

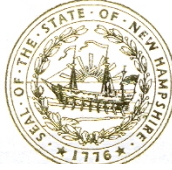
JOINT BOARD OF LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE

57 Regional Drive  
Concord, N.H. 03301-8518

LOUISE LAVERTU  
EXECUTIVE DIRECTOR

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PROFESSIONAL ENGINEERS  
ARCHITECTS  
LAND SURVEYORS  
FORESTERS  
PROFESSIONAL GEOLOGISTS  
NATURAL SCIENTISTS  
LANDSCAPE ARCHITECTS  
COURT REPORTERS  
HOME INSPECTORS



**LAND SURVEYOR  
RENEWAL NOTICE**

Our records indicate that your birth month is **December**; therefore, your renewal fee is now due.

The renewal fee is **\$150.00** for the ensuing two years and is payable on or before **December 31, 2009**. Please make check payable to: **Treasurer, State of NH** and submit with the completed renewal form. If you do not wish to renew your license, please check the space provided, so that we may update our records. The Board shall charge a late fee of **\$30.00** for each month or fraction of a month the renewal is late, up to 12 months, **in addition to the renewal fee**.

Amount enclosed \$ \_\_\_\_\_ **OR** Renew on-line at <https://nhlicenses2.nh.gov/professional/>

**NAME** \_\_\_\_\_ **LS#** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**BUSINESS NAME/ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**(PLEASE CIRCLE MAILING ADDRESS)**

**EMAIL ADDRESS** \_\_\_\_\_

**\$150.00 -Yes, I do wish to renew**  **No, I do not wish to renew.**

**\$10.00 - Retired Status: Honorary Status** "Land Surveyor Retired. " Upon receipt of the fee you shall receive a pocket card indicating retired status and your name shall remain on the roster listed "retired". RSA 310-A:68 will require re-examination in order to bring the license to current status after 12 months. **If claiming retired status do not submit the continuing education log.**

Also provided in RSA 310-A:68 "If a licensee fails to renew his license within the 12 months after the date of expiration of his license, his license shall become null and void and the licensee shall be required to reapply and to be re-examined for licensure as required in this section." Notwithstanding the renewal grace period, your license expires the last day of your birth month. Practice beyond that date without an approved renewal constitutes practice without a license.



**CHECK ONE:**

YES      NO

- 1. Have you had any legal judgments against you for your services as a Licensed Land Surveyor?
- 2. Have you had any disciplinary action against you for your services as a Licensed Land Surveyor?

**If yes, include complete details and submit on additional sheet.**

**RULES OF PROFESSIONAL CONDUCT:**

To the best of my understanding, knowledge and belief, I have adhered to the intent and spirit of the ethical and professional standards of New Hampshire Code of Administrative Rules Lan 500;

**CONTINUING EDUCATION:**

I attest that the information contained in this form and the attached continuing education log is true and correct to the best of my knowledge and belief and complies with the minimum of 8 continuing education units of approved courses required by Lan 403.01 (b);

I further acknowledge that the provision of false information recklessly provided in the application is a basis for disciplinary action by the board.

SIGN HERE



\_\_\_\_\_

**Signature**

**Find us on-line at [www.nh.gov/jtboard/home.htm](http://www.nh.gov/jtboard/home.htm)**  
**Renew on-line at <https://nhlicenses2.nh.gov/professional/>**

**Please be advised documentation is not required for your renewal.** Per LAN 403.02(c) "The licensee shall retain attendance verification records for a period of at least 3 years. Such documentation shall be made available to the board for random audit, verification purposes or both. Documentation shall support continuing education hours claimed. Failure to provide documentation for audit verification shall result in disciplinary action.

**You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.**

Transaction Type: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Card Type: (please circle one) Visa Mastercard **(required)**

Card Number: \_\_\_\_\_ **(required)**

Expiration Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_ **(required)**

Billing Name and Address (your billing address must match the address associated with the credit card you are using.)

Name on Card: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_