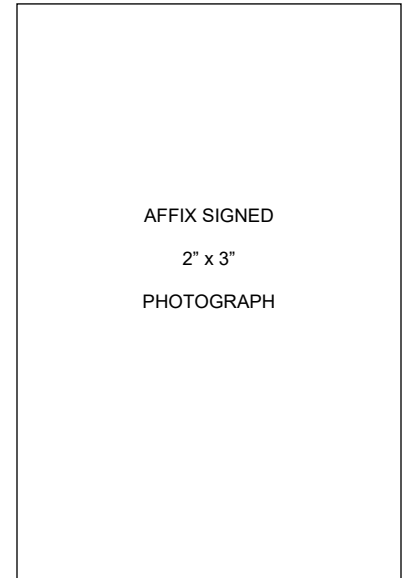


APPLICATION FOR REGISTRATION TO PRACTICE LAND SURVEYING BY RECIPROCITY

PRINT OR TYPE LEGIBLY

GENERAL INFORMATION

NAME (AS DESIRED ON CERTIFICATE) : _____
SOCIAL SECURITY NUMBER: _____
DATE OF BIRTH: _____
RESIDENCE ADDRESS: _____
COMPANY NAME: _____
BUSINESS ADDRESS: _____
BUSINESS TELEPHONE: _____
RESIDENCE TELEPHONE: _____
EMAIL ADDRESS: _____



GENERAL INFORMATION — REGISTRATION

REGISTRATION

STATE OF FIRST REGISTRATION AS A LAND SURVEYOR: _____
DATE AND NUMBER OF CERTIFICATE: _____
HAVE YOU BEEN DENIED REGISTRATION IN ANY STATE? _____
OTHER STATES IN WHICH YOU ARE REGISTERED AS A LAND SURVEYOR: _____
HAS YOUR REGISTRATION BEEN SUSPENDED OR REVOKED IN ANOTHER STATE? IF "YES" ATTACH DETAILS. _____
HAVE YOU PREVIOUSLY SUBMITTED AN APPLCATION FOR REGISTRATION AS A LAND SUREYOR IN NEBRASKA? _____
ARE YOU REGISTERED AS A SURVEYOR-IN-TRAINING? IF SO, PROVIDE NUMBER, DATE & STATE. _____

APPLICATION FOR REGISTRATION TO PRACTICE LAND SURVEYING BY RECIPROCITY

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- CHECK HERE IF YOU HAVE A NCEES RECORD. YOU DO NOT NEED TO COMPLETE EDUCATION - REFERENCES, ENGAGEMENT, OR TOTAL TIME FORMS. Go to the NCEES website - www.ncees.org/records - to have your Record electronically sent to us. Please be sure your NCEES Record is up-to-date.
- PLEASE REQUEST VERIFICATION OF LICENSURE/EXAMINATION FROM STATES IN WHICH YOU ARE LICENSED/REGISTERED AS A LAND SURVEYOR IF A NCEES RECORD IS NOT SUBMITTED AS PART OF THIS APPLICATION.

EDUCATION

STATE IN CHRONOLOGICAL ORDER THE NAME AND LOCATION OF EACH HIGH OR PREPATORY SCHOOL, COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL ATTENDED, THE TIME SPENT AT EACH AND, IF A GRADUATE, THE YEAR OF GRADUATION. ALSO LIST GRADUATE WORK, EVENING SCHOOL, CORRESPONDENCE SCHOOL, RESEARCH WORK, ETC.

THE APPLICATION **MUST** BE ACCOMPANIED BY COPIES OF DOCUMENTS TO PROVE:

GRADUATION FROM COLLEGE; TRANSCRIPTS OF CREDITS SHOWING DATES OF GRADUATION AND DEGREES RECEIVED.
COLLEGE TRAINING WITHOUT GRADUATION; TRANSCRIPTS OF CREDITS.

EDUCATION — REFERENCES

NAME AND LOCATION OF INSTITUTION	YEARS FROM & TO	DATE GRADUATED	TECHNICAL COURSE	DEGREE RECEIVED

REFERENCES OF CHARACTER AND QUALIFICATIONS

FIVE OR MORE REFERENCES ARE REQUIRED. REFERENCES SHALL NOT BE RELATED TO THE APPLICANT EITHER BY BIRTH OR MARRIAGE AND SHALL NOT BE MEMBERS OF THE BOARD. AT LEAST THREE OF THE REFERENCES MUST BE WELL AQUAINTED WITH THE APPLICANT'S LAND SURVEYING HISTORY AND MUST BE ABLE TO VOUCH FOR HIS OR HER QUALIFICATIONS. **ONE OF THESE THREE REFERENCES MUST BE A REGISTERED LAND SURVEYOR.**

NAME & LS# (If Registered)	COMPANY, P.O. ADDRESS, CITY, STATE & ZIP	BUSINESS RELATION TO APPLICANT

APPLICATION FOR REGISTRATION TO PRACTICE LAND SURVEYING BY RECIPROCITY

PRINT OR TYPE LEGIBLY

CODE OF ETHICS

I HEREBY SUBSCRIBE TO AND AGREE TO ABIDE BY THE FOLLOWING CODE OF ETHICS:

- 1. TO ACT FOR MY CLIENTS IN PROFESSIONAL MATTERS AS A FAITHFUL AGENT OF TRUSTEE, AND ACCEPT REMUNERATION IN ACCORDANCE WITH STATED CHARGES FOR SERVICES RENDERED MY CLIENTS.
2. NEVER ATTEMPT TO INJURE FALSELY OR MALICIOUSLY, DIRECTLY OR INDIRECTLY, THE PROFESSIONAL REPUTATION, PROSPECTS, OR BUSINESS OF ANOTHER LAND SURVEYOR.
3. NEVER ATTEMPT TO SUPPLANT ANOTHER LAND SURVEYOR FOR EMPLOYMENT BY THE USE OF UNETHICAL PRACTICES.
4. NEVER COMPETE WITH ANOTHER LAND SURVEYOR FOR EMPLOYMENT BY THE USE OF UNETHICAL PRACTICES.
5. NEVER REVIEW THE WORK OF ANOTHER LAND SURVEYOR FOR THE SAME CLIENT, EXCEPT WITH THE KNOWLEDGE AND CONSENT OF SUCH LAND SURVEYOR, OR UNLESS THE CONNECTION OF SUCH LAND SURVEYOR WITH THE WORK HAS BEEN TERMINATED.
6. NEVER ADVERTISE IN ANY MANNER DEROGATORY TO THE DIGNITY OF THE PROFESSION.
7. NEVER BREAK ANY ACCEPTED CODE OF PRACTICE PREVAILING IN THIS STATE OR ANY OTHER GOVERNMENTAL JURISDICTION.

CODE OF ETHICS — AFFIDAVIT

AFFIDAVIT

(TO BE EXECUTED BY APPLICANT)

STATE OF _____
COUNTY OF _____ } SS.

PRINTED NAME OF APPLICANT: _____, BEING DULY SWORN DEPOSES AND SAYS I HAVE READ THE CONTENTS HEREOF, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THE FOREGOING STATEMENTS ARE TRUE IN SUBSTANCE AND EFFECT AND ARE MADE IN GOOD FAITH.

SUBSCRIBED AND SWORN BEFORE ME THIS

_____ DAY OF _____, 20_____

(SIGNATURE OF APPLICANT)

(SEAL)

MY COMMISSION EXPIRES _____

(SIGNATURE OF NOTARY PUBLIC)