish to answer

Are you the spouse of a veteran?

yes

no

I do not wish to answer



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PREVIOUSLY SUBMITTED DOCUMENTS AFFIRMATION FORM

If you submitted an application to the Board previously, you may submit this form with your new application to request that the Board reuse documents provided with the previous application.

I request that the Board reuse the following documents for the application attached.

- “Architect Certificate of Experience Form(s)” previously provided in application
_____.
 - “Engineer Certificate of Experience Form(s)” previously provided in application
_____.
 - “Geologist Certificate of Experience Form(s)” previously provided in application
_____.
 - “Land Surveyor Certificate of Experience Form(s)” previously provided in application
_____.
 - “Landscape Architect Certificate of Experience Form(s)” previously provided in application
_____.
 - Certified Transcripts previously provided in application
_____.
 - License/Exam Verification(s) from other states and jurisdictions previously provided in application
_____.
 - “Arizona Statement of Citizenship and Aliens Status for State Public Benefits” form previously provided in application # _____.
 - Copy of a Government issued photographic identification previously provided in application
_____.
-

By signing, I affirm that I understand that the Board must consider its Record Retention Schedule and Confidentiality Laws (ARS 32-129), among other things, when determining my request, that the Board has the authority to deny my request and, if denied, I will be responsible for any missing documentation.

Signature of Applicant

Date



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Dear Reference:

In order to complete the application process, please complete and return requested information on the applicant indicated. Your responses will be kept confidential. To assist you in making your determination and recommendation on the applicant's qualifications, this office has secured from the applicant, and maintains in his/her file, the following Authorization and Release, properly signed:

AUTHORIZATION AND RELEASE

"I authorize any individual, company or institution with whom I have been associated to furnish the Arizona State Board of Technical Registration with any information concerning my qualifications for professional registration/certification in Arizona which they have on record or otherwise possess, and release the individual, company or institution and all individuals from all liability for any damage whatsoever incurred by me as a result of their furnishing such information."

We request that you complete and return the enclosed form promptly so that the Board may act upon the application of this candidate. Thank you for your cooperation.

Sincerely,


Judith Stapley, Executive Director



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Land Surveyor Certificate of Experience Form

Applicant Name: _____

SECTION A

(To be completed by Applicant)

Employer Name, Address, and Telephone _____

Your Job Title _____

Your Supervisor/Reference Name and Job Title _____

If the name given above is other than an immediate supervisor, indicate below the professional relationship of the person you have chosen.

Co-Worker Client Other Explain: _____

DETAILED SUMMARY OF QUALIFYING EXPERIENCE

Note: The detailed summary should include a description of the projects you worked on and a breakdown of time spent by category of experience. Please use next page to adequately detail your experience.

Employment Dates: From _____ / _____ / _____ To _____ / _____ / _____

(These dates should match the dates observed by supervisor/reference on Section B)

Approximate Number of Hours Worked Weekly _____

Experience Activity:

Activity	Total Months
Boundary Determination through Spatial Measurement (R4-30-282)(B)(1)	
Analysis of Measurement Data (R4-30-282)(B)(2)	
Locating and Establishing boundaries, easements, rights-of-ways, benchmarks or corners (R4-30-282)(B)(3)	
Consultation with Clients (R4-30-282)(B)(4)	
Researching Legal Title Records (R4-30-282)(B)(5)	
Platting/Subdividing/Parceling Land (R4-30-282)(B)(6)	
Preparing and Maintaining Survey Records (R4-30-282)(B)(7)	
Other Land Surveying Activities (R4-30-282)(B)(8)	
Construction Staking (R4-30-282)(B)(9)	
Administration (R4-30-282)(B)(10)	
Sub-Professional Experience (R4-30-282)(B)(11)	
Grand Total (sum for all activities - should equal same # of months as employment dates listed above)	

I affirm under penalty of law that the foregoing statements and supporting documentation are accurate, true and complete to the best of my knowledge. I understand that submitting a materially false statement in connection with an application may be grounds for denial of this application and/or referral for criminal prosecution.

Applicant's Signature _____ Date _____

Applicant Name _____

Supervisor/Reference please initial here _____

Applicant Name: _____

Detail of Experience

Applicant Name: _____

SECTION B

(To be completed by supervisor/reference)

The Board will rely on your answers to the questions below in determining whether or not this applicant should be issued a license to practice as a professional in Arizona. Please recognize the importance of this information and give due care to your responses. Use additional pages, if required. Please evaluate the qualifications of this applicant in the light of professional requirements. Please understand that, while an examination may determine an applicant's technical ability to do the standard task, it does not determine honesty, integrity, dependability, resourcefulness, judgment, ability to take responsible charge and other qualities and traits of character necessary in a competent and ethical professional. These characteristics show up in practice and are known only to the applicant's acquaintances and associates.

If you are not a professional registrant, you must include your resume.

Your Name _____

Address _____

City, State, Zip _____

Telephone _____

E-mail: _____

Your job title at the time you supervised/knew the applicant _____

Have you personally supervised and examined the applicant's work? Yes No
Does the information presented by the applicant accurately reflect his/her experience? Yes No
(If "No" or "Don't Know," please explain.) Don't Know

Give the dates you observed the applicant performing professional duties, either directly or indirectly.

Date: From _____ To: _____ Directly/ Indirectly

How long have you known this applicant? _____

Is this applicant related to you by blood or marriage? Yes No

From your personal knowledge, your appraisal of the applicant would be:

Rating Factors	Excellent	Very Good	Adequate	Below Par	Poor	Don't Know
Quality of Work						
Technical Knowledge						
Professional Attitude						
Professional Judgement						
Character & Reputation						

Please include any remarks you have regarding this applicant on a separate piece of paper and submit with this form.

Do you believe the applicant is qualified for registration? Yes No
(If you marked "No" or "Don't Know," please explain on a separate sheet.) Don't Know

I affirm under penalty of law that the foregoing statements and supporting documentation are true and correct to the best of my knowledge. I understand that submitting a materially false statement in connection with an application for registration is grounds for disciplinary action. Enter NA under Registration# if you are not a professional registrant.

Signature _____ Date _____

Land Surveyor Professional Registration# _____

Issue Date _____ State _____

Place imprint of seal in the space to the right.