

State of Rhode Island DEPARTMENT OF BUSINESS REGULATION DIVISION OF BUILDING, DESIGN AND FIRE PROFESSIONALS STATE BUILDING OFFICE

560 Jefferson Blvd, Suite 100 Warwick, Rhode Island 02886

LAND SURVEYOR EXAM/REGISTRATION VERIFICATION FORM

	complete this table se use a separate	•		erification form to a	appropriate	jurisdiction for	
Name of Applicant:			Jurisdiction where verification is requested:				
Street Address:			Registration Type (LSIT or PLS) and Registration #				
City, State, Zip		-	Date of Birth:				
		rectly to the		RISDICTION ONL Board via email at <u>c</u>		of@dbr.ri.gov	
Registration Type		Certificate #		Date Issued	Expiration Date		
Land Surveyor in							
Professional Land	Surveyor (PLS)						
Exam	Hours	Result		Date	NCEES Exam		
FS						<u> </u>	
PS							
Other							
Disciplinary Action Questions					YES	NO	
Has any disciplinary action ever been taken against the Applicant?							
Are any disciplinary charges pending against this Applicant?							
If so, has this disc	ciplinary case(s) be	en satisfied	to Board's	requirements?			
I attest that the above registration and/or exam information is true and accurate to the best of my knowledge.					В	Board Seal	
Print Name:							
Title:							
Signature:							
Date:							

Last Updated: June 9, 2023