APPLICATION FOR REEXAMINATION/RESCHEDULING LAND SURVEYOR MISSOURI SPECIFIC EXAMINATION

☐ I wish to be approved for the January 13, 2021 Part I examination*. Enclosed is the required $75 fee in the form of a check made payable to the Missouri Board for Professional Land Surveyors. This application and fee must be filed (received) in the Board office NO LATER THAN January 1, 2021. (NO EXCEPTIONS).

☐ I wish to be approved for the January 13, 2021 Part II examination*. Enclosed is the required $75 fee in the form of a check made payable to the Missouri Board for Professional Land Surveyors. This application and fee must be filed (received) in the Board office NO LATER THAN January 1, 2021. (NO EXCEPTIONS).

☐ I wish to be approved for the January 13, 2021 Part I and Part II examinations*. Enclosed is the required $75 fee in the form of a check made payable to the Missouri Board for Professional Land Surveyors. This application and fee must be filed (received) in the Board office NO LATER THAN January 1, 2021. (NO EXCEPTIONS).

*NOTE: SEATS ARE LIMITED AND ARE BEING RESERVED BY BOARD STAFF ON A FIRST-COME BASIS. *ALL FEES ARE NON-REFUNDABLE AND WILL BE APPLIED TO THIS EXAMINATION OR NEXT AVAILABLE EXAM DATE.

Have you been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States? (If the answer to this question is “YES” please attach a copy of the charges, findings and order to this re-examination/re-scheduling application.)

YES:                NO:

Have you been the subject of disciplinary action in any other licensing jurisdiction? (If the answer to this question is “YES”, please attach a copy of the charges, findings and order to this re-examination/re-scheduling application.)

Please print your current address below:  Please Type or Print Your Name
____________________________________________________  ______________________________

____________________________________________________

Social Security Number

____________________________________________________

Signature:

____________________________________________________

Telephone Number

____________________________________________________

Email Address

Please notify the Board office of any change in your mailing address.

Notification of special needs as addressed by the Americans with Disabilities Act should contact the Board. Exam candidates requesting special accommodations must notify the Board in writing each time they apply to take the Missouri State Specific exam(s). To allow adequate evaluation time, the Board must receive requests no later than sixty (60) days prior to the administration of the examination.

FOR BOARD USE ONLY: CHECK DATE: ______________ CHECK NO.: ____________ AMOUNT: ______________