



**STATE OF NEW HAMPSHIRE**  
**APPLICATION FOR TEMPORARY PERMIT**  
**FOR LAND SURVEYING**

**\$300.00 Application Fee**

The application must be filled out completely and typewritten  
Check Payable to "Treasurer, State of NH" or complete the enclosed credit card form (**Non-Refundable Fee**)

**1. General Information**

Name \_\_\_\_\_

Last

First

Middle

Names Previously Used (if applicable) \_\_\_\_\_ SS# \_\_\_\_\_

Residence Address \_\_\_\_\_

zip code

Business Name & Title \_\_\_\_\_

Business Address \_\_\_\_\_

Indicate mailing address by check box

zip code

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

**2. Registration/Licensure Information**

Have you taken and passed the Surveyor in Training? \_\_\_\_\_

If yes indicate: State \_\_\_\_\_ Certificate # \_\_\_\_\_ Date: \_\_\_\_\_

Licensed by NCEES Exam? \_\_\_\_\_ If not how? \_\_\_\_\_

Location of exam \_\_\_\_\_ Date \_\_\_\_\_ Grade Awarded \_\_\_\_\_

Total number of hours of written examination/s (indicate "none" if no written exam was taken): \_\_\_\_\_

State in which first registered or licensed as a Land Surveyor \_\_\_\_\_

Date of Licensure \_\_\_\_\_ License Number \_\_\_\_\_ Is License now in force? \_\_\_\_\_

If not in force, indicate why \_\_\_\_\_

Have you **ever** applied for land surveying licensure in **New Hampshire**? \_\_\_\_\_ Status \_\_\_\_\_

**Professional Licenses:** List all states where you hold or have held licensure. Use a separate sheet if necessary. Verification of one current license as well as verification from the state(s) where examination(s) was administered is required.

License #	State	Year Licensed	#Hours Written Examination	Reciprocity or Grandfather	Active or Lapsed

### 3. General Information Questions

- CHECK ONE:** YES    NO
- Have you ever been convicted of any felony or any misdemeanor, or a violation involving land surveying or the practice of land surveying. If so, name the court, the details of the offense and the date of conviction and the sentence imposed.
  - Have you ever lost or been denied registration/licensure as a land surveyor or disciplined by another licensing board in any other state and if so, an explanation of the circumstances?

If the answer is yes to any of the above questions, submit a written explanation with your application

### 4. Membership in Professional or Scientific Associations

Name of Organization	Location	Grade or Membership	Date

### 5. Education

- Official transcripts are required and must be sent directly to the board office from the college or university, in a sealed envelope.

INSTITUTION AND LOCATION	FROM	TO	MAJOR	DEGREE AWARDED/DATE
<b>Secondary School</b>				
1.				
<b>Colleges and Universities:</b>				
1.				
2.				
3.				
4.				

## 6. Professional Experience

This information described below is a summary of your employment, and should start with your first employer. Information below must be comprehensive and complete. Please attach additional sheets as needed. **Please sign any additional sheets.**

Date	1. Name of Employer- Title of Position	Name and present address of someone familiar with each position, preferably person to whom applicant reported or with whom he/she was associated.
Indicate years	2. Location and Character of Each Position	
From            to	3. Degree of Responsibility	

## 7. References of Character and Qualifications

Applicant will give the name and address of not fewer than five reputable citizens, unrelated to the applicant, of whom at least three shall be licensed land surveyors, having personal knowledge of the applicant's experience. No member of the board will be accepted as reference. Name of persons listed under item 6, "Experience," may also be used as references.

Name	Address including zip code	Occupation/License	Business Relationship to Applicant

## 8. Project Information

Title:	
Specific Location of Project:	
Town Tax map- Page and Parcel#	
Briefly Describe the Project:	
<b>Estimate Time in Days:</b>	
Field Time:	Registry Time:
Computation Time:	Drafting Time:
Licensed Supervision Time:	Any other Time Required:

## 9. Affidavits

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the temporary permit, as applied for, but also to the retention of said permit, if issued.

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(Signature of Applicant)

**Please place a sample of the seal below, that you intend to use on your plans. This stamp must be the one indicated in the temporary permit information. Upon approval, this certificate shall bear a Temporary Permit Stamp by the Board to accompany your plans to the registry.**



**AFFIX LLS SEAL IN BOX ABOVE**

ADDRESS ALL COMMUNICATIONS TO:

N.H. JOINT BOARD  
57 REGIONAL DRIVE  
CONCORD, N.H. 03301

*Find us on the on-line at [www.nh.gov/jtboard/home.htm](http://www.nh.gov/jtboard/home.htm)*

rev. 3/16/10



## LAND SURVEYOR TEMPORARY PERMIT CHECKLIST, ELIGIBILITY & PROCEDURES

**THIS CHECKLIST MUST BE RETURNED WITH YOUR APPLICATION**

\_\_\_\_\_  
Candidate Name

Before you mail your application to the Board, please check the following items carefully. Your attention to these details will make it possible for the Board Staff to process your application without delay.

Have you:

- Marked the box on the application form indicating which address you want us to use?
- Requested your college/university to send us your transcript directly?
- Completed the "References" portion of the application, sent reference forms and Board addressed and stamped envelopes to each of your references, and kept a blank copy of the form for yourself?
- Filled in the Detailed Project Information in Section 8
- Signed and dated the application?
- Included the correct fee with the check made payable to **Treasurer, State of NH** or completed the attached credit card sheet?
- Included a sample of your land surveyor seal?

RSA 310-A:63 IV. A person not a resident of and having no established place of business in this state who wishes to practice or offer to practice the profession of Land Surveying in this state may make application to the Board on this form for a temporary certificate to practice, provided such person is licensed in his/her own state or country in which the requirements and qualifications for obtaining a certificate of licensure are substantially equivalent to or greater than those specified in this chapter. Upon written approval of the application by the Chairman and the Secretary, the applicant shall be authorized to practice the profession of Land Surveying in this state, limited to such periods as shall be determined by the Board, but may not exceed an aggregate of 30 days in one calendar year. Any portion of a day shall be counted as a whole day.

Upon receipt and Board approval you will be issued a temporary permit number.

Upon completion of the specified project, you will submit the plans to be recorded and a blue line or zerox copy to this office bearing your out of state stamp and signature. The Board will then stamp this permit and your plans to be recorded in the registry with the **TEMPORARY STAMP PERMIT**.

Date \_\_\_\_\_

College or University Registrar

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Registrar:

Enclosed please find my fee in the amount of \$\_\_\_\_\_ in payment for a certified transcript of my scholastic record. I attended college during the years \_\_\_\_\_ to\_\_\_\_\_. I received my degree on\_\_\_\_\_. My Social Security number is \_\_\_\_\_ and my date of birth is \_\_\_\_\_.

My student identification number was \_\_\_\_\_.

Please send the transcript ***directly*** to the following address:

New Hampshire Joint Board of Licensure  
57 Regional Drive  
Concord, New Hampshire 03301-8518

The Board of Professional Engineers have informed me that they will treat the transcript in accordance with the provisions of the Education Rights Privacy Act and that no unauthorized person will have access to the transcript.

Sincerely,

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Printed Name and Address)

NH JOINT BOARD OF LICENSURE &  
CERTIFICATION  
57 REGIONAL DRIVE  
CONCORD NH 03301-8518

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**Note: This page may be printed or copied on a 3 by 10 label sheet to create mailing labels for use with reference letter envelopes, etc. This setup is for Avery label 5960.**

**STATE OF NEW HAMPSHIRE  
BOARD OF LICENSURE FOR  
LAND SURVEYORS**

Reference Name \_\_\_\_\_  
Please Print or Type

Applicant's Name \_\_\_\_\_  
**To the Party listed above:**

You have been listed as a reference by the above named applicant for temporary permit as a Land Surveyor. The following information is requested to assist the Board in determining the qualifications of the applicant as required by law.

If you feel that you cannot properly evaluate the candidate, please return this form to the NH Board of Licensure for Land Surveyors and, in confidence, we will request that the candidate provide a further reference.

**Definition of LAND SURVEYOR (RSA 310-A:54 II)**

A "Land Surveyor" is a professional specialist in the technique of measuring land, educated in the basic principles of mathematics, the related physical and applied sciences, and the relevant requirements of law for adequate evidence and all requisite to the surveying of real property and engaged in the practice of land surveying as defined (in the law).

**THIS IS CONFIDENTIAL INFORMATION FOR USE OF BOARD MEMBERS ONLY**

How long have you known the applicant? \_\_\_\_\_ Years.

Do you consider that he/she fulfills the above definition?  Yes  No

It is required that three persons serving as references be licensed land surveyors (preferably one of which should be or has been an immediate supervisor). If you are serving in either of these capacities, please indicate your state of registration/licensure and number.

State: \_\_\_\_\_ LS# \_\_\_\_\_

State: \_\_\_\_\_ LS# \_\_\_\_\_

State: \_\_\_\_\_ LS# \_\_\_\_\_

**We prefer to have an in depth qualified reference so it is imperative that you fully consider your comments. Only you can ascertain the candidate's qualifications. The Board must depend upon you for this information.**

1. To your knowledge, does the applicant have practical experience in deed research, drafting of deed descriptions, etc., preparatory to the conveyance of land? Please specify!

2. To your knowledge, is the applicant adequately informed of the rules of evidence and boundary law to effectively perform the duties ordinarily required of a land surveyor? Please specify!

2a. If you believe the candidate has this knowledge, could you give an estimate of the period of time the candidate has been performing these duties.

3. To your knowledge, has the candidate spent a portion of his/her professional career in responsible charge in a survey office? If you believe the candidate has spent a portion of his time in direct supervisory charge, could you give an estimate of the period the candidate has been performing these duties.

4. Are you aware of anything which reflects adversely on the integrity or general good character of the applicant?

5. If you are acting in any capacity other than a licensed land surveyor and you are in a position to pass judgment on the adequacy of the candidate's work, please explain under what conditions you are familiar with his/her work.

Please make any further comments which you feel will help the Board in determining the applicant's suitability for licensure as a land surveyor.

**I make the above statements with full knowledge that the person referred to is making application for licensure by the State of New Hampshire as a Land Surveyor, and this information will be filed with the person's application.**

Date \_\_\_\_\_

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

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**After completing this form, please mail to:**

**State of New Hampshire  
Joint Board of Licensure & Certification  
57 Regional Drive  
Concord, N.H. 03301**

*Find us on-line at [www.nh.gov/jtboard/home.htm](http://www.nh.gov/jtboard/home.htm)*

**Credit Card Sheets are not accepted via e-mail.**

**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 select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <b>(required)</b>			
Card Number			<b>(required)</b>
Expiration Date:	Month:	Year:	<b>(required)</b>
<b>Billing Name and Address (your billing address must match the address associated with the credit card you are using.)</b>			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

**CONFIDENTIAL**