

**"MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, PROFESSIONAL LAND SURVEYORS
AND PROFESSIONAL LANDSCAPE ARCHITECTS"**

3605 Missouri Boulevard, Suite 380
Jefferson City, Missouri 65109
(573) 751-0047

**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.**

	YES:	NO:
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.)		
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:

Telephone Number

Email Address

Please Type or Print Your Name

Social Security Number

Signature:

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: _____