

**KANSAS STATE BOARD OF TECHNICAL PROFESSIONS**  
900 SW Jackson Street, Suite 507 Topeka, KS 66612-1257  
<http://www.kansas.gov/ksbtp> (785) 296-3053

**All applicants should read all statutes, rules and regulations for specific detail regarding the application requirements.**

**IMPORTANT INFORMATION FOR COMITY LAND SURVEYING APPLICANTS**

Included here are application materials that include the necessary forms and instructions for making your application to the Board. If you need more room than is provided on any of the forms, you may make copies of the blank forms and submit attachments.

**COMITY APPLICANTS** - Please carefully review the information for Comity/Reciprocity Applicants, and be aware of the Kansas State-Specific examination requirement for all comity licensees.

**FILING DEADLINES** - An application file will be established upon receipt of your application form and fee. However, your file will not be considered complete to be reviewed by the board until all required documentation has been received, including the completed application form; current fee; requisite references; official transcript; and verifications, where applicable. All applications must be complete in the board office at least 30 days prior to the next scheduled meeting of the board. (See "Schedule of KSBTP Board Meetings" on our web site.)

**NCEES RECORD** - The Board does accept the NCEES Council record. If you are interested in having a council record prepared or sent, please call NCEES at 1-800-250-3196 or write to P.O. Box 1686, Clemson, SC, 29633.

**SOCIAL SECURITY ADVISORY** - Pursuant to K.S.A. 74-139 and 74-148, the Board requests that you provide your social security number. Providing your social security number is voluntary. Should you provide it, it may be disclosed to the Director of Taxation and/or the Kansas Department of Social and Rehabilitation Services (SRS) for child support enforcement purposes.

**TRANSCRIPTS** - Official transcripts are required for all educational credit claimed. If you have an official transcript, you may send it with your application, or you may have it forwarded to the Board office by your school or with your NCEES Record. Transcripts transmitted via the internet are not acceptable.

**REFERENCES** - You are required to supply at least three references from licensed land surveyors or professional engineers who are familiar with your land surveying experience. At least one reference must be from a licensed land surveyor. Send a copy of your experience record, along with a reference form, to all individuals who will be verifying your experience. All reference forms must be returned directly to the Board office by the person who is supplying the information. Individuals supplying references cannot be related to you.

**VERIFICATION OF EXAMS AND LICENSURE** - Send the Verification of Record form to the state board from which you received your original registration with the instruction that the form be completed promptly and mailed directly to the Kansas Board of Technical Professions. If you took the Fundamentals of Surveying (FS) in one state and the Principles and Practice of Surveying (PS) in another state, a form must be sent to BOTH states. You may duplicate the form. If your original license is not current, you must also supply verification of a current license.

When your file is complete, it will be submitted to the Board for their evaluation. You will be promptly notified of any action they may take on your application. Your application must be approved by the Board, and you must have written confirmation from the Board office in order to be admitted to an examination.

A checklist is provided for use in preparing your application for submission to the Board.

**EXAMINATION REQUIREMENT – COMITY APPLICANTS**

Applicants whose applications for Comity have been approved by the Board will be required to take and pass a 2-hour Kansas State-Specific Exam before a license will be issued.

The Kansas State-Specific Exam will be administered at the same time as the other Land Surveying exams in April and October each year. Specific exam dates can be found on the NCEES exam administration web site, [www.els-examreg.org](http://www.els-examreg.org). Once the Kansas Board has approved your application you will receive a letter with instructions to contact NCEES to sign up for admission to the next available exam.

**CHECK LISTS**

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**LS COMITY APPLICANTS WITHOUT NCEES RECORD**

- \_\_\_\_\_ Send completed application form, experience record form(s) and application fee to the Board office.
- \_\_\_\_\_ Include official transcripts of any college credit claimed with your application, or have it forwarded from your school. Transcripts transmitted via the internet are not acceptable.
- \_\_\_\_\_ Send Verification of Record form to state board(s) who will verify your FS and/or PS scores and/or current licensure.
- \_\_\_\_\_ Send a copy of your experience record form along with a reference form(s) to each person who will verify your professional experience.

**LS COMITY APPLICANTS WITH NCEES RECORD**

- \_\_\_\_\_ Send completed application form and fee to the Board office.
- \_\_\_\_\_ Notify NCEES to send a copy of your Council Record to the Kansas Board, which includes your transcript, references, and experience record.

If you have any questions concerning the application process, call 785-296-3053.

**APPLICATION FORMS AND FEES MAY CHANGE. IT IS YOUR RESPONSIBILITY TO CONTACT  
THE BOARD OFFICE TO INSURE THAT YOU HAVE CURRENT INFORMATION**

File No. \_\_\_\_\_ Amt. Rec'd. \_\_\_\_\_ Date \_\_\_\_\_

**KANSAS STATE BOARD OF TECHNICAL PROFESSIONS  
LAND SURVEYING COMITY APPLICATION**

**1. GENERAL INFORMATION**

Name as desired on Seal \_\_\_\_\_  
(not to exceed 20 letters) (First) (Middle) (Maiden) (Last)

Residence Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Business Name \_\_\_\_\_ Business Phone No. \_\_\_\_\_

Business Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Social Security No.: \_\_\_\_\_ Telephone Number \_\_\_\_\_ (8:00-4:30) Mail to: \_\_\_\_\_ home  
 E-mail: \_\_\_\_\_ business

**2. EDUCATION**

List the colleges or universities you have attended, give the dates of attendance, date you graduated or will graduate, and type of degree you received or will receive.

Name and location of institution: \_\_\_\_\_

Dates Attended (From – To): \_\_\_\_\_

Date Graduated: \_\_\_\_\_ Degree Received: \_\_\_\_\_

Name and location of institution: \_\_\_\_\_

Dates Attended (From – To): \_\_\_\_\_

Date Graduated: \_\_\_\_\_ Degree Received: \_\_\_\_\_

An Official Transcript is Required and is: \_\_\_\_\_ Enclosed (transcripts transmitted via the internet are not acceptable); \_\_\_\_\_ Being forwarded from my school; or \_\_\_\_\_ Included in my national council record, which is being forwarded. **National Council Record Number** \_\_\_\_\_.

**3. REGISTRATION HISTORY**

List any LSIT Certification, or any current licenses you presently hold and professional examinations you have previously taken in this or any other state.

TYPE OF CERTIFICATE OR EXAMINATION	Original State	Date of Exam	Number of Hours	<u>NCEES</u> Exam YES OR NO	License or Certificate Number	Date License Issued
Fundamentals of Land Surveying Exam (LSIT)						

**STOP** here and **SKIP** to #4 on page 6 if you have a National Council record being forwarded.



**NON-LAND SURVEYING EMPLOYMENT**

**Name of Applicant:** \_\_\_\_\_

Engagement: \_\_\_\_\_

Position: \_\_\_\_\_

Dates (Month & Year): From \_\_\_\_\_ To \_\_\_\_\_

Engagement: \_\_\_\_\_

Position: \_\_\_\_\_

Dates (Month & Year): From \_\_\_\_\_ To \_\_\_\_\_

Engagement: \_\_\_\_\_

Position: \_\_\_\_\_

Dates (Month & Year): From \_\_\_\_\_ To \_\_\_\_\_

Engagement: \_\_\_\_\_

Position: \_\_\_\_\_

Dates (Month & Year): From \_\_\_\_\_ To \_\_\_\_\_

Engagement: \_\_\_\_\_

Position: \_\_\_\_\_

Dates (Month & Year): From \_\_\_\_\_ To \_\_\_\_\_

Total Non Survey Time: \_\_\_\_\_

**PROFESSIONAL EXPERIENCE RECORD – (Continued)**

Enter the total time from all engagements in each category.

(1) Non Survey Time: \_\_\_\_\_ (2) Basic Survey Time: \_\_\_\_\_

(3) Progressive Survey Time: \_\_\_\_\_ (4) Total Time: \_\_\_\_\_

**4. CERTIFICATE OF AUTHORIZATION REQUIREMENT**

Are you practicing (contracting) or offering to practice a technical profession through a corporation? \_\_\_\_\_ Yes \_\_\_\_\_No If you have indicated yes, then a certificate of authorization application packet will be mailed to you. In accordance with K.S.A. 74-7036, any corporation practicing, or offering to practice a technical profession in Kansas must obtain a certificate of authorization. If the corporation you are practicing under already holds a certificate of authorization in Kansas, please complete the following information:

Name of Firm: \_\_\_\_\_ Certificate of Authorization Number: \_\_\_\_\_

**5. SIGNATURE**

Have you ever been convicted of a felony or had any disciplinary or administrative action commenced against you? \_\_\_\_\_Yes\_\_\_\_\_No (If "Yes", explain on a supplemental sheet.)

I hereby certify that all statements in this application are made to the best of my knowledge and belief.

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

\_\_\_\_\_  
(Date)

Fee Enclosed \_\_\_\_\_

Mail your application form, fee and application documents to:

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS  
900 S.W. Jackson, Suite 507  
Topeka, KS 66612-1257  
(785) 296-3053

**APPLICATION FEE:            \$250.00**

Make check or money order payable to: **Kansas State Board of Technical Professions.**

**NOTE: Improperly completed and/or incomplete applications will be returned. Application Fees are NON-REFUNDABLE. Pending application files may be retained for a period of one (1) year, after which time a new application and fee must be submitted.**

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**IT IS YOUR RESPONSIBILITY TO KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS**

**ALL APPLICATIONS MUST BE COMPLETE IN THE BOARD OFFICE AT LEAST 30 DAYS PRIOR TO THE NEXT SCHEDULED MEETING OF THE BOARD**

**Kansas State Board of Technical Professions**  
**900 SW Jackson, Suite 507 Topeka, KS 66612-1257**  
**http://www.kansas.gov/ksbtp (785) 296-3053**

**REFERENCE FORM**

To be filled out by Applicant:

1. Your name: \_\_\_\_\_
2. Date you mailed this form: \_\_\_\_\_
3. Date by which you are requesting your reference to return this form: \_\_\_\_\_
4. Name and address of person to whom you are sending this form:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**To the Reference:**

The applicant named above has given your name as a supervisor for or one who is intimately acquainted with one or more experience engagements listed in the experience record form accompanying this reference form. This Board is required by law to obtain evidence of the technical ability of applicants for registration. Statements by responsible individuals with personal knowledge of the applicant's qualifications will be considered as evidence. Additional information may be attached.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as a land surveyor in Kansas.

Since the Board cannot process this application until it receives this reference, a prompt reply will expedite our handling of the application. **Your professional seal is required on this form. If your have no seal, please send a copy of your license.**

THE INFORMATION YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE.

This form is to be returned **directly** to the Board office at the following address:

**KANSAS STATE BOARD OF TECHNICAL PROFESSIONS**  
**900 SW Jackson, Suite 507**  
**Topeka, Kansas 66612-1257**

Jean Boline, Executive Director

REFERENCE FORM

\_\_\_\_\_  
Print or Type Applicant's Name

NOTE: One Engagement Per Form.

1. Are you a licensed/registered engineer or land surveyor? \_\_\_\_\_  
If so, please give your state(s) of licensure and license number(s) \_\_\_\_\_

2. During what years did you know the applicant well? \_\_\_\_\_

3. What was your job relationship? Supervisor \_\_\_\_\_ Fellow Employee \_\_\_\_\_  
Other, please specify: \_\_\_\_\_

4. Are you related to the applicant? \_\_\_\_\_

5. Please give in brief your opinion of the applicant's capabilities in surveying and any other comments.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please read the enclosed experience record form. Indicate the engagement with which you are familiar and give the information asked for.

a. Engagement being verified (a, b, c, etc.): \_\_\_\_\_

b. Your position and company name for engagement being verified:

\_\_\_\_\_

c. Has applicant accurately described his/her participation in engagement? \_\_\_\_\_

\_\_\_\_\_  
Name ( Please type or print)

\_\_\_\_\_  
Signature (if not signing seal)

\_\_\_\_\_  
Company Name and Position Title



## Kansas State Board of Technical Professions

### COMITY/RECIPROCITY INFORMATION

Pursuant to K.S.A. 74-7024, the Kansas Board will accept an applicant by comity or reciprocity, provided the qualifications at the time the original license was issued would have met Kansas requirements if the application had been made in Kansas on that date. The Board will not, however, license an applicant by comity or reciprocity whose original license was granted under a "Grandfather Clause". Therefore, in some instances, the Board has established minimum requirements for persons licensed in other states prior to Kansas having affected a mandatory law. The Kansas Board shall not approve an application for license by comity with another State Board if the applicant's original license has been revoked by the State Board of original license or suspended or under consideration by any other jurisdiction for any reason including nonpayment of renewal fees; or if the applicant has allowed the original license to lapse or expire.

### REQUIREMENTS FOR LAND SURVEYORS

<u>If you were originally licensed</u>	<u>Kansas Requirements</u>
Prior to 7/1/68	(a) 8 hour written examination
7/1/68 – 9/88	(a) Accredited engineering or surveying degree, 2 years experience, and 16 hours examination; or (b) 6 years experience and 16 hours examination
10/88 – 4/92	(a) Accredited engineering or surveying degree, 2 years experience, and the NCEES examination including 8 hours FS, 4 hours P&P, and 3 hours of Public Domain; or (b) 6 years experience and the NCEES examination including 8 hours FS, 4 hours P&P, and 3 hours of Public Domain
5/92 – 12/92	(a) Accredited engineering or surveying degree, 2 years experience, and the NCEES examination including 8 hours FS, and 6 hours P&P; or (b) 6 years experience and the NCEES examination including 8 hours FS, and 6 hours P&P
1993 – Present	(a) Accredited 4 year surveying degree, 4 years experience, and NCEES examination including 8 hours FS, and 6 hours PS; or (b) Accredited 4 year engineering degree <u>or</u> (beginning Nov. 1, 2002) 4 year related science degree, 6 years experience, and NCEES examination including 8 hours FS and 6 hours PS; or (c) Accredited 2 year surveying degree, 6 years experience, and NCEES examination including 8 hours FS, and 6 hours PS; or (d) (Beginning June 29, 2007) completion of the Board's "land surveying curriculum" as specified in K.A.R. 66-9-5(e), 6 years experience, and NCEES examination including 8 hours FS and 6 hours PS; or (e) 8 years surveying experience and NCEES examination including 8 hours FS, and 6 hours PS (This provision expires July 1, 2012)

### VERIFICATION OF RECORD

To: Kansas State Board of Technical Professions  
900 SW Jackson, Suite 507  
Topeka, KS 66612-1257

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

From: \_\_\_\_\_

(Board Making Certification)

\_\_\_\_\_  
(City) (State) (Zip)

XXX-XX-\_\_\_\_\_  
(Last 4 digits of SS#)

#### I. THE ABOVE NAMED PERSON WAS REGISTERED AS:

	Cert. Number	Date Issued	Valid Until	Date Applied
<input type="checkbox"/> Intern Engineer	_____	_____	_____	_____
<input type="checkbox"/> Professional Engineer	_____	_____	_____	_____
<input type="checkbox"/> Intern Land Surveyor	_____	_____	_____	_____
<input type="checkbox"/> Land Surveyor	_____	_____	_____	_____

#### II. MINIMUM REQUIREMENTS WERE:

- |   | Hours  | Results               | NCEES | Exam Date |
|---|--|-----------------------|-------|-----------|
| <input type="checkbox"/> 1. Written Examination                         | FE _____<br>PE _____<br>FLS _____<br>PLS _____ | _____                 | _____ | _____     |
| Other _____   |  |                       |       |           |
| <input type="checkbox"/> Examination Option: (Discipline)               | _____  |                       |       |           |
| <input type="checkbox"/> 2. Oral Examination                            | _____ Hrs.                                     |                       |       |           |
| <input type="checkbox"/> 3. FE/FLS Accepted from:                       | _____  |                       |       |           |
| PE/PLS Accepted from:   | _____  |                       |       |           |
| <input type="checkbox"/> 4. Comity with                                 | _____  |                       |       |           |
| <input type="checkbox"/> 5. Education and Experience:                   | _____ Yrs. Education                           | _____ Yrs. Experience |       |           |
| <input type="checkbox"/> 6. Other: Please give details on reverse side. |  |                       |       |           |

#### III. INVESTIGATION AND/OR COMPLAINTS (Give details on reverse side.)

- 1. An investigation is in progress on the above named. Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. A complaint has been filed against the above named. Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Disciplinary action has been taken against the above named. Yes \_\_\_\_\_ No \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

(Board Seal)

Date: \_\_\_\_\_

STATE BOARD OF: \_\_\_\_\_

# KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

## KANSAS STATE-SPECIFIC LAND SURVEYING EXAMINATION

EFFECTIVE JANUARY 2007

<u>Subject</u>	<u>Approximate Percentage Of The Examination</u>
Original GLO rules, procedures, instructions, methods, plats	<b>18%</b>
Resurveys on the U.S.P.L.S.S. Rules, procedures, corner restoration	<b>19%</b>
Kansas Minimum Standards	<b>20%</b>
Calculation Problems: Single, Double Proportioning; Section Protraction; Center of Section	<b>20%</b>
Kansas Statutes and Board Rules and Regulations	<b>12%</b>
Kansas State Plane Coordinates	<b>6%</b>
Kansas Riparian Boundaries	<b>5%</b>
<b>TOTAL</b>	<b>100%</b>

See [www.ncees.org](http://www.ncees.org) for exam specifications for Fundamentals and Principles and Practice examinations

# KSLs STORE

ITEM	Price	Quan	Total
Pamphlet--"What You Should Know About Professional Land Surveying"	1.00		
Roster of KSLs Members (for non-members)	260.00		
2005 ALTA/ACSM Standards	5.00		
1855 Instructions to Surveyors General	20.00		
Minimum Standards of Practice	4.00		
Notebook--"Kansas Riparian Boundaries"	32.00		
1973 Manual of Instructions; BLM Casebook; and History of the PLSS, on CD	25.00		
Kansas GLO Notes on CD (33 CD's)	Members 300.00 Non-Members 500.00		
<b>Kansas Statutes Annotated</b> , compiled for Land Surveyors-- <b>contains all available updates</b>	Members 90.00 Non-members 115.00		
<b>Statute Updates (must be ordered every year to keep your book in date)</b>	Members 17.00 Non-members 25.00		
<b>Please allow 4-6 weeks for delivery.</b>	<b>Total Amount Enclosed:</b>  <b>Send orders to:</b> KSLs Statute Store P. O. Box 8267 Wichita, KS 67208		
Name:			
Address:			
City:			
State & ZIP:			
Telephone:			

Can be ordered online at [www.ksls.com](http://www.ksls.com)