"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 **October 14, 2026** **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 October 01, 2026. (NO EXCEPTIONS).**

☐ I wish to be approved for the **October 14, 2026** **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 October 01, 2026. (NO EXCEPTIONS).**

☐ I wish to be approved for the **October 14 2026** **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 October 01, 2026. (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**

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.)
YES: _____ NO: _____

Have you or any immediate family member ever served in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? YES: _____ NO: _____

If answering question (1) in the affirmative, would you like to receive information and assistance regarding the agency's veteran services? If yes, go to www.pr.mo.gov or the website for your licensing board.
YES: _____ NO: _____

May the agency share your contact information with the Missouri Veterans Commission (MVC) to provide such information? (General information may also be found on the Missouri Veterans Commission's website.)
YES:_____ NO:_____

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: _____