

## **AGENDA**

### **BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS**

#### **APPLICATION REVIEW COMMITTEE**

**J W MARRIOTT MIAMI TURNBERRY  
19999 WEST COUNTRY CLUB DRIVE  
AVENTURA, FLORIDA 33180**

**TUESDAY, JULY 28, 2026**

***(Immediately following Probation Review Committee)***

Members: Landon Cross, Committee Chair  
Michael Zoltek, Board Chair  
Keith Cramer, Board Member

- I. CALL TO ORDER/ROLL CALL**
- II. REVIEW OF THE APRIL 30, 2026, APPLICATION REVIEW COMMITTEE MINUTES**
- III. REVIEW OF EXAMINATION, ENDORSEMENT, AND SURVEYOR-IN-TRAINING APPLICATIONS**

#### **CONSENT AGENDA – EXAMINATION APPLICATIONS**

- 1. BATTAGLIA, MARIO – FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS – HAS TAKEN FS AND PS IN CALIFORNIA BUT IS NOT LICENSED IN ANOTHER STATE.
- 2. BECK, SCOTT – FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS.
- 3. BENDELL, DEREK – NCEES PRINCIPLES AND PRACTICES EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING
- 4. CAMPBELL, JON – NCEES FUNDAMENTALS OF SURVEYING, NCEES PRINCIPLES AND PRACTICES, AND FLORIDA JURISDICTIONAL EXAMINATIONS
- 5. CHURCH, DAKOTA. - NCEES PRINCIPLES AND PRACTICES EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING
- 6. CLARKE, ALVIN GEORGE - NCEES FUNDAMENTALS OF SURVEYING, NCEES PRINCIPLES AND PRACTICES, AND FLORIDA JURISDICTIONAL EXAMINATIONS

7. ESHRAGHI, MAX – FLORIDA JURISDICTIONAL EXAMINATION ONLY  
WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND  
PRINCIPLES AND PRACTICES EXAMINATIONS.
8. HALL, JUSTIN - FLORIDA JURISDICTIONAL EXAMINATION ONLY  
WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND  
PRINCIPLES AND PRACTICES EXAMINATIONS.
9. HOFFMAN, TRISTAN – NCEES FUNDAMENTALS OF SURVEYING,  
NCEES PRINCIPLES AND PRACTICES, AND FLORIDA JURISDICTIONAL  
EXAMINATIONS
10. LAZO, MICHAEL - NCEES PRINCIPLES AND PRACTICES EXAMINATION  
AND THE FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING  
THE NCEES FUNDAMENTALS OF SURVEYING
11. LOCKLIN, COLTON – NCEES PRINCIPLES AND PRACTICES  
EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION  
ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING
12. MCHEFFEY, WILLIAM F. - NCEES PRINCIPLES AND PRACTICES  
EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION  
ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING
13. MIDDLETON, JAKOB - NCEES PRINCIPLES AND PRACTICES  
EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION  
ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING
14. MIMS, ADDISON – FLORIDA JURISDICTIONAL EXAMINATION ONLY  
WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND  
PRINCIPLES AND PRACTICES EXAMINATIONS – HAS TAKEN FS AND  
PS IN ALABAMA BUT IS NOT LICENSED IN ANOTHER STATE.
15. NAHOUN, ROSE - NCEES FUNDAMENTALS OF SURVEYING, NCEES  
PRINCIPLES AND PRACTICES, AND FLORIDA JURISDICTIONAL  
EXAMINATIONS
16. OLIVER, THOMAS - FLORIDA JURISDICTIONAL EXAMINATION ONLY  
WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND  
PRINCIPLES AND PRACTICES EXAMINATIONS
17. PAVLETIC, SPENCER - NCEES FUNDAMENTALS OF SURVEYING,  
NCEES PRINCIPLES AND PRACTICES, AND FLORIDA JURISDICTIONAL  
EXAMINATIONS
18. SAMALOT ROMAN, WILLIAM - NCEES FUNDAMENTALS OF  
SURVEYING, NCEES PRINCIPLES AND PRACTICES, AND FLORIDA  
JURISDICTIONAL EXAMINATIONS
19. SARRIO, ERIC – NCEES FUNDAMENTALS OF SURVEYING, NCEES  
PRINCIPLES AND PRACTICES, AND FLORIDA JURISDICTIONAL  
EXAMINATIONS



20. SCHREINER, CHARLES - NCEES PRINCIPLES AND PRACTICES EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING
21. SERLETIC, ALLISON – NCEES PRINCIPLES AND PRACTICES EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING
22. TURNER, ZACHARY – NCEES PRINCIPLES AND PRACTICES EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING
23. VAZQUEZ-MARQUEZ, JOEL – NCEES PRINCIPLES AND PRACTICES EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING
24. WHIDDEN, TAYLOR – NCEES PRINCIPLES AND PRACTICES EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING
25. WILSON, BENJAMIN – NCEES FUNDAMENTALS OF SURVEYING, NCEES PRINCIPLES AND PRACTICES, AND FLORIDA JURISDICTIONAL EXAMINATIONS

#### **CONSENT AGENDA – ENDORSEMENT APPLICATIONS**

1. BERGER, JAMES. - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS – QUALIFIES AS ENDORSEMENT UNDER OPTION 2
2. CASTILLE, LANCE - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2
3. FOGLEMAN, DANIEL. - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2
4. LAHNER, ELIZABETH - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2
5. LESAK, TIMOTHY - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2

6. MICHAUD, CHRISTOPHER - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2
7. MOKANYK, MATTHEW – FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS – LICENSED PRIOR TO JULY 1, 1999. LICENSED IN MICHIGAN JANUARY 28, 1997.
8. NAJMETDIN, ILHAM – FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2
9. RUSSELL, JOHN – FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS – LICENSED IN TEXAS ON JANUARY 1, 1999.
10. THOMPSON, RYAN - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2
11. WINNICKI, TRAVIS - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2

#### **CONSENT AGENDA - SURVEYOR IN TRAINING APPLICATIONS**

1. ANDERSON, SHAKAR – NCEES FUNDAMENTALS OF SURVEYING
2. ASMUS, WESLEY – NCEES FUNDAMENTALS OF SURVEYING
3. BAIN, IAN – NCEES FUNDAMENTALS OF SURVEYING
4. BARBOUR, BRANDON – NCEES FUNDAMENTALS OF SURVEYING
5. BETHEA, SHERMAN – NCEES FUNDAMENTALS OF SURVEYING
6. BROWNELL, STEVEN - NCEES FUNDAMENTALS OF SURVEYING
7. CASTELLANO, JORGE – NCEES FUNDAMENTALS OF SURVEYING
8. COURTIER, JACK – NCEES FUNDAMENTALS OF SURVEYING
9. DEVITO, KEVIN – NCEES FUNDAMENTALS OF SURVEYING
10. EDMUNDS, MATTHEW – NCEES FUNDAMENTALS OF SURVEYING

11. GARCIA-MENDEZ, JORGE – NCEES FUNDAMENTALS OF SURVEYING
12. HAMMER, ROY – NCEES FUNDAMENTALS OF SURVEYING
13. KAMCHEV, ANGELCHO – NCEES FUNDAMENTALS OF SURVEYING
14. KIGHT-FITZ, ROBERT– NCEES FUNDAMENTALS OF SURVEYING
15. KINSEY, BRENT – NCEES FUNDAMENTALS OF SURVEYING
16. KOESTER, JEFFREY – NCEES FUNDAMENTALS OF SURVEYING
17. LORD, WALKER – NCEES FUNDAMENTALS OF SURVEYING
18. MCKNIGHT, LANCALOT – NCEES FUNDAMENTALS OF SURVEYING
19. MITCHELL, ZACHARY - NCEES FUNDAMENTALS OF SURVEYING
20. MORALES, CHRISTIAN – NCEES FUNDAMENTALS OF SURVEYING
21. OSBORNE, MILIJANA – NCEES FUNDAMENTALS OF SURVEYING
22. PANDEY, SABIN – NCEES FUNDAMENTALS OF SURVEYING
23. RIVERA, NATHAN – NCEES FUNDAMENTALS OF SURVEYING
24. SANCHEZ, PEDRO – NCEES FUNDAMENTALS OF SURVEYING
25. SANDS, BRITNEY – NCEES FUNDAMENTALS OF SURVEYING
26. WOOD, DEREK – NCEES FUNDAMENTALS OF SURVEYING

**IV. OLD BUSINESS**

**V. NEW BUSINESS**

**VI. PUBLIC COMMENT**

**VII. ADJOURNMENT**

1 MINUTES

2  
3 BOARD OF PROFESSIONAL SURVEYORS  
4 AND MAPPERS

5 APPLICATION REVIEW COMMITTEE

6  
7  
8 HILTON ST. PETERSBURG BAYFRONT  
9 333 1<sup>ST</sup> STREET SOUTHEAST  
10 ST. PETERSBURG, FLORIDA 33701

11  
12 THURSDAY, APRIL 30, 2026  
13 *(Immediately following Probation Review Committee)*  
14

15 The meeting was called to order by Landon Cross, Committee Chair, at 10:15 a.m.

16  
17 **COMMITTEE MEMBERS**

18  
19 Landon Cross, Committee Chair, and Board Member  
20 Michael Zoltek, Board Chair, and Committee Member  
21 Keith Cramer, Board Member  
22

23 **BOARD AND STAFF MEMBERS PRESENT**

24  
25 Wendi McAleese, Board Vice Chair - ABSENT  
26 Ia Hall, Board Member - ABSENT  
27 Danny Williams, Board Member  
28 Andrew Getz, Board Member  
29 Jim Sullivan, Board Member  
30 Jennifer Cannon, Board Member - ABSENT  
31 Christopher Green, Executive Director  
32 Regenia Lee, Government Analyst  
33 Jacob Sternlicht, Board Counsel  
34 Ana Gargollo-McDonald, Prosecuting Attorney  
35 Amy Coody, Public Relations Specialist  
36

37 **OTHERS PRESENT**

38  
39 Kimberly Odom  
40 Don Elder  
41 Yordi Silva  
42 Harry B. Rogers  
43 David Doudney  
44 Chris McLaughlin  
45 Wilson Adme  
46 Lawton Carter  
47 Jose Correa  
48 Antida Abela  
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53

54 **REVIEW AND APPROVAL OF FEBRUARY 3, 2026, APPLICATION REVIEW COMMITTEE**  
55 **MINUTES**  
56

57 After discussion, the following motion was made:  
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59 MOTION: Mr. Zoltek made a motion to approve the February 3, 2026, minutes.

60 SECOND: Mr. Cramer seconded.

61 ACTION: The motion passed unanimously.  
62

63 **CONSENT AGENDA – EXAMINATION APPLICATIONS**  
64

- 65 1. ABELA, ANTIDA – NCEES FUNDAMENTALS OF SURVEYING, NCEES  
66 PRINCIPLES AND PRACTICES, AND FLORIDA JURISDICTIONAL  
67 EXAMINATIONS  
68
- 69 2. BATTIG, BRANDEN V. – FLORIDA JURISDICTIONAL EXAMINATION  
70 ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND  
71 PRINCIPLES AND PRACTICES EXAMINATIONS  
72
- 73 3. BAHR, SCOTT ALLEN - NCEES PRINCIPLES AND PRACTICES  
74 EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION  
75 ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING  
76
- 77 4. BROWN, TAYLOR N. – NCEES PRINCIPLES AND PRACTICES  
78 EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION  
79 ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING  
80
- 81 5. CALABRESE, MICHAEL R. – NCEES FUNDAMENTALS OF SURVEYING,  
82 NCEES PRINCIPLES AND PRACTICES, AND FLORIDA JURISDICTIONAL  
83 EXAMINATIONS  
84
- 85 6. CAMPBELL, ANDREW - NCEES PRINCIPLES AND PRACTICES  
86 EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION  
87 ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING  
88
- 89 7. CARTER, LAWTON – NCEES PRINCIPLES AND PRACTICES  
90 EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION  
91 ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING  
92
- 93 8. CLARCQ, BRENNAN - NCEES PRINCIPLES AND PRACTICES  
94 EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION  
95 ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING  
96
- 97 9. GARCIA, ERNESTO – FLORIDA JURISDICTIONAL EXAMINATION ONLY  
98 WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND  
99 PRINCIPLES AND PRACTICES EXAMINATIONS  
100
- 101 10. HOLDEN, ZOEY - NCEES PRINCIPLES AND PRACTICES EXAMINATION  
102 AND THE FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING  
103 THE NCEES FUNDAMENTALS OF SURVEYING  
104  
105

11. NOBLES, JONATHAN - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS – PS EXAMINATION WAS TAKEN IN GEORGIA.
12. OELKE, ETHAN – FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS
13. RUBEN, JOSEPH PAUL JACOB - NCEES FUNDAMENTALS OF SURVEYING, NCEES PRINCIPLES AND PRACTICES, AND FLORIDA JURISDICTIONAL EXAMINATIONS
14. RUSHING, TERRY - NCEES FUNDAMENTALS OF SURVEYING, NCEES PRINCIPLES AND PRACTICES, AND FLORIDA JURISDICTIONAL EXAMINATIONS
15. VELEZ, RICHARD - NCEES PRINCIPLES AND PRACTICES EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING
16. WALKER, REUBEN J. – NCEES PRINCIPLES AND PRACTICES EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING
17. WHITTAKER, ANDREW - NCEES PRINCIPLES AND PRACTICES EXAMINATION AND THE FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING

After discussion, the following motion was made:

- MOTION: Mr. Zoltek made a motion to approve the consent agenda of 17 Examination Applications.
- SECOND: Mr. Cramer seconded.
- ACTION: The motion passed unanimously.

#### **CONSENT AGENDA – ENDORSEMENT APPLICATIONS**

1. BELL, VERNON - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS – QUALIFIES AS ENDORSEMENT UNDER OPTION 2
2. BERGER, FELTON - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS – QUALIFIES AS ENDORSEMENT UNDER OPTION 2
3. GRAY, WILLIAM BRADLEY - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS – QUALIFIES AS ENDORSEMENT UNDER OPTION 2

4. GUSTAFSON, JASON - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2
5. HEITZER, ROBERT D. - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2
6. NOFTSGER, THOMAS - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS – QUALIFIES AS ENDORSEMENT UNDER OPTION 2
7. RIDGELY, AUSTIN N. - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2
8. TALLENT II, JEFFERY A. - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2
9. THICK II, AUGUST A. - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2
10. VALLEE, ROBERT - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2
11. WILBER, CHRISTEN - FLORIDA JURISDICTIONAL EXAMINATION ONLY WAIVING THE NCEES FUNDAMENTALS OF SURVEYING AND PRINCIPLES AND PRACTICES EXAMINATIONS - QUALIFIES AS ENDORSEMENT UNDER OPTION 2

After discussion, the following motion was made:

MOTION: Mr. Zoltek made a motion to approve the 11 Endorsement applications on the consent agenda.  
SECOND: Mr. Cramer seconded.  
ACTION: The motion passed unanimously.

**CONSENT AGENDA - SURVEYOR IN TRAINING APPLICATIONS**

1. ADME, WILSON – NCEES FUNDAMENTALS OF SURVEYING
2. AKINADAMU, AYODELE – NCEES FUNDAMENTALS OF SURVEYING
3. ANACHEBE, DUBEM D. – NCEES FUNDAMENTALS OF SURVEYING
4. COBB, FREDERICK – NCEES FUNDAMENTALS OF SURVEYING
5. COPELAND, JAMES D. – NCEES FUNDAMENTALS OF SURVEYING
6. ECHEZABAL, YORDI SILVA – NCEES FUNDAMENTALS OF SURVEYING
7. GILL, DANIEL DAVID – NCEES FUNDAMENTALS OF SURVEYING
8. LOCKLIN, COLTON – NCEES FUNDAMENTALS OF SURVEYING
9. MANDELL, TUCKER R. – NCEES FUNDAMENTALS OF SURVEYING
10. MARCHANT, GERMAN – NCEES FUNDAMENTALS OF SURVEYING
11. MAXWELL, JOSHUA D. - NCEES FUNDAMENTALS OF SURVEYING
12. MCGONE, LAURANCE J. – NCEES FUNDAMENTALS OF SURVEYING
13. MCLOUGHLIN, MASON – NCEES FUNDAMENTALS OF SURVEYING
14. NARINEJIT, ALYSSA G. – NCEES FUNDAMENTALS OF SURVEYING
15. SALMON, GARRETT – NCEES FUNDAMENTALS OF SURVEYING
16. STILLEY, COLTON – NCEES FUNDAMENTALS OF SURVEYING
17. STROUD, SEAN M. – NCEES FUNDAMENTALS OF SURVEYING
18. SARRIO, ERIC W. – NCEES FUNDAMENTALS OF SURVEYING
19. SORIA, LOGAN – NCEES FUNDAMENTALS OF SURVEYING
20. VILLALVA, GUSTAVO – NCEES FUNDAMENTALS OF SURVEYING
21. WATSON, TIMOTHY – NCEES FUNDAMENTALS OF SURVEYING
22. WHARTON, HUDSON PIERCE – NCEES FUNDAMENTALS OF SURVEYING
23. YLLANDER, JAKE A. – NCEES FUNDAMENTALS OF SURVEYING



After discussion, the following motion was made:

- MOTION: Mr. Zoltek made a motion to approve the consent agenda of 23 Surveyor-in-Training applicants.  
SECOND: Mr. Cramer seconded.  
ACTION: The motion passed unanimously.

#### **APPLICATION FOR TEMPORARY LICENSE – THOMAS NOFTSGER**

After discussion, the following motion was made:

- MOTION: Mr. Zoltek made a motion to approve the Application for Temporary License for Thomas Noftsger.  
SECOND: Mr. Cramer seconded.  
ACTION: The motion passed unanimously.

#### **APPLICATION FOR RETIRED STATUS – LELAND EMPIE, LS 5766**

After discussion, the following motion was made:

- MOTION: Mr. Zoltek made a motion to approve the Application for Retired Status for Leland Empie, LS5766.  
SECOND: Mr. Cramer seconded.  
ACTION: The motion passed unanimously.

#### **OLD BUSINESS**

NONE

#### **NEW BUSINESS**

Mr. Cross stated that he and Mr. Sullivan attended the Emerging Tech and Policy / Path of Professional Licensure workshop that was sponsored by the Florida Atlantic University. Mr. Cross stated that one of the discussions was regarding a NCEES grant to be used for different projects, including artificial intelligence (AI) for surveying and geographic information systems. Mr. Sullivan served as a panel member and stated that Florida Licensed Surveyors Rick Pryce and Bryan Merritt gave presentations. Mr. Cross said that AI, is another tool for surveyors but is still in development. He also said that there was a discussion on how to teach surveying students AI procedures and how they would apply to surveying. Mr. Sullivan stated that surveyors need to keep up with AI technology and the Board needs to stay ahead of this new technology as much as possible. Mr. Zoltek commented that best practices for AI was discussed at the most recent NCEES Southern Zone meeting.

#### **PUBLIC COMMENT**

Mr. Don Elder, FSMS representative, said that Leland Empie was a great Florida Surveyor and has continuously contributed to Florida surveying.

#### **ADJOURNMENT** – Adjourned at 10:33 p.m.

317 **GENERAL BUSINESS**

318  
319 **FULL BOARD VOTE - APPLICATION REVIEW COMMITTEE MEETING REPORT – LANDON**  
320 **CROSS**

321  
322 Mr. Cross reported that the Application Committee met and approved the minutes for February 3,  
323 2026. He also reported that the Committee approved 17 Initial applicants, 11 Endorsement  
324 applicants, 23 Surveyor-in-Training applicants, 1 Retired Status approval and 1 temporary license  
325 approval. He also reported that there was a discussion regarding a workshop he and Mr. Sullivan  
326 attended at Florida Atlantic University.

327  
328 MOTION: Mr. Sullivan made a motion to approve the Application Committee Meeting  
329 report.

330 SECOND: Mr. Cramer seconded.

331 ACTION: The motion passed unanimously.

332  
333 **ADJOURNMENT** – Adjourned at 10:34 a.m.

# Application Summary

## Application

Name: **BATTAGLIA, MARIO**

DTN: **4267574**

Address: **386 LAKE ARBOR DR, PALM SPRINGS, FL 33461-2158**

Type: **BPSM - Individual New - Initial License**

Received: **05/26/2026**

Fees Paid:

**\$255.00**

## Education

1. Institution: **FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD BOCA RATON, FLORIDA** 2026  
 Degree: **33431**  
 Foreign: **BACHELORS** Major: **GEOMATICS ENGINEERING**  
 No Enrolled: **No** **Verified**
2. Institution: **PALM BEACH STATE COLLEGE 4200 CONGRESS AVENUE LAKE WORTH,** 2023  
 Degree: **FLORIDA 33461**  
 Foreign: **ASSOCIATES** Major: **GENERAL STUDIES**  
 No Enrolled: **No** **Verified**

## Experience

**Total: 0**

**Responsible: 96**

1. Employer: **RITZEL-MASON INC. 5330 VAN BUREN ROAD DELRAY BEACH, FLORIDA 33484**  
 Phone: **561-634-6701** From: **10/20/2025** To: **04/02/2026**  
 Reference: **CLYDE D. MASON, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **7** **Verified**
2. Employer: **ATLAS SURVEYING AND MAPPING, INC. 612 SKYLAKE DRIVE WEST PALM BEACH,**  
 Phone: **FLORIDA 33415** From: **05/30/2024** To: **10/19/2025**  
 Reference: **561-640-4069** KENNETH DRURY, LICENSED SURVEYOR Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **17** **Verified**
3. Employer: **BROWN & PHILLIPS, INC. 1860 OLD OKEECHOBEE ROAD, SUITE 509 WEST PALM BEACH,**  
 Phone: **FLORIDA 33409** From: **02/19/2024** To: **05/29/2024**  
 Reference: **561-615-3988** JOHN E. PHILLIPS, III, LICENSED SURVEYOR Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **3** **Verified**
4. Employer: **CAUFIELD AND WHEELER 7900 GLADES ROAD, SUITE 100 BOCA RATON, FLORIDA**  
 Phone: **561-392-1191** From: **02/10/2020** To: **02/19/2024**  
 Reference: **DAVID WOODLEY, LICENSED SURVEYOR, LS5005** Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **48** **Verified**
5. Employer: **ENGENUITY GROUP 1280 NORTH CONGRESS AVENUE, #101 WEST PALM BEACH,**  
 Phone: **FLORIDA 33409** From: **07/01/2019** To: **02/07/2020**  
 Reference: **561-655-1151** CHRISTOPHER A. RAYMOND, LICENSED SURVEYOR Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **7** **Verified**
6. Employer: **ATLAS SURVEYING AND MAPPING 612 SKYLAKE DRIVE WEST PALM BEACH, FLORIDA**  
 Phone: **33415** From: **05/20/2018** To: **07/30/2019**  
 Reference: **561-640-4069** KENNETH DRURY, LICENSED SURVEYOR Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **14** **Verified**

# Application Summary

## Application

Name: **BATTAGLIA, MARIO**

DTN: **4267574**

Address: **386 LAKE ARBOR DR, PALM SPRINGS, FL 33461-2158**

Type: **BPSM - Individual New - Initial License**

Received: **05/26/2026**

Fees Paid: **\$255.00**

## Checklist

| <u>Items Required</u>             | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u>                                                                             |
|-----------------------------------|----------------------|---------------------|--------------------------------------------------------------------------------------------|
| Letter - LS Complete              | 05/29/2026           | REGENIA LEE         |                                                                                            |
| Education Verified                | 05/29/2026           | REGENIA LEE         |                                                                                            |
| Letter - LS Individual Deficiency | 05/28/2026           | REGENIA LEE         |                                                                                            |
| Fees Validated Correctly          | 05/28/2026           | REGENIA LEE         |                                                                                            |
| Enter/Update Person Details       | 05/28/2026           | REGENIA LEE         |                                                                                            |
| Application Received              | 05/28/2026           | REGENIA LEE         |                                                                                            |
| Experience Verified               | 05/28/2026           | REGENIA LEE         |                                                                                            |
| Out of State License Verified     | 05/28/2026           | REGENIA LEE         | NCEES FS AND PS EXAMS HAVE BEEN PASSED IN CALIFORNIA, BUT HE IS NOT LICENSED IN CALIFORNIA |
| Fees Cashiered                    | 05/26/2026           |                     |                                                                                            |

#7



WILTON SIMPSON  
COMMISSIONER

# Florida Department of Agriculture and Consumer Services

## Division of Consumer Services

### BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS APPLICATION FOR LICENSURE BY EXAMINATION OR ENDORSEMENT

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Submit and Pay Online at:

www.FDACS.gov

- or -

Check or Money Order payable to  
FDACS and remit with application to:

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

☒ Initial Exam ☐ Temporary Certificate ☐ Endorsement Application

Name:

Mario Dominic Battaglia

Suffix:

Date of Birth:

02 / 02 / 1985

\*\*Social Security Number:

Home Address (if applicable please include suite, apartment and/or unit numbers):

366 Lake Arbor Drive

City:

Palm Springs

State:

FL

Zip Code:

33461 - 2156

County (if address is in Florida):

Palm Beach

Country:

United States of America

☒ Please check if mailing address is the same as home address. If not:

Mailing Address (if applicable please include suite, apartment and/or unit numbers):

City:

State:

Zip Code:

County (if address is in Florida):

Country:

Email Address:

Mariodbattaglia@outlook.com

\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.

F & A Use Only

DEPT OF AGRICULTURE  
AND CONSUMER SERVICES

MAY 26 2026

BUREAU OF FINANCE  
AND ACCOUNTING

Org Code: 42 10 08 01 000

EO: A2

Object Code: 001266

\$125

Object Code: 002230

\$125

42100802000 / 001256

\$5

DTN/FAID: 4267574

26-07905631-0001

255.00 05/26/2026

Dep#771242

Rec'd for F&A  
5/28/26

**Contact Number(s):**( ) -  
Home Phone( 561 ) 584 - 4668  
Cellular Phone( ) -  
Business Phone( ) -  
Facsimile**PRIOR NAME INFORMATION**

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☒ No

If you answered yes, please provide name(s) below:

Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

**EDUCATION HISTORY****Highest Grade Completed (Please check one):**

High School:

☐ 1 ☐ 2 ☐ 3 ☐ 4

College:

☐ 1 ☐ 2 ☐ 3 ☒ 4

Graduate School:

☐ 1 ☐ 2

| Name and Address of Schools, Colleges, or Universities Attended | Year of Graduation | Degree and Major              | Currently enrolled?<br>If Yes*, date of anticipated graduation.            | Foreign School<br>Was your school located overseas?                 |
|-----------------------------------------------------------------|--------------------|-------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------|
| Florida Atlantic University                                     | 2026               | Bachelors degree in Geomatics | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Palm Beach State College                                        | 2023               | Associate in Arts             | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Santaluces Community High School                                | 2006               | High School Diploma/GED       | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                                                 |                    |                               | <input type="checkbox"/> Yes* <input type="checkbox"/> No ____*            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

**BACKGROUND INFORMATION**

Please select either yes or no to the questions below. If you answered yes to any of the following, please explain your answer below (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. ☒ Yes ☐ No
- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No

- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

Palm Beach County Clerk of Court

**State / Governmental agency which brought the action:**

Florida/Lake Worth Police Department

**Nature of conviction, judgment, order, or action:**

Robbery with No Weapon or Firearm - Probaton- 1 year and 6 months

**Date of Action**

09 / 04 / 2000

**Docket Number:**

00009674CFB02

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

When I was 15 years old I was driving with some older friends (17 and 19) who decided to rob someone and get back into my vehicle. Shortly thereafter, my vehicle was pulled over and we were all arrested for Robbery with a deadly weapon, although there was no weapon. I was then in the juvenile detention center for 18 days until transferred to Palm Beach County Sheriffs Office. During the transfer there was an Error made in the charge and at first appearance the charge was Robbery with a Firearm. After I cried out "There was no Firearm or weapon, please look at the police report!" There was a short recess and upon review the charge was determined to be Robbery With No Firearm or Weapon.

**OUT OF STATE LICENSES**

Please list all your out of state licenses (attach additional sheets if necessary).

|                                                                                |                                                                                                                                                                         |  |  |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>State 1</b>                                                                 | <b>a. Issuing State:</b> _____ <b>License Number:</b> _____ <b>Expiration Date:</b> _____                                                                               |  |  |
|                                                                                | <b>Original Issue Date:</b> _____                                                                                                                                       |  |  |
|                                                                                | <b>b. License obtained by:</b>                                                                                                                                          |  |  |
|                                                                                | <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____ |  |  |
|                                                                                | <b>c. Was a licensure exam taken?</b>                                                                                                                                   |  |  |
|                                                                                | <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                               |  |  |
|                                                                                | <b>* If Yes:</b>                                                                                                                                                        |  |  |
|                                                                                | <b>Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?</b>                                                               |  |  |
|                                                                                | If so, please select the examination(s) completed:                                                                                                                      |  |  |
|                                                                                | <input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)                                             |  |  |
| Please select if the examination(s) was a state exam: <input type="checkbox"/> |                                                                                                                                                                         |  |  |
| <b>d. Is the license in good standing?</b>                                     |                                                                                                                                                                         |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No*                      |                                                                                                                                                                         |  |  |
| <b>* If No, please provide explanation:</b>                                    |                                                                                                                                                                         |  |  |

- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

Greenacres Department of Public Safety

**State / Governmental agency which brought the action:**

Greenacres Department Of Public Safety

**Nature of conviction, judgment, order, or action:**

Shoplifting/Obstruct Without Violence - Probation was reinstated

**Date of Action**

01 / 23 / 2001

**Docket Number:**

2001303805

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

I was arrested for stealing beer from the store and trying to run from the police. I was released the next morning on my own recognesence. However, when I reported to probation I was told that the charge was a violation of probation, I would soon have a warrant for my arrest and to keep checking in periodically. I did this throughout the month and was told to come in the folowing month at normal time. Upon doing so I was able to serve the warrant.

**OUT OF STATE LICENSES**

Please list all your out of state licenses (attach additional sheets if necessary).

|                                                                                |                                                                                                                                                                         |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>State 1</b>                                                                 | a. Issuing State: _____ License Number: _____ Expiration Date: _____                                                                                                    |
|                                                                                | Original Issue Date: _____                                                                                                                                              |
|                                                                                | b. License obtained by:                                                                                                                                                 |
|                                                                                | <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____ |
|                                                                                | c. Was a licensure exam taken?                                                                                                                                          |
|                                                                                | <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                               |
|                                                                                | * If Yes:                                                                                                                                                               |
|                                                                                | Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?                                                                      |
|                                                                                | If so, please select the examination(s) completed:                                                                                                                      |
|                                                                                | <input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)                                             |
| Please select if the examination(s) was a state exam: <input type="checkbox"/> |                                                                                                                                                                         |
| d. Is the license in good standing?                                            |                                                                                                                                                                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No*                      |                                                                                                                                                                         |
| * If No, please provide explanation:                                           |                                                                                                                                                                         |



- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

Village of Palm Springs Police Department Palm Springs

**State / Governmental agency which brought the action:**

Florida/Village of Palm Springs Police Department Palm Springs

**Nature of conviction, judgment, order, or action:**

Probation Violation - Probation was Reinstated

**Date of Action**

05 / 04 / 2001

**Docket Number:**

2001321264

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

I went to my probation office to report and was able to serve my warrant from the previous charge. (2001303805).

**OUT OF STATE LICENSES**

Please list all your out of state licenses (attach additional sheets if necessary).

|         |                                                                                                                                                                                                                                                                                                      |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| State 1 | a. Issuing State: _____ License Number: _____ Expiration Date: _____<br>Original Issue Date: _____                                                                                                                                                                                                   |
|         | b. License obtained by:<br><input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____                                                                                                   |
|         | c. Was a licensure exam taken?<br><input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                                                                                                                          |
|         | * If Yes:<br>Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?<br>If so, please select the examination(s) completed:<br><input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II) |
|         | Please select if the examination(s) was a state exam: <input type="checkbox"/>                                                                                                                                                                                                                       |
|         | d. Is the license in good standing?<br><input type="checkbox"/> Yes <input type="checkbox"/> No*                                                                                                                                                                                                     |
|         | * If No, please provide explanation: _____                                                                                                                                                                                                                                                           |
|         |                                                                                                                                                                                                                                                                                                      |
|         |                                                                                                                                                                                                                                                                                                      |
|         |                                                                                                                                                                                                                                                                                                      |

- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

Palm Beach County Sheriffs Office

**State / Governmental agency which brought the action:**

Florida/Palm Beach County Sheriffs Office

**Nature of conviction, judgment, order, or action:**

DUI Alcohol or Drugs 1st Offense - Released on Recognizance

**Date of Action**

03 / 25 / 2003

**Docket Number:**

2003313483

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

I was broken down on the side of the road and was stopped by the police. They suspected I was drinking and I was given a sobriety test. It was determined I was under the influence. I was transported to the county jail and was released on my own recognizance.

**OUT OF STATE LICENSES**

Please list all your out of state licenses (attach additional sheets if necessary).

|                                                                                |                                                                                                                                                                         |  |  |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>State 1</b>                                                                 | a. Issuing State: _____ License Number: _____ Expiration Date: _____                                                                                                    |  |  |
|                                                                                | Original Issue Date: _____                                                                                                                                              |  |  |
|                                                                                | b. License obtained by:                                                                                                                                                 |  |  |
|                                                                                | <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____ |  |  |
|                                                                                | c. Was a licensure exam taken?                                                                                                                                          |  |  |
|                                                                                | <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                               |  |  |
|                                                                                | * If Yes:                                                                                                                                                               |  |  |
|                                                                                | Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?                                                                      |  |  |
|                                                                                | If so, please select the examination(s) completed:                                                                                                                      |  |  |
|                                                                                | <input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)                                             |  |  |
| Please select if the examination(s) was a state exam: <input type="checkbox"/> |                                                                                                                                                                         |  |  |
| d. Is the license in good standing?                                            |                                                                                                                                                                         |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No*                      |                                                                                                                                                                         |  |  |
| * If No, please provide explanation:                                           |                                                                                                                                                                         |  |  |

- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

Palm Beach County Sheriffs Office

**State / Governmental agency which brought the action:**

Florida/Palm Beach County Sheriffs Office

**Nature of conviction, judgment, order, or action:**

Probation Violation

**Date of Action**

04 / 19 / 2004

**Docket Number:**

2004319075

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

The violation of probation was from unpaid court cost. I had a bench warrant, turned myself in, and bailed myself out after paying court costs.

**OUT OF STATE LICENSES**

Please list all your out of state licenses (attach additional sheets if necessary).

|                                                                                |                                                                                                                                                                         |  |  |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| State 1                                                                        | a. Issuing State: _____ License Number: _____ Expiration Date: _____                                                                                                    |  |  |
|                                                                                | Original Issue Date: _____                                                                                                                                              |  |  |
|                                                                                | b. License obtained by:                                                                                                                                                 |  |  |
|                                                                                | <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____ |  |  |
|                                                                                | c. Was a licensure exam taken?                                                                                                                                          |  |  |
|                                                                                | <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                               |  |  |
|                                                                                | * If Yes:                                                                                                                                                               |  |  |
|                                                                                | Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?                                                                      |  |  |
|                                                                                | If so, please select the examination(s) completed:                                                                                                                      |  |  |
|                                                                                | <input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)                                             |  |  |
| Please select if the examination(s) was a state exam: <input type="checkbox"/> |                                                                                                                                                                         |  |  |
| d. Is the license in good standing?                                            |                                                                                                                                                                         |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No*                      |                                                                                                                                                                         |  |  |
| * If No, please provide explanation:                                           |                                                                                                                                                                         |  |  |

- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

Palm Beach County Sheriffs Office

**State / Governmental agency which brought the action:**

Florida/Palm Beach County Sheriffs Office

**Nature of conviction, judgment, order, or action:**

Trespassing - Relased on Recognizance

**Date of Action**

08 / 12 / 2006

**Docket Number:**

2006040373

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

I went to a Dave Matthews Band concert and was drinking in the parking lot for a few hours then when the concert started, I discovered that they were sold out. I then tried to sneak into the Concert and failed. I was arrested for trespassing.

**OUT OF STATE LICENSES**

Please list all your out of state licenses (attach additional sheets if necessary).

|                                                                                |                                                                                                                                                                         |  |  |                              |  |  |                               |  |  |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------|--|--|-------------------------------|--|--|
| <b>State 1</b>                                                                 | <b>a. Issuing State:</b> _____                                                                                                                                          |  |  | <b>License Number:</b> _____ |  |  | <b>Expiration Date:</b> _____ |  |  |
|                                                                                | <b>Original Issue Date:</b> _____                                                                                                                                       |  |  |                              |  |  |                               |  |  |
|                                                                                | <b>b. License obtained by:</b>                                                                                                                                          |  |  |                              |  |  |                               |  |  |
|                                                                                | <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____ |  |  |                              |  |  |                               |  |  |
|                                                                                | <b>c. Was a licensure exam taken?</b>                                                                                                                                   |  |  |                              |  |  |                               |  |  |
|                                                                                | <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                               |  |  |                              |  |  |                               |  |  |
|                                                                                | <b>* If Yes:</b>                                                                                                                                                        |  |  |                              |  |  |                               |  |  |
|                                                                                | <b>Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?</b>                                                               |  |  |                              |  |  |                               |  |  |
|                                                                                | If so, please select the examination(s) completed:                                                                                                                      |  |  |                              |  |  |                               |  |  |
|                                                                                | <input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)                                             |  |  |                              |  |  |                               |  |  |
| Please select if the examination(s) was a state exam: <input type="checkbox"/> |                                                                                                                                                                         |  |  |                              |  |  |                               |  |  |
| <b>d. Is the license in good standing?</b>                                     |                                                                                                                                                                         |  |  |                              |  |  |                               |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No*                      |                                                                                                                                                                         |  |  |                              |  |  |                               |  |  |
| <b>* If No, please provide explanation:</b>                                    |                                                                                                                                                                         |  |  |                              |  |  |                               |  |  |

- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

Greenacres Department Of Public Safety

**State / Governmental agency which brought the action:**

Florida/Greenacres Department Of Public Safety

**Nature of conviction, judgment, order, or action:**

Disorderly Intoxication - Released on Recognizance

**Date of Action**

09 / 17 / 2006

**Docket Number:**

2006046887

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

I was unconscious at a Mc Donalds and was arrested for disorderly Intoxication. I was released on my own recognizance.

**OUT OF STATE LICENSES**

Please list all your out of state licenses (attach additional sheets if necessary).

|                                                                                |                                                                                                                                                                         |  |  |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| State 1                                                                        | a. Issuing State: _____ License Number: _____ Expiration Date: _____                                                                                                    |  |  |
|                                                                                | Original Issue Date: _____                                                                                                                                              |  |  |
|                                                                                | b. License obtained by:                                                                                                                                                 |  |  |
|                                                                                | <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____ |  |  |
|                                                                                | c. Was a licensure exam taken?                                                                                                                                          |  |  |
|                                                                                | <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                               |  |  |
|                                                                                | * If Yes:                                                                                                                                                               |  |  |
|                                                                                | Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?                                                                      |  |  |
|                                                                                | If so, please select the examination(s) completed:                                                                                                                      |  |  |
|                                                                                | <input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)                                             |  |  |
| Please select if the examination(s) was a state exam: <input type="checkbox"/> |                                                                                                                                                                         |  |  |
| d. Is the license in good standing?                                            |                                                                                                                                                                         |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No*                      |                                                                                                                                                                         |  |  |
| * If No, please provide explanation: _____                                     |                                                                                                                                                                         |  |  |

- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

Palm Beach County State Attorney's Office West Palm Beach

**State / Governmental agency which brought the action:**

Florida/Palm Beach County Sheriffs Office

**Nature of conviction, judgment, order, or action:**

Fraud-Swindle - 1 year of probation & 302.00 in court cost

**Date of Action**

03 / 02 / 2010

**Docket Number:**

502010CF00246AXXXMB

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

I was unable to pay for a yellow cab and was taken to jail. The next day I was realeased and was put on probation for 1 year. I successfully completed the probation.

**OUT OF STATE LICENSES**

Please list all your out of state licenses (attach additional sheets if necessary).

|                                                                                |                                                                                                                                                                         |  |  |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| State 1                                                                        | a. Issuing State: _____ License Number: _____ Expiration Date: _____                                                                                                    |  |  |
|                                                                                | Original Issue Date: _____                                                                                                                                              |  |  |
|                                                                                | b. License obtained by:                                                                                                                                                 |  |  |
|                                                                                | <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____ |  |  |
|                                                                                | c. Was a licensure exam taken?                                                                                                                                          |  |  |
|                                                                                | <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                               |  |  |
|                                                                                | * If Yes:                                                                                                                                                               |  |  |
|                                                                                | Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?                                                                      |  |  |
|                                                                                | If so, please select the examination(s) completed:                                                                                                                      |  |  |
|                                                                                | <input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)                                             |  |  |
| Please select if the examination(s) was a state exam: <input type="checkbox"/> |                                                                                                                                                                         |  |  |
| d. Is the license in good standing?                                            |                                                                                                                                                                         |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No*                      |                                                                                                                                                                         |  |  |
| * If No, please provide explanation:                                           |                                                                                                                                                                         |  |  |

- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

Palm Beach County Sheriffs Office

**State / Governmental agency which brought the action:**

Florida/Palm Beach County Sheriffs Office

**Nature of conviction, judgment, order, or action:**

Failure To Appear

**Date of Action**

08 / 02 / 2011

**Docket Number:**

N/A - TRACKING NUMBER - 5002216759

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

I recieved a ticket for a bad tail light in a friends car and didn't realize I had to show up in court as well. When stopped in my neighborhood one night, the police ran my name and it was discovered that I had a bench warrant for failure to appear. I was brought in and released the following day on my own recognizance.

**OUT OF STATE LICENSES**

Please list all your out of state licenses (attach additional sheets if necessary).

|                                                                                |                                                                                                                                                                         |  |  |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| State 1                                                                        | a. Issuing State: _____ License Number: _____ Expiration Date: _____                                                                                                    |  |  |
|                                                                                | Original Issue Date: _____                                                                                                                                              |  |  |
|                                                                                | b. License obtained by:                                                                                                                                                 |  |  |
|                                                                                | <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____ |  |  |
|                                                                                | c. Was a licensure exam taken?                                                                                                                                          |  |  |
|                                                                                | <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                               |  |  |
|                                                                                | * If Yes:                                                                                                                                                               |  |  |
|                                                                                | Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?                                                                      |  |  |
|                                                                                | If so, please select the examination(s) completed:                                                                                                                      |  |  |
|                                                                                | <input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)                                             |  |  |
| Please select if the examination(s) was a state exam: <input type="checkbox"/> |                                                                                                                                                                         |  |  |
| d. Is the license in good standing?                                            |                                                                                                                                                                         |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No*                      |                                                                                                                                                                         |  |  |
| * If No, please provide explanation:                                           |                                                                                                                                                                         |  |  |

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>State 2</b> | <b>a. Issuing State:</b> _____ <b>License Number:</b> _____ <b>Expiration Date:</b> _____<br><b>Original Issue Date:</b> _____                                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                | <b>b. License obtained by:</b><br><input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                           |  |  |
|                | <b>c. Was a licensure exam taken?</b><br><input type="checkbox"/> Yes* <input type="checkbox"/> No<br>* If Yes:<br><b>Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?</b><br>If so, please select the examination(s) completed:<br><input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)<br>Please select if the examination(s) was a state exam: <input type="checkbox"/> |  |  |
|                | <b>d. Is the license in good standing?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No*<br>* If No, please provide explanation: _____                                                                                                                                                                                                                                                                                                                                               |  |  |

### EMPLOYMENT HISTORY

A specific experience record is required for licensure as a surveyor and mapper. The experience must be as a subordinate to a licensed surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

**Please list all your previous employers where you have gained experience as a surveyor and mapper (attach additional sheets as necessary):**

|                   |                                                                                                                                                                                                                           |  |                                                           |                                        |  |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|----------------------------------------|--|
| <b>Employer 1</b> | <b>Employer / Company Name:</b><br>Ritzel-Mason Inc.                                                                                                                                                                      |  | <b>Employer / Company Address:</b><br>5330 Van Buren Road |                                        |  |
|                   | <b>City:</b><br>Delray Beach                                                                                                                                                                                              |  | <b>State:</b><br>FL                                       | <b>Zip Code:</b><br>33484 - 4240       |  |
|                   | <b>Supervisor's Name:</b><br>Clyde Mason                                                                                                                                                                                  |  | <b>License Number:</b><br>6905                            | <b>Contact Number:</b><br>561-634-6701 |  |
|                   | <b>Dates of Employment:</b><br>From: 10-20-25      To: Present                                                                                                                                                            |  | <b>Number of Hours Per Week:</b><br>40                    |                                        |  |
|                   | <b>Did you ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                        |  | <b>Number of Hours Per Week:</b>                          |                                        |  |
|                   | From: _____ To: _____                                                                                                                                                                                                     |  | _____                                                     |                                        |  |
|                   | From: _____ To: _____                                                                                                                                                                                                     |  | _____                                                     |                                        |  |
|                   | From: _____ To: _____                                                                                                                                                                                                     |  | _____                                                     |                                        |  |
|                   | <b>Total Months of Experience:</b><br>Routine (in months): _____                                                                                                                                                          |  | Responsible Charge (in months): 7                         |                                        |  |
|                   | <b>Summary of Experience</b><br>Preformed calculations for staking, scheduling for clients and field personnel, reviewed/planned scope of work with field personnel, drafted/processed data for various types of surveys. |  |                                                           |                                        |  |



|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>State 2</b> | <b>a. Issuing State:</b> _____ <b>License Number:</b> _____ <b>Expiration Date:</b> _____<br><b>Original Issue Date:</b> _____                                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                | <b>b. License obtained by:</b><br><input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                           |  |  |
|                | <b>c. Was a licensure exam taken?</b><br><input type="checkbox"/> Yes* <input type="checkbox"/> No<br>* If Yes:<br><b>Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?</b><br>If so, please select the examination(s) completed:<br><input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)<br>Please select if the examination(s) was a state exam: <input type="checkbox"/> |  |  |
|                | <b>d. Is the license in good standing?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No*<br>* If No, please provide explanation: _____                                                                                                                                                                                                                                                                                                                                               |  |  |

### EMPLOYMENT HISTORY

A specific experience record is required for licensure as a surveyor and mapper. The experience must be as a subordinate to a licensed surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term **"responsible charge"** means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

**Please list all your previous employers where you have gained experience as a surveyor and mapper (attach additional sheets as necessary):**

|                   |                                                                                                                                                                                                                           |  |                                                         |                                        |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|----------------------------------------|
| <b>Employer 1</b> | <b>Employer / Company Name:</b><br>Atlas Surveying and Mapping Inc                                                                                                                                                        |  | <b>Employer / Company Address:</b><br>612 Skylake Drive |                                        |
|                   | <b>City:</b><br>West Palm Beach                                                                                                                                                                                           |  | <b>State:</b><br>FL                                     | <b>Zip Code:</b><br>33415 - 3639       |
|                   | <b>Supervisor's Name:</b><br>Kenneth Drury                                                                                                                                                                                |  | <b>License Number:</b><br>6084                          | <b>Contact Number:</b><br>561-640-4069 |
|                   | <b>Dates of Employment:</b><br>From: 05-30-24    To: 10-19-25                                                                                                                                                             |  | <b>Number of Hours Per Week:</b><br>40                  |                                        |
|                   | <b>Did you ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                        |  |                                                         |                                        |
|                   | From: _____    To: _____                                                                                                                                                                                                  |  | <b>Number of Hours Per Week:</b><br>_____               |                                        |
|                   | From: _____    To: _____                                                                                                                                                                                                  |  | _____                                                   |                                        |
|                   | From: _____    To: _____                                                                                                                                                                                                  |  | _____                                                   |                                        |
|                   | <b>Total Months of Experience:</b><br>Routine (in months): _____    Responsible Charge (in months): 17                                                                                                                    |  |                                                         |                                        |
|                   | <b>Summary of Experience</b><br>Preformed calculations for staking, scheduling for clients and field personnel, reviewed/planned scope of work with field personnel, drafted/processed data for various types of surveys. |  |                                                         |                                        |

|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| State 2                                                                                                 | a. Issuing State: _____ License Number: _____ Expiration Date: _____                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
|                                                                                                         | Original Issue Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|                                                                                                         | b. License obtained by:                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                         | <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                         | c. Was a licensure exam taken?                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
|                                                                                                         | <input type="checkbox"/> Yes* <input type="checkbox"/> No<br>* If Yes:<br><b>Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?</b><br>If so, please select the examination(s) completed:<br><input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)<br><br>Please select if the examination(s) was a state exam: <input type="checkbox"/> |  |  |
| d. Is the license in good standing?                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No*<br>* If No, please provide explanation: _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |

### EMPLOYMENT HISTORY

A specific experience record is required for licensure as a surveyor and mapper. The experience must be as a subordinate to a licensed surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

**Please list all your previous employers where you have gained experience as a surveyor and mapper (attach additional sheets as necessary):**

|                                                                                                                                                                                                 |                                                                                                                    |  |                                                                           |                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|----------------------------------------|--|
| Employer 1                                                                                                                                                                                      | <b>Employer / Company Name:</b><br>Brown and Phillips Inc                                                          |  | <b>Employer / Company Address:</b><br>1860 Old Okeechobee Road, Suite 509 |                                        |  |
|                                                                                                                                                                                                 | <b>City:</b><br>West Palm Beach                                                                                    |  | <b>State:</b><br>FL                                                       | <b>Zip Code:</b><br>33409 - 5242       |  |
|                                                                                                                                                                                                 | <b>Supervisor's Name:</b><br>John E Phillips III                                                                   |  | <b>License Number:</b><br>4826                                            | <b>Contact Number:</b><br>561-615-3988 |  |
|                                                                                                                                                                                                 | <b>Dates of Employment:</b><br>From: 02-19-24      To: 05-29-24                                                    |  | <b>Number of Hours Per Week:</b><br>40                                    |                                        |  |
|                                                                                                                                                                                                 | <b>Did you ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <b>Number of Hours Per Week:</b>                                          |                                        |  |
|                                                                                                                                                                                                 | From: _____ To: _____                                                                                              |  | _____                                                                     |                                        |  |
|                                                                                                                                                                                                 | From: _____ To: _____                                                                                              |  | _____                                                                     |                                        |  |
|                                                                                                                                                                                                 | From: _____ To: _____                                                                                              |  | _____                                                                     |                                        |  |
|                                                                                                                                                                                                 | <b>Total Months of Experience:</b><br>Routine (in months): _____                                                   |  | Responsible Charge (in months): 3                                         |                                        |  |
|                                                                                                                                                                                                 | <b>Summary of Experience</b>                                                                                       |  |                                                                           |                                        |  |
| Assisting in coordination of field crews scheduling for clients and field personnel, reviewed/ planned scope of work with field personnel, drafted/processed data for various types of surveys. |                                                                                                                    |  |                                                                           |                                        |  |

|                |                                                                                                                                                                                                                                                                                                |  |  |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>State 2</b> | <b>a. Issuing State:</b> _____ <b>License Number:</b> _____ <b>Expiration Date:</b> _____<br><b>Original Issue Date:</b> _____                                                                                                                                                                 |  |  |
|                | <b>b. License obtained by:</b><br><input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____                                                                                      |  |  |
|                | <b>c. Was a licensure exam taken?</b><br><input type="checkbox"/> Yes* <input type="checkbox"/> No<br>* If Yes:                                                                                                                                                                                |  |  |
|                | <b>Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?</b><br>If so, please select the examination(s) completed:<br><input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II) |  |  |
|                | Please select if the examination(s) was a state exam: <input type="checkbox"/>                                                                                                                                                                                                                 |  |  |
|                | <b>d. Is the license in good standing?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No*<br>* If No, please provide explanation: _____                                                                                                                                          |  |  |

### EMPLOYMENT HISTORY

A specific experience record is required for licensure as a surveyor and mapper. The experience must be as a subordinate to a licensed surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

**Please list all your previous employers where you have gained experience as a surveyor and mapper (attach additional sheets as necessary):**

|                                                                                                                                                                                                        |                                                                                                                    |                                    |                                    |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|------------------------|
| <b>Employer 1</b>                                                                                                                                                                                      | <b>Employer / Company Name:</b>                                                                                    |                                    | <b>Employer / Company Address:</b> |                        |
|                                                                                                                                                                                                        | Caulfield and Wheeler                                                                                              |                                    | 7900 Glades Road                   |                        |
|                                                                                                                                                                                                        | <b>City:</b>                                                                                                       | <b>State:</b>                      | <b>Zip Code:</b>                   |                        |
|                                                                                                                                                                                                        | Boca Raton                                                                                                         | FL                                 | 33434 - 4104                       |                        |
|                                                                                                                                                                                                        | <b>Supervisor's Name:</b>                                                                                          |                                    | <b>License Number:</b>             | <b>Contact Number:</b> |
|                                                                                                                                                                                                        | David Lindley                                                                                                      |                                    | 5005                               | 561-392-1191           |
|                                                                                                                                                                                                        | <b>Dates of Employment:</b>                                                                                        |                                    | <b>Number of Hours Per Week:</b>   |                        |
|                                                                                                                                                                                                        | From: 02-10-2020                                                                                                   | To: 02-19-2024                     | 40                                 |                        |
|                                                                                                                                                                                                        | <b>Did you ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | <b>Number of Hours Per Week:</b>   |                        |
|                                                                                                                                                                                                        | From: _____                                                                                                        | To: _____                          | _____                              |                        |
| From: _____                                                                                                                                                                                            | To: _____                                                                                                          | _____                              |                                    |                        |
| From: _____                                                                                                                                                                                            | To: _____                                                                                                          | _____                              |                                    |                        |
| <b>Total Months of Experience:</b>                                                                                                                                                                     |                                                                                                                    |                                    |                                    |                        |
| Routine (in months): _____                                                                                                                                                                             |                                                                                                                    | Responsible Charge (in months): 48 |                                    |                        |
| <b>Summary of Experience</b>                                                                                                                                                                           |                                                                                                                    |                                    |                                    |                        |
| Facilitated Boundary/Topographical/ALTA/Tree Surveys. From Early stages of finding/setting/adjusting control to completion of jobs along with construction staking and obtaining As-Built information. |                                                                                                                    |                                    |                                    |                        |

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>State 2</b> | <b>a. Issuing State:</b> _____ <b>License Number:</b> _____ <b>Expiration Date:</b> _____<br><b>Original Issue Date:</b> _____                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|                | <b>b. License obtained by:</b><br><input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                          |  |  |
|                | <b>c. Was a licensure exam taken?</b><br><input type="checkbox"/> Yes* <input type="checkbox"/> No<br><br><b>* If Yes:</b><br><b>Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?</b><br>If so, please select the examination(s) completed:<br><input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)<br><br>Please select if the examination(s) was a state exam: <input type="checkbox"/> |  |  |
|                | <b>d. Is the license in good standing?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No*<br><br><b>* If No, please provide explanation:</b> _____                                                                                                                                                                                                                                                                                                                                                   |  |  |

### EMPLOYMENT HISTORY

A specific experience record is required for licensure as a surveyor and mapper. The experience must be as a subordinate to a licensed surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

**Please list all your previous employers where you have gained experience as a surveyor and mapper (attach additional sheets as necessary):**

|                                                                                                                                                                                                                                                                       |                                                                                                                    |  |                                                                       |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|----------------------------------------|
| <b>Employer 1</b>                                                                                                                                                                                                                                                     | <b>Employer / Company Name:</b><br>Engenuity Group Inc.                                                            |  | <b>Employer / Company Address:</b><br>1280 Congress Avenue, Suite 101 |                                        |
|                                                                                                                                                                                                                                                                       | <b>City:</b><br>West Palm Beach                                                                                    |  | <b>State:</b><br>FL                                                   | <b>Zip Code:</b><br>33409 -            |
|                                                                                                                                                                                                                                                                       | <b>Supervisor's Name:</b><br>Andre Rayman                                                                          |  | <b>License Number:</b>                                                | <b>Contact Number:</b><br>561-615-1151 |
|                                                                                                                                                                                                                                                                       | <b>Dates of Employment:</b><br>From: 07-08-2019    To: 02-09-25                                                    |  | <b>Number of Hours Per Week:</b><br>40                                |                                        |
|                                                                                                                                                                                                                                                                       | <b>Did you ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <b>Number of Hours Per Week:</b>                                      |                                        |
|                                                                                                                                                                                                                                                                       | From: _____    To: _____                                                                                           |  | _____                                                                 |                                        |
|                                                                                                                                                                                                                                                                       | From: _____    To: _____                                                                                           |  | _____                                                                 |                                        |
|                                                                                                                                                                                                                                                                       | From: _____    To: _____                                                                                           |  | _____                                                                 |                                        |
|                                                                                                                                                                                                                                                                       | <b>Total Months of Experience:</b><br>Routine (in months): _____    Responsible Charge (in months): 7              |  |                                                                       |                                        |
|                                                                                                                                                                                                                                                                       | <b>Summary of Experience</b>                                                                                       |  |                                                                       |                                        |
| Leader of a crew in Construction staking, Route Surveys, Paving, Drainage, and Sanitary Asbui<br>Its, Topogrphical/Tree/ALTA/Flood Certificates, Reconnaissance/Planning, Finding /Setting Co<br>ntrol, Field Adjustments/Balancing Control, Training Field Personnel |                                                                                                                    |  |                                                                       |                                        |

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>State 2</b> | <b>a. Issuing State:</b> _____ <b>License Number:</b> _____ <b>Expiration Date:</b> _____<br><b>Original Issue Date:</b> _____                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                | <b>b. License obtained by:</b><br><input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                               |  |  |
|                | <b>c. Was a licensure exam taken?</b><br><input type="checkbox"/> Yes* <input type="checkbox"/> No<br>* If Yes:<br><b>Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?</b><br>If so, please select the examination(s) completed:<br><input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)<br><br>Please select if the examination(s) was a state exam: <input type="checkbox"/> |  |  |
|                | <b>d. Is the license in good standing?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No*<br>* If No, please provide explanation: _____                                                                                                                                                                                                                                                                                                                                                   |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |

### EMPLOYMENT HISTORY

A specific experience record is required for licensure as a surveyor and mapper. The experience must be as a subordinate to a licensed surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

**Please list all your previous employers where you have gained experience as a surveyor and mapper (attach additional sheets as necessary):**

|                                                                                                                                                                                                                                                                       |                                                                                                                    |  |                                                         |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|----------------------------------------|
| <b>Employer 1</b>                                                                                                                                                                                                                                                     | <b>Employer / Company Name:</b><br>Atlas Surveying and Mapping Inc                                                 |  | <b>Employer / Company Address:</b><br>612 Skylake Drive |                                        |
|                                                                                                                                                                                                                                                                       | <b>City:</b><br>West Palm Beach                                                                                    |  | <b>State:</b><br>FL                                     | <b>Zip Code:</b><br>33415 - 3639       |
|                                                                                                                                                                                                                                                                       | <b>Supervisor's Name:</b><br>Kenneth Drury                                                                         |  | <b>License Number:</b><br>6084                          | <b>Contact Number:</b><br>561-640-4069 |
|                                                                                                                                                                                                                                                                       | <b>Dates of Employment:</b><br>From: 05-20-18      To: 07-03-2019                                                  |  | <b>Number of Hours Per Week:</b><br>40                  |                                        |
|                                                                                                                                                                                                                                                                       | <b>Did you ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <b>Number of Hours Per Week:</b>                        |                                        |
|                                                                                                                                                                                                                                                                       | From: _____      To: _____                                                                                         |  | _____                                                   |                                        |
|                                                                                                                                                                                                                                                                       | From: _____      To: _____                                                                                         |  | _____                                                   |                                        |
|                                                                                                                                                                                                                                                                       | From: _____      To: _____                                                                                         |  | _____                                                   |                                        |
|                                                                                                                                                                                                                                                                       | <b>Total Months of Experience:</b><br>Routine (in months): _____      Responsible Charge (in months): 17           |  |                                                         |                                        |
|                                                                                                                                                                                                                                                                       | <b>Summary of Experience</b>                                                                                       |  |                                                         |                                        |
| Leader of a crew in Construction staking, Route Surveys, Paving, Drainage, and Sanitary Asbui<br>Its, Topogrphical/Tree/ALTA/Flood Certificates, Reconnaissance/Planning, Finding /Setting Con<br>trol, Field Adjustments/Balancing Control, Training Field Personnel |                                                                                                                    |  |                                                         |                                        |

|                   |                                                                                                                                                                                                                                                                                               |  |                                                         |                                        |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|----------------------------------------|
| <b>Employer 2</b> | <b>Employer / Company Name:</b><br>Atlas Surveying and Mapping Inc                                                                                                                                                                                                                            |  | <b>Employer / Company Address:</b><br>612 Skylake Drive |                                        |
|                   | <b>City:</b><br>West Palm Beach                                                                                                                                                                                                                                                               |  | <b>State:</b><br>FL                                     | <b>Zip Code:</b><br>33415 - 3639       |
|                   | <b>Supervisor's Name:</b><br>Kenneth Drury                                                                                                                                                                                                                                                    |  | <b>License Number:</b><br>6084                          | <b>Contact Number:</b><br>561-640-4069 |
|                   | <b>Dates of Employment:</b><br>From: 05-20-18 To: 07-03-19                                                                                                                                                                                                                                    |  | <b>Number of Hours Per Week:</b><br>40                  |                                        |
|                   | <b>Did you ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                            |  | <b>Number of Hours Per Week:</b>                        |                                        |
|                   | From: _____ To: _____                                                                                                                                                                                                                                                                         |  | _____                                                   |                                        |
|                   | From: _____ To: _____                                                                                                                                                                                                                                                                         |  | _____                                                   |                                        |
|                   | From: _____ To: _____                                                                                                                                                                                                                                                                         |  | _____                                                   |                                        |
|                   | <b>Total Months of Experience:</b><br>Routine (in months): _____                                                                                                                                                                                                                              |  | Responsible Charge (in months): 14                      |                                        |
|                   | <b>Summary of Experience</b><br>Leader of a crew in Construction staking, Route Surveys, Paving, Drainage, and Sanitary Asbuilts, Topogrphical/Tree/ALTA/Flood Certificates, Reconnaissance/Planning, Finding /Setting Control, Field Adjustments/Balancing Control, Training Field Personnel |  |                                                         |                                        |

### EXAMINATION INFORMATION

Please complete the following:

**NCEES Fundamentals of Land Surveying (Part I).**

Have you passed this exam?

☒ Yes ☐ No

State Board:

California

Year Passed:

2024

**NCEES Principles and Practice (Part II)**

Have you passed this exam?

☒ Yes ☐ No

State Board:

California

Year Passed:

2025

**Florida Jurisdictional 100 Item Multiple Choice (Part III)**

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

### SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

**\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services immediately at 1-800-HELP-FLA (435-7352) or 850-410-3800.**

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature:  Date: 05/19/26

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.





WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

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www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term **"responsible charge"** means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                            |                     |                                                           |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------|--------|
| <b>Applicant Name:</b><br>Mario Dominic Battaglia                                                                                                                                          |                     | <b>Title:</b><br>Survey Project Manager                   |        |
| <b>Employer / Company Name:</b><br>Ritzel-Mason Inc.                                                                                                                                       |                     | <b>Employer / Company Address:</b><br>5330 Van Buren Road |        |
| <b>City:</b><br>Delray Beach                                                                                                                                                               | <b>State:</b><br>FL | <b>Zip Code:</b><br>33484                                 | - 2156 |
| <b>Employer Contact Name:</b><br>Clyde Mason                                                                                                                                               |                     | <b>Contact Number:</b><br>561-634-6701                    |        |
| <b>Dates of Employment:</b><br>From: 10-20-25 To*: Present                                                                                                                                 |                     | <b>Number of Hours Per Week:</b><br>40                    |        |
| <b>Did the applicant ever work on a part-time basis? &amp; Yes <input checked="" type="checkbox"/> No</b>                                                                                  |                     | <b>Number of Hours Per Week:</b>                          |        |
| From: _____                                                                                                                                                                                | To: _____           | _____                                                     |        |
| From: _____                                                                                                                                                                                | To: _____           | _____                                                     |        |
| From: _____                                                                                                                                                                                | To: _____           | _____                                                     |        |
| <b>Total Months of Experience:</b>                                                                                                                                                         |                     |                                                           |        |
| Routine (in months): _____ + Responsible Charge (in months): 7 = <b>Total Months of Experience</b> 7                                                                                       |                     |                                                           |        |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above. |                     |                                                           |        |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                    |                     |                                                           |        |
| Preforms calculations for staking, scheduling for clients and field personnel, reviews/plans scope of work with field personnel, drafts/processes data for various types of surveys.       |                     |                                                           |        |
| CLYDE R. MASON II                                                                                                                                                                          |                     | 4/2/2020                                                  |        |
| Sealed                                                                                                                                                                                     |                     |                                                           |        |

Print name and license number of  
surveyor and mapper verifying experience

Signature of licensed surveyor and mapper  
verifying experience

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

THIS FORM IS TO BE COMPLETED BY FORMER OR CURRENT EMPLOYER VERIFYING WORK EXPERIENCE.  
Make additional copies as needed.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



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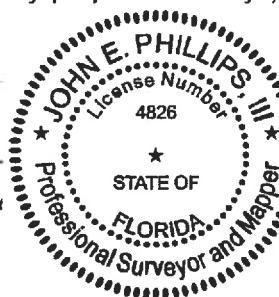
FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

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Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                           |                     |                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Mario Battaglia                                                                                                                                                                                                                                                                 |                     | <b>Title:</b><br>Survey Technician                                               |  |
| <b>Employer / Company Name:</b><br>Brown & Phillips, Inc.                                                                                                                                                                                                                                                 |                     | <b>Employer / Company Address:</b><br>1860 Old Okeechobee Road, Suite 509        |  |
| <b>City:</b><br>West Palm Beach                                                                                                                                                                                                                                                                           | <b>State:</b><br>FL | <b>Zip Code:</b><br>33409 -                                                      |  |
| <b>Employer Contact Name:</b><br>John E. Phillips, III                                                                                                                                                                                                                                                    |                     | <b>Contact Number:</b><br>561-615-3988                                           |  |
| <b>Dates of Employment:</b><br>From: 2/19/2024 To*: 5/29/2024                                                                                                                                                                                                                                             |                     | <b>Number of Hours Per Week:</b><br>40                                           |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                              |                     | <b>Number of Hours Per Week:</b>                                                 |  |
| From: _____                                                                                                                                                                                                                                                                                               | To: _____           | _____                                                                            |  |
| From: _____                                                                                                                                                                                                                                                                                               | To: _____           | _____                                                                            |  |
| From: _____                                                                                                                                                                                                                                                                                               | To: _____           | _____                                                                            |  |
| <b>Total Months of Experience:</b>                                                                                                                                                                                                                                                                        |                     |                                                                                  |  |
| Routine (in months): 0 + Responsible Charge (in months): 3 = Total Months of Experience 3                                                                                                                                                                                                                 |                     |                                                                                  |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                                                                                                                |                     |                                                                                  |  |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                                                                                                                                   |                     |                                                                                  |  |
| Mario worked on various projects for Brown & Phillips using AutoCAD Civil 3D. Projects included boundary surveys, topographic surveys, form board surveys, as-built surveys, and condo docs. He created and revised previously prepared surveys, along with assisting in coordination of the field crews. |                     |                                                                                  |  |
| John E. Phillips, III LS4826<br>Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                                                                                              |                     | [Signature]<br>Signature of licensed surveyor and mapper<br>verifying experience |  |
|                                                                                                                                                                                                                                                                                                           |                     | 12/23/2025<br>Date                                                               |  |



\* If you indicate to "present," the time will be

is signed and sealed.

THIS FORM IS TO BE COMPLETED BY FORMER OR CURRENT EMPLOYER VERIFYING WORK EXPERIENCE.  
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WILTON SIMPSON  
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Florida Department of Agriculture and Consumer Services  
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Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                 |                     |                                                                   |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------|---------------|
| <b>Applicant Name:</b><br>Mario Dominic Battaglia                                                                                                                                               |                     | <b>Title:</b><br>LSIT/Project Manager                             |               |
| <b>Employer / Company Name:</b><br>Atlas Surveying and Mapping Inc                                                                                                                              |                     | <b>Employer / Company Address:</b><br>612 Skylake Drive           |               |
| <b>City:</b><br>West Palm Beach                                                                                                                                                                 | <b>State:</b><br>FL | <b>Zip Code:</b><br>33415                                         | <b>- 3639</b> |
| <b>Employer Contact Name:</b><br>Kenneth Drury                                                                                                                                                  |                     | <b>Contact Number:</b><br>561-640-4069                            |               |
| <b>Dates of Employment:</b><br>From: 05-30-24 To*: To: 10-19-25                                                                                                                                 |                     | <b>Number of Hours Per Week:</b><br>40                            |               |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                    |                     | <b>Number of Hours Per Week:</b>                                  |               |
| From: _____                                                                                                                                                                                     | To: _____           | _____                                                             |               |
| From: _____                                                                                                                                                                                     | To: _____           | _____                                                             |               |
| From: _____                                                                                                                                                                                     | To: _____           | _____                                                             |               |
| <b>Total Months of Experience:</b>                                                                                                                                                              |                     |                                                                   |               |
| Routine (in months): _____ + Responsible Charge (in months): 17 = Total Months of Experience 17                                                                                                 |                     |                                                                   |               |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.      |                     |                                                                   |               |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                         |                     |                                                                   |               |
| Mario Performed calculations for staking, scheduling for clients and field personnel, reviewed/planned scope of work with field personnel, drafted/processed data for various types of surveys. |                     |                                                                   |               |
| KENNETH DRURY 156084                                                                                                                                                                            |                     | 1-11-2025                                                         |               |
| Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                    |                     | Signature of licensed surveyor and mapper<br>verifying experience |               |
| Sealed                                                                                                                                                                                          |                     | Date                                                              |               |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.





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Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                             |                     |                                                                   |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------|--------|
| <b>Applicant Name:</b><br>Mario                                                                                                                                                                             |                     | <b>Title:</b><br>Crew Chief                                       |        |
| <b>Employer / Company Name:</b><br>Caufield and Wheeler                                                                                                                                                     |                     | <b>Employer / Company Address:</b><br>7900 Glades Rd. STE 100     |        |
| <b>City:</b><br>Boca Raton                                                                                                                                                                                  | <b>State:</b><br>FL | <b>Zip Code:</b><br>33434                                         | - 4104 |
| <b>Employer Contact Name:</b><br>David Lindley                                                                                                                                                              |                     | <b>Contact Number:</b><br>561-392-1191                            |        |
| <b>Dates of Employment:</b><br>From: 02-10-2020 To: 02-19-2024                                                                                                                                              |                     | <b>Number of Hours Per Week:</b><br>40                            |        |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                |                     | <b>Number of Hours Per Week:</b>                                  |        |
| From: _____                                                                                                                                                                                                 | To: _____           | _____                                                             |        |
| From: _____                                                                                                                                                                                                 | To: _____           | _____                                                             |        |
| From: _____                                                                                                                                                                                                 | To: _____           | _____                                                             |        |
| <b>Total Months of Experience:</b>                                                                                                                                                                          |                     |                                                                   |        |
| Routine (in months): _____ + Responsible Charge (in months): 48 = Total Months of Experience 48                                                                                                             |                     |                                                                   |        |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                  |                     |                                                                   |        |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                                     |                     |                                                                   |        |
| Mario Facilitated Boundary/Topographical/Tree surveys. From early stages of finding/setting/adjusting control to completion of the jobs along with construction staking and obtaining As-Built Information. |                     |                                                                   |        |
| DAVID Lindley #5005<br>Print name and license number of<br>surveyor and mapper verifying experience                                                                                                         |                     | Signature of licensed surveyor and mapper<br>verifying experience |        |
| Sealed<br>No. 5005<br>STATE OF<br>FLORIDA<br>REGISTERED LAND SURVEYOR                                                                                                                                       |                     | Date<br>12-30-2025                                                |        |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

THIS FORM IS TO BE COMPLETED BY FORMER OR CURRENT EMPLOYER VERIFYING WORK EXPERIENCE.  
Make additional copies as needed.



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Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                             |                       |                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------|--|
| Applicant Name:<br><u>MARIO BATTAGLIA</u>                                                                                                                                                                                                                                                                                                   |                       | Title:<br><u>CREW CHIEF</u>                                      |  |
| Employer / Company Name:<br><u>ENGINEERING GROUP</u>                                                                                                                                                                                                                                                                                        |                       | Employer / Company Address:<br><u>1280 N. CONGRESS AVE # 101</u> |  |
| City:<br><u>WEST PALM BEACH</u>                                                                                                                                                                                                                                                                                                             | State:<br><u>FL</u>   | Zip Code:<br><u>33409</u>                                        |  |
| Employer Contact Name:<br><u>ANDRE RAYMAN</u>                                                                                                                                                                                                                                                                                               |                       | Contact Number:<br><u>561 655 1151</u>                           |  |
| Dates of Employment:<br>From: <u>07-01-2019</u> To: <u>02-07-2020</u>                                                                                                                                                                                                                                                                       |                       | Number of Hours Per Week:<br><u>40</u>                           |  |
| Did the applicant ever work on a part-time basis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                       |                       | Number of Hours Per Week:<br><u>4</u>                            |  |
| From: <u>07-01-2019</u>                                                                                                                                                                                                                                                                                                                     | To: <u>02-07-2020</u> |                                                                  |  |
| From: _____                                                                                                                                                                                                                                                                                                                                 | To: _____             |                                                                  |  |
| From: _____                                                                                                                                                                                                                                                                                                                                 | To: _____             |                                                                  |  |
| Total Months of Experience:<br>Routine (in months): <u>1</u> + Responsible Charge (in months): <u>7</u> = Total Months of Experience <u>7</u><br>If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above. |                       |                                                                  |  |
| Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant<br><u>RAN A FIELD CREW DURING THE FOLLOWING</u><br><u>1 BOUNDARY</u><br><u>2 TOPOGRAPHY</u><br><u>3 ROUTE SURVEYS</u><br><u>4 CONSTRUCTION STAKEOUT</u>                                                                                    |                       |                                                                  |  |
| Signature of licensed surveyor and mapper verifying experience<br><u>CHRISTOPHER A. RAYMAN</u>                                                                                                                                                                                                                                              |                       | Date<br><u>12-31-2020</u>                                        |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

THIS FORM IS TO BE COMPLETED BY FORMER OR CURRENT EMPLOYER VERIFYING WORK EXPERIENCE.  
Make additional copies as needed.



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services  
**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                            |                     |                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Mario Dominic Battaglia                                                                                                                                                                                                                                                                                          |                     | <b>Title:</b><br>Crew Chief                                                      |  |
| <b>Employer / Company Name:</b><br>Atlas Surveying and Mapping Inc                                                                                                                                                                                                                                                                         |                     | <b>Employer / Company Address:</b><br>612 Skylake Drive                          |  |
| <b>City:</b><br>West Palm Beach                                                                                                                                                                                                                                                                                                            | <b>State:</b><br>FL | <b>Zip Code:</b><br>33415 - 3639                                                 |  |
| <b>Employer Contact Name:</b><br>Kenneth Drury                                                                                                                                                                                                                                                                                             |                     | <b>Contact Number:</b><br>561-640-4069                                           |  |
| <b>Dates of Employment:</b><br>From: 05-20-18 To*: 07-03-19                                                                                                                                                                                                                                                                                |                     | <b>Number of Hours Per Week:</b><br>40                                           |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                               |                     | <b>Number of Hours Per Week:</b>                                                 |  |
| From: _____                                                                                                                                                                                                                                                                                                                                | To: _____           | _____                                                                            |  |
| From: _____                                                                                                                                                                                                                                                                                                                                | To: _____           | _____                                                                            |  |
| From: _____                                                                                                                                                                                                                                                                                                                                | To: _____           | _____                                                                            |  |
| <b>Total Months of Experience:</b><br>Routine (in months): _____ + Responsible Charge (in months): 14 = <b>Total Months of Experience</b> 14<br>If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above. |                     |                                                                                  |  |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                                                                                                                                                                    |                     |                                                                                  |  |
| Leader of a crew in Construction staking, Route Surveys, Paving, Drainage, and Sanitary Asbuilts, Topogrphical/Tree/ALTA/Flood Certificates, Reconnaissance/Planning, Finding /Setting Control, Field Adjustments/Balancing Control, Training Field Personnel                                                                              |                     |                                                                                  |  |
| KENNETH DRURY LS6084<br>Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                                                                                                                                       |                     | [Signature]<br>Signature of licensed surveyor and mapper<br>verifying experience |  |
| Sealed                                                                                                                                                                                                                                                                                                                                     |                     | Date<br>1-11-2025                                                                |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



**NCEES**

## VERIFICATION OF EXAMINATION

**Battaglia, Mario**  
**(23-961-04)**

mariodbattaglia@gmail.com  
DOB: 02/02/1985

### EXAMS

| Exam     | Hours | Exam Date   | Verification                                            |
|----------|-------|-------------|---------------------------------------------------------|
| NCEES FS | 6     | August 2024 | Verified by NCEES on behalf of California on 08/14/2024 |



**NCEES**

## VERIFICATION OF EXAMINATION

**Battaglia, Mario**  
**(23-961-04)**

mariodbattaglia@gmail.com  
DOB: 02/02/1985

### EXAMS

| Exam     | Hours | Exam Date | Verification                                            |
|----------|-------|-----------|---------------------------------------------------------|
| NCEES PS | 7     | June 2025 | Verified by NCEES on behalf of California on 06/18/2025 |



# Application Summary

## Application

Name: **BECK, SCOTT**

DTN: **4257737**

Address: **58 RIDGEBROOK DR., WEST HARTFORD, CT 06107**

Type: **BPSM - Individual New - Initial License**

Received: **05/07/2026**

Fees Paid:

**\$255.00**

## Education

|    |                                                                                      |                 |
|----|--------------------------------------------------------------------------------------|-----------------|
| 1. | Institution: <b>PLYMOUTH STATE UNIVERSITY 17 HIGH STREET PLYMOUTH, NEW HAMPSHIRE</b> | <b>2012</b>     |
|    | Degree: <b>03264</b>                                                                 |                 |
|    | Foreign: <b>MASTERS</b>                                                              |                 |
|    | Major: <b>APPLIED METEOROLOGY</b>                                                    |                 |
|    | Enrolled: <b>No</b>                                                                  | <b>Verified</b> |
| 2. | Institution: <b>UNIVERSITY OF VERMONT BURLINGTON, VERMONT</b>                        | <b>2010</b>     |
|    | Degree: <b>NONE</b>                                                                  |                 |
|    | Foreign: <b>No</b>                                                                   |                 |
|    | Major: <b>GENERAL COURSEWORK</b>                                                     |                 |
|    | Enrolled: <b>No</b>                                                                  | <b>Verified</b> |
| 3. | Institution: <b>UNIVERSITY OF VERMONT 655 SPEAR STREET BURLINGTON, VERMONT 05405</b> | <b>2010</b>     |
|    | Degree: <b>BACHELORS</b>                                                             |                 |
|    | Foreign: <b>No</b>                                                                   |                 |
|    | Major: <b>POLITICAL SCIENCE</b>                                                      |                 |
|    | Enrolled: <b>No</b>                                                                  | <b>Verified</b> |
| 4. | Institution: <b>UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA 32611</b>                 | <b>2008</b>     |
|    | Degree: <b>NONE</b>                                                                  |                 |
|    | Foreign: <b>No</b>                                                                   |                 |
|    | Major: <b>GENERAL COURSEWORK</b>                                                     |                 |
|    | Enrolled: <b>No</b>                                                                  | <b>Verified</b> |

## Out-of-State Licenses

|    |                           |                               |                                   |
|----|---------------------------|-------------------------------|-----------------------------------|
| 1. | License: <b>LS70508</b>   | Issued On: <b>11/01/2020</b>  | Issuing State: <b>Connecticut</b> |
|    | Laws/Rules: <b>No</b>     | Expires On: <b>01/31/2027</b> | Obtained By: <b>Examination</b>   |
|    | Good Standing: <b>Yes</b> |                               | <b>Verified</b>                   |

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u>                         |
|-----------------------------------------|----------------------|---------------------|----------------------------------------|
| Online App Recd. Data Updated by System | 05/13/2026           | REGENIA LEE         |                                        |
| New Documents Received. Please look.    | 05/13/2026           | REGENIA LEE         |                                        |
| Fees Validated Correctly                | 05/12/2026           | SYSTEM CSTRACK      |                                        |
| Fees Cashiered                          | 05/12/2026           |                     |                                        |
| Letter - LS Complete                    | 05/11/2026           | REGENIA LEE         |                                        |
| Application Received                    | 05/11/2026           | REGENIA LEE         |                                        |
| Enter/Update Person Details             | 05/11/2026           | REGENIA LEE         |                                        |
| Education Verified                      | 05/11/2026           | REGENIA LEE         | TRANSCRIPTS VERIFIED BY NCEES          |
| Experience Verified                     | 05/11/2026           | REGENIA LEE         | EXPERIENCE VERIFIED BY NCEES           |
| Out of State License Verified           | 05/11/2026           | REGENIA LEE         | OUT OF STATE LICENSE VERIFIED BY NCEES |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

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FL Only

850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

Application Type

Highest Degree

Document Tracking No#

**Initial Examination**

**Graduate School 2 Years**

**4257737**

Application Date

**05/07/2026 06:08:06 PM**

**APPLICANT INFORMATION**

First Name

**Scott**

Middle Initial

**E**

Last Name

**Beck**

Date of Birth

**11/9/1987**

Race

**White or Caucasian**

Social Security Number

Home Address

**58 Ridgebrook Dr.**

**West Hartford, Connecticut, 06107, USA**

Mailing Address

**58 Ridgebrook Dr.**

**West Hartford, Connecticut, 06107, USA**

Email address

**Scottbeck.e@protonmsol.com**

Home Phone

Cellular Phone

**203-308-1080**

Business Phone

**860-249-1346**

Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

1. InstitutionName:

**Santa Fe College**

Degree:

**NA**

Graduation Year:

**2007**

Location:

**Gainesville, Florida, USA**

Currently Enrolled:

**NO**

Anticipated Graduation Date:

2. InstitutionName:

**University of Florida**

Degree:

**NA**

Graduation Year:

**2008**

Location:

**Gainesville, Florida, USA**

|                            |                                     |
|----------------------------|-------------------------------------|
| CurrentlyEnrolled:         | <b>NO</b>                           |
| AnticipatedGraduationDate: |                                     |
| 3. InstitutionName:        | <b>University of Vermont</b>        |
| Degree:                    | <b>Bachelor of Arts</b>             |
| GraduationYear:            | <b>2010</b>                         |
| Location:                  | <b>Burlington, Vermont, USA</b>     |
| CurrentlyEnrolled:         | <b>NO</b>                           |
| AnticipatedGraduationDate: |                                     |
| 4. InstitutionName:        | <b>Plymouth State University</b>    |
| Degree:                    | <b>Master of Science</b>            |
| GraduationYear:            | <b>2012</b>                         |
| Location:                  | <b>Plymouth, New Hampshire, USA</b> |
| CurrentlyEnrolled:         | <b>NO</b>                           |
| AnticipatedGraduationDate: |                                     |

### CRIMINAL/CIVIL LETIGATION INFORMATION

#### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No**
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

### LICENSURE HISTORY INFORMATION

#### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. **No**
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? **No**



1. Title: **Survey Technician**  
Company Name: **Coler and Colantonio - A CHA Company**  
Company Address: **3 Winners Circle**  
**Albany, New York, 12205, USA**  
Employment From Date: **02/01/2013**  
Employment To Date: **08/31/2013**  
Hours Per Week: **50**

Total Work Experience (in Months) : **6**  
Responsible Charge Exp (in Months) : **3**

Experience Summary: **See NCEES record**

2. Title: **Geomatics Technician**  
Company Name: **Towill Inc**  
Company Address: **2300 Clayton Rd #1200**  
**Concord, California, 94520, USA**  
Employment From Date: **09/01/2013**  
Employment To Date: **12/31/2014**  
Hours Per Week: **40**

Total Work Experience (in Months) : **16**  
Responsible Charge Exp (in Months) : **0**

Experience Summary: **See NCEES record**

3. Title: **Senior Land Technician**  
Company Name: **Pacific Gas and Electric Company**  
Company Address: **2730 Gateway Oaks Drive**  
**Sacramento, California, 95833, USA**  
Employment From Date: **01/01/2015**  
Employment To Date: **01/31/2019**  
Hours Per Week: **40**

Total Work Experience (in Months) : **49**  
Responsible Charge Exp (in Months) : **16**

Experience Summary: **See NCEES record**

4. Title: **Party Chief**  
Company Name: **BSC Group**  
Company Address: **180 Glastonbury Blvd**  
**Glastonbury, Connecticut, 06033, USA**  
Employment From Date: **02/01/2019**  
Employment To Date: **04/01/2019**  
Hours Per Week: **40**

Total Work Experience (in Months) : **2**  
Responsible Charge Exp (in Months) : **2**

Experience Summary: **See NCEES record**

5. Title: **Transportation Engineer 3**  
Company Name: **Connecticut Department of Transportation**

CompanyAddress: **2300 Berin Turnpike**  
**Newington ,Connecticut,06111,USA**

EmploymentFromDate: **05/08/2020**

EmploymentToDate: **05/07/2026**

HoursPerWeek: **40**

Total Work Experience (in Months) : **72**

Responsible Charge Exp (in Months) : **72**

ExperienceSummary: **See NCEES record**

6. Title: **Principal Surveyor**  
Company Name: **Becksight Land Surveying**  
CompanyAddress: **58 Ridgebrook Drive**  
**West Hartford,Connecticut,06107,USA**  
EmploymentFromDate: **01/01/2026**  
EmploymentToDate: **05/07/2026**  
HoursPerWeek: **20**

PartTime: **YES**

| PartTime FromDate | PartTime ToDate   | PartTime Week Hours |
|-------------------|-------------------|---------------------|
| <b>01/01/2026</b> | <b>05/07/2026</b> | <b>20</b>           |

Total Work Experience (in Months) : **2**

Responsible Charge Exp (in Months) : **2**

ExperienceSummary: **See NCEES record**

#### EXAMINATION INFORMATION

|                          |                                 |                           |
|--------------------------|---------------------------------|---------------------------|
| Exam Passed : <b>YES</b> | StateBoard : <b>California</b>  | Year Passed : <b>2016</b> |
| Exam Passed : <b>YES</b> | StateBoard : <b>Connecticut</b> | Year Passed : <b>2020</b> |
| Exam Passed : <b>NO</b>  | StateBoard :                    | Year Passed :             |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Scott Beck**

Signature Date: **5/7/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

**WORK EXPERIENCE**

State of Connecticut Department of  
Transportation  
Connecticut (United States)  
Transportation Engineer 3 (Land  
Surveyor)  
May 2020—April 2026

Verified by  
**David J Fox**  
david.j.fox@ct.gov

Experience Summary  
**Full Time**  
**Surveying: 5 years, 11 months**  
**Experience under licensed surveyor:**  
**5 years, 11 months**

**TASKS**

I supervise the daily operations of the Geodetic Survey Unit, where I am responsible for maintaining Connecticut's horizontal and vertical control networks. In addition to my state duties, I serve as a voluntary NGS co-coordinator, facilitating collaborative geodetic initiatives between the state and NGS.

I am leading the state's transition to the modernized National Spatial Reference System (NSRS), including NAD83 and NAPGD22. I have been instrumental in this transition by writing and collaborating with stakeholders on state legislation necessary to adopt the new reference frames. I continue planning for CTDOT's migration to the new system to ensure departmental data remains geodetically sound.

I have been instrumental in modernizing agency standards, specifically through the development of the CTDOT GNSS Standards and Procedures Manual and a comprehensive revision of the State Location Survey Manual. In these updates, I successfully formalized the transition from legacy linear closure requirements to Least Squares network adjustment methodology, establishing a more rigorous statistical approach to positional uncertainty. I also authored the department's technical specifications for photogrammetry and LiDAR data acquisition and control requirements.

As a licensed land surveyor, I have performed complex title search analysis, right-of-way (ROW) determinations, and boundary updates. My responsibilities have included preparation and drafting of CTDOT property maps for acquisitions and releases.

Furthermore, I provide high-level technical support and training for surveying equipment (GNSS, LiDAR, drones, total station), GIS, CTDOT field procedures, and surveying software. I manage the development of standard operating procedures for emerging technologies, including drone-based data collection, also ensuring that non-survey personnel adhere to professional accuracy standards.

**REPRESENTATIVE PROJECTS**

**Project 1: Modernization of State Surveying Standards (2024-2026, Newington, CT)**

I managed comprehensive revision of the CTDOT Location Survey Manual and the development of the GNSS Standards and Procedures Manual. My primary role was the technical design of a new accuracy framework, moving the Department away from legacy linear closure ratios toward statistical Least Squares network adjustment.

I formulated the requirement for positional uncertainty thresholds based on individual point allowances rather than vector baselines, ensuring high quality and repeatable standards. I also authored the specifications for photogrammetry and LiDAR, and established the standard operating procedures for drone-based data collection by survey and non-survey personnel. This project illustrates my role in defining state-level technical surveying policy.

**Project 2: Connecticut State Line Perambulation (2024-present, Litchfield, Hartford, Tolland, and Windham Counties, CT)**

In this decennial project, I serve as the lead supervisor overseeing the recovery and maintenance of the state boundary. My role involves the logistical coordination of field crews to bring all state line monuments to survey-grade precision using high-precision GNSS hardware and total stations.

I manage the technical implementation of coordinate adjustment and the physical restoration of monuments. This project also requires high-level coordination with neighboring state agencies and surveyors.

**Project 3: Terrestrial LiDAR Implementation & Educational Outreach (2022-2025, Newington, CT)**

I helped lead an initiative to modernize CTDOT's data acquisition capabilities by advocating for the integration of terrestrial LiDAR

technology. I conducted extensive educational outreach across the department, demonstrating how the use of LiDAR would significantly enhance survey accuracy while drastically improving personnel safety by reducing exposure to roadway traffic. This advocacy was instrumental in the successful procurement of RIEGL VZ-600i scanners for the district survey units.

I developed rigorous control standards for point cloud registration to ensure that all scanned data integrated properly into project control. I assisted in training on TopoDOT and mentored staff on the complex processes of feature extraction and 3D modeling. By creating standardized workflows, I ensured that district crews could transform raw scan data into usable deliverables for engineers.

#### Project 4: Larkin State Park Emergency Washout & Boundary Recovery (Fall 2024, Southbury, CT)

Following the washouts in August 2024, I managed the survey work on behalf of the Connecticut Department of Energy and Environmental Protection (DEEP) to document a large washout area at Larkin State Park. I directed a survey crew in collecting survey-grade topography and imagery using a terrestrial scanner and drone photogrammetry to support engineering repairs.

I was responsible for planning the ground control and ensuring the data from both the scanner and the drone were correctly registered and combined into a single topographic model. During the field work, I led the effort to locate original railroad centerline monumentation. Although adjacent private surveys had failed to find these markers in the past, my crew successfully recovered them through a deliberate methodological approach and research.

By locating this monumentation, I was able to accurately calculate and depict the DEEP boundary line. This provided a more definitive property location than previous surveys of the area, ensuring the state's property rights were correctly represented for the restoration project.



VERIFICATION

**Work Experience**  
State of Connecticut Department of  
Transportation  
Connecticut (United States)  
May, 2020 — Apr. 2026

**Verifier**  
David J Fox  
DAVID.J.FOX@CT.GOV  
(860) 594-2518

**Verification Date**  
04/20/2026 11:35am EDT



VERIFIER INFO

**Position in firm**  
Transportation Supervising Engineer

**Relationship**  
Supervisor

**Licensed engineer**  
No

**Known applicant**  
Six Years

**Related to applicant**  
No

|                          |             |
|--------------------------|-------------|
| <b>Licensed surveyor</b> |             |
| <b>Board</b>             | Connecticut |
| <b>License Number</b>    | 0070325     |
| <b>Date of Licensure</b> | 10/29/2009  |



EXPERIENCE DESCRIPTION

|                                                                                                 |     |
|-------------------------------------------------------------------------------------------------|-----|
| <b>Knowledge of the applicant's work during the time covered by this endorsement</b>            | Yes |
| <b>The description above accurately reflects the work personally performed by the applicant</b> | Yes |
| <b>The time claimed by the applicant for this experience accurate</b>                           | Yes |



COMMENTS

Ø None

## WORK EXPERIENCE

BSC Group  
Connecticut (United States)  
Party Chief  
February 2019—April 2019

Verified by  
**Michael Charles Healey**  
mhealey@bscgroup.com

Experience Summary  
**Full-Time**  
**Surveying: 2 months**  
**Experience under licensed surveyor:  
2 months**

 TASKS

- Led crew and operated total station for boundary resolution and monumentation of electric transmission corridor
- Calculated and drafted maps using Civil 3D
- Performed topographic and as-built surveys

 REPRESENTATIVE PROJECTS

## Eversource Right-of-Way Monumentation – 2019

Established horizontal and vertical control for a large-scale electric transmission corridor project in Massachusetts. Performed closed-loop traverses and control adjustments to support tower as-built surveys, future structure staking, and permanent right-of-way monumentation.

Collected as-built data on transmission structures using total station, verifying structure locations relative to the established control network and right-of-way limits. Calculated and projected proposed staking coordinates for future phases of construction and monument placement.

During additional project phases, conducted boundary reconnaissance and located existing right-of-way and fee boundary evidence, including monuments, lines of occupation, and record references, to confirm corridor limits and support accurate retracement.

## Eversource Property Acquisition – 2019

Performed deed and subdivision map research to retrace and resolve a parcel targeted for utility acquisition. Analyzed record descriptions, adjoiner deeds, and filed plans to determine boundary geometry and identify controlling evidence.

Computed search coordinates from record data and directed the field crew in locating and evaluating boundary evidence. Utilized Civil 3D for coordinate geometry (COGO) calculations, parcel reconstruction, and preparation of field exhibits. Conducted field verification of monuments and occupation lines, reconciling record and measured data to support defensible boundary determination for acquisition purposes.

VERIFICATION

**Work Experience**  
BSC Group  
Connecticut (United States)  
Feb. 2019 — Apr. 2019

**Verifier**  
Michael Charles Healey  
mhealey@bscgroup.com  
(860) 377-9901

**Verification Date**  
04/15/2026 12:20pm EDT

 VERIFIER INFO

**Position in firm**  
Party Chief

**Relationship**  
Supervisor

**Licensed engineer**  
No

**Known applicant**  
3 months

**Related to applicant**  
No

|                          |             |
|--------------------------|-------------|
| <b>Licensed surveyor</b> |             |
| <b>Board</b>             | Connecticut |
| <b>License Number</b>    | LSX 17247   |
| <b>Date of Licensure</b> | 06/11/1991  |

 EXPERIENCE DESCRIPTION

|                                                                                                 |     |
|-------------------------------------------------------------------------------------------------|-----|
| <b>Knowledge of the applicant's work during the time covered by this endorsement</b>            | Yes |
| <b>The description above accurately reflects the work personally performed by the applicant</b> | Yes |
| <b>The time claimed by the applicant for this experience accurate</b>                           | Yes |

 COMMENTS

 None

## WORK EXPERIENCE

*Pacific Gas & Electric Company  
California (United States)  
Senior Land Technician  
January 2015—February 2019*

Verified by  
**Scot D Wilson**  
sdwd@pge.com

### *Experience Summary*

#### **Full-Time**

**Surveying: 4 years, 1 month**

**Experience under licensed surveyor:  
4 years, 1 month**

## TASKS

- Survey and document electric, gas, and hydro-electric infrastructure data (towers, poles, substations, topography, plan and profile, rights-of-way, as-builts) for land rights, engineering, and risk analysis using Microstation, AutoCad, Civil 3D, ArcGIS, and Topodot
- Incorporate land records into Land Spatial Tool GIS
- Conduct title research, make boundary determinations under licensed surveyors, and write easements
- Identify encroachments into PG&E rights-of-way and determine proper action plans for mitigation
- Provide recommendations on use, easement requirements, records of survey, and deed writing related to acquisition and sale of PG&E property

Chief of Party (Rotational from November 2017 to November 2018)

- Operate Trimble GPS, Trimble Total Stations, Trimble DiNi Level, Riegl VZ 400i scanner, and Leica
- Robotic Total Stations while safely managing activity of field crew
- Utilize RiScan Pro and Trimble Business Center to register and adjust field data to control networks
- Locate and measure boundary evidence, perform easement and construction staking, conduct topographic survey, and represent company professionally to public and project stakeholders

Previously held titles of routine Land Technician (overlapping with Chief of Party rotation from July 2015 to February 2018) and Mapping Technician (January 2016 to July 2015)

## REPRESENTATIVE PROJECTS

In these positions, I have applied the principles of boundary resolution and research, operated and trained others on field instruments from scanners to GPS to total station, and have become proficient in a variety of post-processing and mapping software.

On a Community Pipeline Safety Initiative projects, I researched the necessary field work that would allow confident placement of the easement and any boundary it was tied to. On one such project in Stockton, I researched the easement and boundary, performed the fieldwork which involved GPS and a repeater, and provided the project surveyor with evidence of possession and backup monumentation. I mapped this project according to specifications and reviewed the boundary determination with the surveyor.

On another project of a gas well site, I recalculated a search coordinate for a public lands section corner, which the utility's fee parcel was tied to. A previous survey had determined this corner was no longer in place, but there wasn't enough other evidence for me to feel comfortable with the resolution. Upon recalculating the corner, my team found the monument, which confirmed our placement.

For Records of Survey related to hydro and reservoir projects, I acted as Chief of Party. I found and measured the location of PLSS section corners with GPS, and I set control where necessary to collect their locations via total station. I performed research in advance of this work so I would know when monuments were set and found. Where corners were not found, I located the relevant quarter corners in order to recalculate these positions through single and double proportion methods. I documented all measurements and took photographs. I documented disturbed corners and notified the project surveyor of possible evidence of possession. My field work was used in the final mapping.

Related to the wildfires in California, I planned and coordinated the staking of gas and electric laterals along select property lines in the affected subdivisions. I collected the subdivision documentation necessary for calculating offsets to the laterals along the property lines. I provided these calculated points, and lead the field crew to stake them. Where the property line was not

perpendicular to the road right of way, I provided line-only stakes and notified the construction foreman of this method.

I performed dam monitoring by using a Lieca instrument and collecting angles and distance from a number of setups to benchmarks along the dams and spillways. Elevations were compared to years past by running level loops to all of these monuments with a digital level. I also helped convert assumed (internal datum) coordinates of these benchmarks to state plane by collecting GPS static and RTK data and then adjusting to CORS. The internal coordinates for these benchmarks was then translated by me to the state plane solution. This was done to allow for easier location of the benchmarks in the future.

Lastly, I quickly became oriented with registering LiDAR data, which I then tied into conventional data and created plan and profile exhibits of dam spillways. I was able to instill confidence that this data was properly adjusted to existing survey control, and I used a variety of processing tools (RiScan and Topodot) to quickly and accurately extract topographic data. On these projects, I largely worked independently to create datum statements and create exhibits and DTMs.

VERIFICATION

Work Experience

Pacific Gas & Electric Company  
California (United States)  
Jan. 2015 — Feb. 2019

Verifier

Scot D Wilson  
sdwd@pge.com  
(916) 203-4862

Verification Date

02/13/2019 11:48am EST



VERIFIER INFO

Position in firm

Principal Land Surveyor

Relationship

Scott Beck worked under my direction on survey projects

Licensed engineer

No

Known applicant

3 years 8 months

Related to applicant

No

Licensed surveyor

Board

California

License Number

L6424

Date of Licensure

05/01/1990



EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



COMMENTS

Scott worked under my direction for 3 years and 8 months, however I have knowledge of his work for the remaining 5 months where Scott worked at the same company (PG&E) but in a different department where he did mapping and surveying work.



**WORK EXPERIENCE**

Towill, Inc.  
California (United States)  
Geomatics Technician  
September 2013—January 2015

Verified by  
**John T May**  
john.may@towill.com

*Experience Summary*  
**Full-Time**  
**Surveying: 1 year, 4 months**  
**Experience under licensed surveyor:**  
**1 year, 4 months**

 **TASKS**

- Conducted geographic data analysis, utility mapping, property mapping, data migration, and terrain modeling using ArcGIS, TerraScan, MicroStation, and AutoCAD
- Mapped overhead and underground electric infrastructure and extracted coordinates of system features using LiDAR and traditional survey data
- Performed geospatial tool development and workflow automation using Python and ModelBuilder
- Assisted field survey as necessary, including use of total stations and RIEGL laser scanners

 **REPRESENTATIVE PROJECTS**

When I began at Towill, I had no experience with survey-grade LiDAR and orthophotography. I began by analyzing point clouds of transmission electric corridors, and I identified attachment points and the location of shield wires and conductors. I also produced topographic maps from this survey data and included contours from DTMs I produced (after extracting break lines as needed). I developed tools to identify vegetation within a certain distance of the conductors. Over time, I learned how to use ground control to ensure the precision of the point clouds and orthos.

During my time, I became acquainted with the language in grant deeds of California, including public lands' descriptions and metes and bounds. I created plats with record geometry, and learned how to incorporate record and measured information with monuments surveyed in the field. I drafted and labeled property lines and showed monuments found, set, and not found.

I also learned the operation of a Leica scanner, and worked with a team to determine best practice of using targets and control with the instrument. I was able to compare results of the Leica scanner with that of a Total Station's check shots on certain features such as building corners.

On a project conducted for the US Army Corp of Engineers, I developed a geodatabase from field survey data to include overhead and underground utilities downstream of a dam. I used record parcel information to create a topology of parcels in the area, and I provided grant deed and ownership information in the database. Record information was confirmed with as-surveyed property corners.

On another project, I performed analysis of possible unexploded ordnances using orthophotography of areas of the California desert where the US military had performed weapons testing. I wrote a report to direct experienced personnel along with field surveyors to visit these sites to confirm the possible existence of the ordnances. This was a visual analysis based on patterns as noted by experience and technical advice. Then, upon collection of data, I drafted and incorporated topographic mapping to my report.

I conducted a project to rubbersheet utility as-builts to the utilities as surveyed by using common points (manholes, edge of sidewalk, buildings). I developed the methodology and updated the surveyor as necessary on the results.

VERIFICATION

Work Experience

Towill, Inc.  
California (United States)  
Sep. 2013 — Jan. 2015

Verifier

John T May  
john.may@towill.com  
(510) 857-7143

Verification Date

02/15/2019 11:10am EST



VERIFIER INFO

Position in firm

Nor Cal Field Manager/ Senior Project Manager

Relationship

co-worker

Licensed engineer

No

Known applicant

Since Sept 2013

Related to applicant

No

Licensed surveyor

Board

California

License Number

L8570

Date of Licensure

12/01/2008



EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



COMMENTS

None



**WORK EXPERIENCE**

*Coler and Colantonio - A CHA  
Company  
California (United States)  
Survey Technician  
February 2013—August 2013*

*Verified by  
Eric J Poreda  
eporeda@chacompanies.com*

*Experience Summary***Full-Time****Surveying: 6 months****Experience under licensed surveyor:  
6 months****TASKS**

- Used Trimble R8 unit to collect underground and overhead utility data within PG&E right-of-way for use in GIS and performed quality control of underground pipeline location efforts for PG&E
- Safely managed survey crew of up to three members
- Collected topographic data and performed quality control of vendor survey measurements

**REPRESENTATIVE PROJECTS**

I began this position with little experience in data collection, and I quickly mastered the use of the TSC data collector and R8 GPS. After a few months, I was trusted to lead crews on my own in the fast-paced underground pipeline survey effort. I conducted safety briefings, was responsible for delivering data to the office, and learned proper techniques in field notes and data collection.

On one specific project surveying gas stubs and valve lots near Barstow, I set control and ran a base at multiple sites in order to collect RTK data of the valves.

I also located NGS monuments and ran static GPS on them in order to compare results of vendors who were tying into NGS monuments using virtual base stations from a subscription-based RTK network.

Although most of the surveying was GPS-based, at one site,<sup>82</sup> I used a Leica Total Station to measure the gasoline, which entered a warehouse.

VERIFICATION

Work Experience

Coler and Colantonio - A CHA  
Company  
California (United States)  
Feb. 2013 — Aug. 2013

Verifier

Eric J Poreda  
eporeda@chacompanies.com  
(617) 699-2555

Verification Date

02/13/2019 01:59pm EST



VERIFIER INFO

Position in firm

Survey Group Manager

Known applicant

6 months

Relationship

Scott worked on a project that I was overseeing as  
Survey Project Manager

Related to applicant

No

Licensed engineer

No

Licensed surveyor

Board

Massachusetts

License Number

41612

Date of Licensure

09/01/2000



EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



COMMENTS

None

**Beck, Scott**  
**(16-388-28)**scottbeck.e@protonmail.com  
DOB: 11/09/1987**LICENSES**

| Initial/Comity | Type | Number | Issue Date    | Expiration Date |
|----------------|------|--------|---------------|-----------------|
| Initial        | PS   | 70508  | November 2020 | January 2027    |

**EXAMS**

| Exam               | Hours | Exam Date    | Additional Information |
|--------------------|-------|--------------|------------------------|
| Non-NCEES State PS | 2     | July 2020    | CT State exam          |
| NCEES PS           | 7     | October 2020 | —                      |

**ADDITIONAL INFORMATION**

|                     |           |
|---------------------|-----------|
| Disciplinary Action | None      |
| Notes               | ⊘ Not Set |

**VERIFICATION****Verifier**  
Jane Hardy**Verification Date**  
03/02/2026 08:10am EST**Board**  
Connecticut Board of Examiners for Professional Engineers and  
Land Surveyors



**Beck, Scott**  
(16-388-28)

scottbeck.e@gmail.com  
DOB: 11/09/1987

### LICENSES

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
|----------------|------|--------|------------|-----------------|

⊘ Not licensed in jurisdiction

### EXAMS

| Exam | Hours | Exam Date | Additional Information |
|------|-------|-----------|------------------------|
|------|-------|-----------|------------------------|

|          |     |            |   |
|----------|-----|------------|---|
| NCEES FS | 6.0 | April 2016 | — |
|----------|-----|------------|---|

### ADDITIONAL INFORMATION

|                     |      |
|---------------------|------|
| Disciplinary Action | None |
|---------------------|------|

|       |          |
|-------|----------|
| Notes | LST 8576 |
|-------|----------|

### VERIFICATION

**Verifier**  
Janice Fowlks

**Verification Date**  
03/04/2019 01:29pm EST

**Board**  
California Board for Professional Engineers, Land  
Surveyors, and Geologists

**Beck, Scott**  
**(16-388-28)**scottbeck.e@gmail.com  
DOB: 11/09/1987**EXAMS**

| <b>Exam</b> | <b>Hours</b> | <b>Exam Date</b> | <b>Verification</b>                                      |
|-------------|--------------|------------------|----------------------------------------------------------|
| NCEES PS    | 7.0          | October 2020     | Verified by NCEES on behalf of Connecticut on 11/04/2020 |

# Application Summary

## Application

Name: **BENDELL, DEREK**

DTN: **4272798**

Address: **8789 CASCADE PRICE CIR, NORTH FORT MYERS, FL 33917-3815**

Type: **BPSM - Individual New - Initial License**

Received: **06/08/2026**

Fees Paid:

**\$255.00**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA** 2026  
 Degree: **BACHELORS** Major: **GEOMATICS**  
 Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 57**

**Responsible: 140**

1. Employer: **PLAN RIGHT SURVEYING 1228 LAFAYETTE AVENUE NORTH FORT MYERS, FLORIDA 33904**  
 Phone: **Unknown** From: **02/01/2017** To: **02/28/2025**  
 Reference: **JEFF STOUTEN, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **30** Qualified Mths: **84** **Verified**

2. Employer: **ARDURRA 1350 MARKET STREET, SUITE 205 NORTH FORT MYERS, FLORIDA 32312**  
 Phone: **239-673-9541** From: **01/01/2018** To: **06/17/2024**  
 Reference: **DON STOUTEN, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **27** Qualified Mths: **56** **Verified**

## Checklist

| <u>Items Required</u>             | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete              | 06/22/2026           | REGENIA LEE         |                |
| Experience Verified               | 06/22/2026           | REGENIA LEE         |                |
| Application Received              | 06/12/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency | 06/10/2026           | REGENIA LEE         |                |
| Fees Validated Correctly          | 06/10/2026           | REGENIA LEE         |                |
| Enter/Update Person Details       | 06/10/2026           | REGENIA LEE         |                |
| Education Verified                | 06/10/2026           | REGENIA LEE         |                |
| Fees Cashiered                    | 06/08/2026           |                     |                |





WILTON SIMPSON  
COMMISSIONER

# Florida Department of Agriculture and Consumer Services

## Division of Consumer Services

### BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS APPLICATION FOR LICENSURE BY EXAMINATION OR ENDORSEMENT

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Submit and Pay Online at:

www.FDACS.gov

- or -

Check or Money Order payable to  
FDACS and remit with application to:

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

☒ Initial Exam

☐ Temporary Certificate

☐ Endorsement Application

Name:

Derek Matthew Bendell

Suffix:

Date of Birth:

07 / 03 / 1981

\*\*Social Security Number:

[REDACTED]

Home Address (if applicable please include suite, apartment and/or unit numbers):

8789 Cascade Price Circle

City:

North Fort Myers

State:

FL

Zip Code:

33917

County (if address is in Florida):

Lee

Country:

USA

☒ Please check if mailing address is the same as home address. If not:

Mailing Address (if applicable please include suite, apartment and/or unit numbers):

City:

State:

Zip Code:

County (if address is in Florida):

Country:

Email Address:

hbduckboats@gmail.com

\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472.015, Florida Statutes. Social Security numbers are not a public record under Florida law.

F & A Use Only

AND ACCOUNTING  
BUREAU OF FINANCE

JUN 0 8 2026

DEPT OF AGRICULTURE  
AND CONSUMER SERVICES

Org Code: 42 10 08 01 000

EO: A2

Object Code: 001266

\$125

Object Code: 002230

\$125

42100802000 / 001256

\$5

DTN/FAID: 4272798

24-87922574-0001

255.00 06/08/2024

11614991275

**Contact Number(s):**(       )       -        
Home Phone( 763 ) 274 - 9700  
Cellular Phone(       )       -        
Business Phone(       )       -        
Facsimile**PRIOR NAME INFORMATION**

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes    ☒ No

If you answered yes, please provide name(s) below:

Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

**EDUCATION HISTORY****Highest Grade Completed (Please check one):**

High School:

College:

Graduate School:

☐1 ☐2 ☐3 ☒4☐1 ☐2 ☐3 ☒4☐1 ☐2

| Name and Address of Schools, Colleges, or Universities Attended | Year of Graduation | Degree and Major       | Currently enrolled?<br><i>If Yes*, date of anticipated graduation.</i>     | Foreign School<br><i>Was your school located overseas?</i> |
|-----------------------------------------------------------------|--------------------|------------------------|----------------------------------------------------------------------------|------------------------------------------------------------|
| Wayzata H.S.                                                    | 1999               | H.S. Diploma           | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Florida Southwestern                                            | 2019               | A.S. Civil Engineering | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| University of FL                                                | 2026               | B.S. Geomatics         | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|                                                                 |                    |                        | <input type="checkbox"/> Yes* <input type="checkbox"/> No ____*            | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

**BACKGROUND INFORMATION**

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. ☐ Yes ☒ No
- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No



- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

**State / Governmental agency which brought the action:**

**Nature of conviction, judgment, order, or action:**

**Date of Action** \_\_\_\_\_ **Docket Number:** \_\_\_\_\_ **Have all sanctions been satisfied?**  
☒ Yes ☒ No

**Description:**

## OUT OF STATE LICENSES

Please list all your out of state licenses (attach additional sheets if necessary).

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>State 1</b> | <b>a. Issuing State:</b> _____ <b>License Number:</b> _____ <b>Expiration Date:</b> _____<br><b>Original Issue Date:</b> _____                                                                                                                                                                                                                                                                                                                                                                             |
|                | <b>b. License obtained by:</b><br><input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                  |
|                | <b>c. Was a licensure exam taken?</b><br><input type="checkbox"/> Yes* <input type="checkbox"/> No<br><b>* If Yes:</b><br><b>Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?</b><br>If so, please select the examination(s) completed:<br><input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)<br>Please select if the examination(s) was a state exam: <input type="checkbox"/> |
|                | <b>d. Is the license in good standing?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No*<br><b>* If No, please provide explanation:</b>                                                                                                                                                                                                                                                                                                                                                     |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>State 2</b> | <b>a. Issuing State:</b> _____ <b>License Number:</b> _____ <b>Expiration Date:</b> _____<br><b>Original Issue Date:</b> _____                                                                                                                                                                                                                                                                                                                                                                                     |
|                | <b>b. License obtained by:</b><br><input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                          |
|                | <b>c. Was a licensure exam taken?</b><br><input type="checkbox"/> Yes* <input type="checkbox"/> No<br><br><b>* If Yes:</b><br><b>Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?</b><br>If so, please select the examination(s) completed:<br><input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)<br><br>Please select if the examination(s) was a state exam: <input type="checkbox"/> |
|                | <b>d. Is the license in good standing?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No*<br><br><b>* If No, please provide explanation:</b>                                                                                                                                                                                                                                                                                                                                                         |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

### EMPLOYMENT HISTORY

A specific experience record is required for licensure as a surveyor and mapper. The experience must be as a subordinate to a licensed surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

**Please list all your previous employers where you have gained experience as a surveyor and mapper (attach additional sheets as necessary):**

|                   |                                                                                                                                                                                                                                                              |                                                          |                                         |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|
| <b>Employer 1</b> | <b>Employer / Company Name:</b><br>Plan Right Surveying                                                                                                                                                                                                      | <b>Employer / Company Address:</b><br>1228 Lafayette Ave |                                         |
|                   | <b>City:</b><br>North Fort Myers                                                                                                                                                                                                                             | <b>State:</b><br>FL                                      | <b>Zip Code:</b><br>33917 -             |
|                   | <b>Supervisor's Name:</b><br>Jeff Stouten                                                                                                                                                                                                                    | <b>License Number:</b>                                   | <b>Contact Number:</b><br>(239)292 7773 |
|                   | <b>Dates of Employment:</b><br>From: February 2025    To: Current                                                                                                                                                                                            | <b>Number of Hours Per Week:</b><br>40                   |                                         |
|                   | <b>Did you ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                           |                                                          | <b>Number of Hours Per Week:</b>        |
|                   | From: _____    To: _____                                                                                                                                                                                                                                     | _____                                                    |                                         |
|                   | From: _____    To: _____                                                                                                                                                                                                                                     | _____                                                    |                                         |
|                   | From: _____    To: _____                                                                                                                                                                                                                                     | _____                                                    |                                         |
|                   | <b>Total Months of Experience:</b><br>Routine (in months): 15    Responsible Charge (in months): 15                                                                                                                                                          |                                                          |                                         |
|                   | <b>Summary of Experience</b><br>Party Chief (DOT, Boundary, Construction, Drafting). Aerial Planning & Processing. Aerial Data Collection (Photogrammetry/Lidar). Point Cloud Classification & Deliverables. Engineering & Design surveys. Land Development. |                                                          |                                         |



Employer 2

|                                                                                                                    |  |                                                                          |                             |
|--------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|-----------------------------|
| <b>Employer / Company Name:</b><br>Ardurra (Formerly Stouten Cramer)                                               |  | <b>Employer / Company Address:</b><br>324 Nicholas Parkway West Suite: A |                             |
| <b>City:</b><br>Cape Coral                                                                                         |  | <b>State:</b><br>FL                                                      | <b>Zip Code:</b><br>33991 - |
| <b>Supervisor's Name:</b><br>Don Stouten                                                                           |  | <b>License Number:</b>                                                   | <b>Contact Number:</b>      |
| <b>Dates of Employment:</b><br>From: May 2018 To: January 2025                                                     |  | <b>Number of Hours Per Week:</b><br>40                                   |                             |
| <b>Did you ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <b>Number of Hours Per Week:</b>                                         |                             |
| From: To:                                                                                                          |  |                                                                          |                             |
| From: To:                                                                                                          |  |                                                                          |                             |
| From: To:                                                                                                          |  |                                                                          |                             |
| <b>Total Months of Experience:</b><br>Routine (in months): 71                                                      |  | Responsible Charge (in months): 59                                       |                             |
| <b>Summary of Experience</b>                                                                                       |  |                                                                          |                             |
| Rodman, I Man, Party Chief (DOT, Boundary, Construction, Drafting). Aerial Planning & Processing                   |  |                                                                          |                             |

EXAMINATION INFORMATION

Please complete the following:

|                                                                     |              |              |
|---------------------------------------------------------------------|--------------|--------------|
| <b>NCEES Fundamentals of Land Surveying (Part I).</b>               |              |              |
| Have you passed this exam?                                          | State Board: | Year Passed: |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Approved     | 2024         |
| <b>NCEES Principles and Practice (Part II)</b>                      |              |              |
| Have you passed this exam?                                          | State Board: | Year Passed: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |              |              |
| <b>Florida Jurisdictional 100 Item Multiple Choice (Part III)</b>   |              |              |
| Have you passed this exam?                                          | State Board: | Year Passed: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |              |              |

SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

**\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services immediately at 1-800-HELP-FLA (435-7352) or 850-410-3800.**

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature: DEREK BENDELL Date: 5-23-2025

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.





WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

**Applicant Name:** Derek Bendell **Title:** Remote Pilot/UAV Specialist

**Employer / Company Name:** Ardurra **Employer / Company Address:**

**City:** N Ft. Myers **State:** FL **Zip Code:** -

**Employer Contact Name:** Don Stouten **Contact Number:** (239)673-9541

**Dates of Employment:** From: 2018 To\*: current **Number of Hours Per Week:** 40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No **Number of Hours Per Week:**  
From: To:   
From: To:   
From: To:

**Total Months of Experience:**  
Routine (in months): 27 + Responsible Charge (in months): 56 = **Total Months of Experience** 86  
If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Rodman, I-Man, Party-Chief, aerial project planning & data collection. Processing & Deliverables.

**Donald D. Stouten** Digitally signed by Donald D. Stouten  
Date: 2024.05.18 07:19:58 -04'00'

Donald D. Stouten PSM 3839

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



Florida Department of Agriculture and Consumer Services

Division of Consumer Services

BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION

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A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term **"responsible charge"** means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                          |  |                                                          |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|-----------------------------|
| <b>Applicant Name:</b><br>Derek Matthew Bendell                                                                                                                                                                                                                                                                                          |  | <b>Title:</b><br>Party Chief / Aerial Project Manager    |                             |
| <b>Employer / Company Name:</b><br>Plan Right Surveying                                                                                                                                                                                                                                                                                  |  | <b>Employer / Company Address:</b><br>1228 Lafayette Ave |                             |
| <b>City:</b><br>N Ft. Myers                                                                                                                                                                                                                                                                                                              |  | <b>State:</b><br>FL                                      | <b>Zip Code:</b><br>33904 - |
| <b>Employer Contact Name:</b><br>Jeff Stouten                                                                                                                                                                                                                                                                                            |  | <b>Contact Number:</b>                                   |                             |
| <b>Dates of Employment:</b><br>From: Feb. 2017-Apr. 2023 & Feb. 2025 To*: Current                                                                                                                                                                                                                                                        |  | <b>Number of Hours Per Week:</b><br>40                   |                             |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                        |  | <b>Number of Hours Per Week:</b>                         |                             |
| From: _____ To: _____                                                                                                                                                                                                                                                                                                                    |  | _____                                                    |                             |
| From: _____ To: _____                                                                                                                                                                                                                                                                                                                    |  | _____                                                    |                             |
| From: _____ To: _____                                                                                                                                                                                                                                                                                                                    |  | _____                                                    |                             |
| <b>Total Months of Experience:</b><br>Routine (in months): 30 + Responsible Charge (in months): 84 = <b>Total Months of Experience</b> 114<br>If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above. |  |                                                          |                             |

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Party-Chief. Position of responsible charge since 2019 under Jeff & Don Stouten. Ardurra & PRS.

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

Date

Digitally signed by Jeffrey D Stouten  
Date: 2026.06.18 13:58:53 -0400

6/18/2026

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



# Application Summary

## Application

Name: **CAMPBELL, JON** DTN: **4262346**  
 Address: **2964 WHIRLAWAY TRAIL, TALLAHASSEE, FL 32309**  
 Type: **BPSM - Individual New - Initial License** Received: **05/13/2026** Fees Paid: **\$255.00**

## Education

|                                                                                                          |                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 1. Institution: <b>UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA 32611</b>                                  | <b>2025</b>                               |
| Degree: <b>CERTIFICATE</b>                                                                               | Major: <b>GIS</b>                         |
| Foreign: <b>No</b>                                                                                       | Enrolled: <b>No</b> <b>Verified</b>       |
| 2. Institution: <b>WESTERN GOVERNORS UNIVERSITY 4001 SOUTH 700 EAST, #700 SALT LAKE CITY, UTAH 84107</b> | <b>2025</b>                               |
| Degree: <b>BACHELORS</b>                                                                                 | Major: <b>SUPPLY CHAIN AND OPERATIONS</b> |
| Foreign: <b>No</b>                                                                                       | Enrolled: <b>No</b> <b>Verified</b>       |

## Experience

**Total: 8 Responsible: 97**

|                                                                                                     |                                               |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1. Employer: <b>A.D. PLATT &amp; ASSOC. INC. 2975 AMBER FERN WAY TALLAHASSEE, FLORIDA 32308 USA</b> |                                               |
| Phone: <b>Unknown</b>                                                                               | From: <b>04/01/2024</b> To: <b>05/08/2026</b> |
| Reference: <b>ALAN PLATT, LICENSED SURVEYOR</b>                                                     | Phone: <b>850-694-3712</b>                    |
| Months Exp: <b>0</b>                                                                                | Qualified Mths: <b>24</b> <b>Verified</b>     |
| 2. Employer: <b>S. STINSON &amp; ASSOC. INC. 147 JOHNNY ROAD LAMONT, FLORIDA 32336 USA</b>          |                                               |
| Phone: <b>Unknown</b>                                                                               | From: <b>01/07/2021</b> To: <b>03/07/2024</b> |
| Reference: <b>STEVEN STINSON, LICENSED SURVEYOR</b>                                                 | Phone: <b>850-518-8800</b>                    |
| Months Exp: <b>0</b>                                                                                | Qualified Mths: <b>38</b> <b>Verified</b>     |
| 3. Employer: <b>A.D. PLATT &amp; ASSOC. INC. 2975 AMBER FERN WAY TALLAHASSEE, FLORIDA 32308 USA</b> |                                               |
| Phone: <b>Unknown</b>                                                                               | From: <b>09/01/2014</b> To: <b>04/01/2018</b> |
| Reference: <b>ALAN PLATT, LICENSED SURVEYOR</b>                                                     | Phone: <b>850-694-3712</b>                    |
| Months Exp: <b>8</b>                                                                                | Qualified Mths: <b>35</b> <b>Verified</b>     |

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u> |
|-----------------------------------------|----------------------|----------------------|----------------|
| Letter - LS Complete                    | 05/21/2026           | REGENIA LEE          |                |
| Experience Verified                     | 05/21/2026           | REGENIA LEE          |                |
| Online App Recd. Data Updated by System | 05/19/2026           | REGENIA LEE          |                |
| New Documents Received. Please look.    | 05/19/2026           | REGENIA LEE          |                |
| Fees Validated Correctly                | 05/18/2026           | SYSTEM CSTRACK       |                |
| Fees Cashiered                          | 05/18/2026           | FINANCE & ACCOUNTING |                |
| Letter - LS Individual Deficiency       | 05/15/2026           | CSREPORTS CSREPORTS  |                |
| Education Verified                      | 05/15/2026           | REGENIA LEE          |                |
| Enter/Update Person Details             | 05/14/2026           | REGENIA LEE          |                |
| Application Received                    | 05/14/2026           | REGENIA LEE          |                |



WILTON SIMPSON

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

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Florida

Fax 850-410-3804

Application Type  
Highest Degree  
Document Tracking No#

**Initial Examination****College 4 Years****4262346**

Application Date

**05/13/2026 05:32:53 PM****APPLICATION TYPE****APPLICANT INFORMATION**

First Name  
Middle Initial  
Last Name  
Date of Birth  
Race  
Social Security Number  
Home Address  
Mailing Address  
Email address  
Home Phone  
Cellular Phone  
Business Phone  
Fax

**Jon****E****Campbell****4/20/1998****White or Caucasian****2964 Whirlaway Trail****Tallahassee, Florida, 32309, USA****2964 Whirlaway Trail****Tallahassee, Florida, 32309, USA****evan665.campbell@yahoo.com****850-755-8832****PRIOR NAME INFORMATION**Has Prior Name : **NO****EDUCATION HISTORY**

1. InstitutionName:  
Degree:  
GraduationYear:  
Location:  
CurrentlyEnrolled:  
AnticipatedGraduationDate:

**Western Governors University****Bachelor of Science****2025****Salt Lake City, Utah, USA****NO**

2. InstitutionName:  
Degree:  
GraduationYear:  
Location:

**University of Florida****Certificate Program****2026****Gainesville, Florida, USA**



CurrentlyEnrolled:

NO

AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were No placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, No possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

## LICENSURE HISTORY INFORMATION

## Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. No
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other No pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing No authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## EMPLOYMENT HISTORY

1. Title: **Party Chief**  
Company Name: **A.D. Platt & Assoc. Inc.**  
Company Address: **2975 AMBER FERN WAY**  
**Tallahassee, Florida, 32308, USA**  
Employment From Date: **09/01/2014**  
Employment To Date: **04/01/2018**  
Hours Per Week: **40**

Total Work Experience (in Months) : 43

Responsible Charge Exp (in Months) : 31

Experience Summary: The first year I was a rodman learning the basics. The rest of my time I was a crew chief performing boundary surveys, topographic surveys, utility surveys, large boundary retracement, elev



ation certificates, as-built surveys and residential construction staking. I became familiar using Leica and Topcon total stations, and had multiple helpers throughout this time. I performed field calculations, rotating and translating data points in order to accurately retrace boundaries. The majority of the field work performed at this time was smaller boundary surveys.

2. Title: **CADD Technician**  
 CompanyName: **S. Stinson & Assoc. Inc.**  
 CompanyAddress: **147 Johnny Road**  
**Lamont, Florida, 32336, USA**  
 EmploymentFromDate: **01/07/2021**  
 EmploymentToDate: **03/07/2024**  
 HoursPerWeek: **40**

Total Work Experience (in Months) : **38**  
 Responsible Charge Exp (in Months) : **38**

ExperienceSummary: **At S. Stinson & Associates, Inc. I was responsible with CADD drawings, office work, field preparation files, occasional field visits, field crew communication, and QA/QC work. This was 100% surveying work only. Most of the work I was a part of was large topographic surveys for engineers, route surveys, and rural boundary surveys.**

3. Title: **CADD Technician**  
 CompanyName: **A.D. Platt & Assoc. Inc.**  
 CompanyAddress: **2975 AMBER FERN WAY**  
**Tallahassee, Florida, 32308, USA**  
 EmploymentFromDate: **04/01/2024**  
 EmploymentToDate: **05/08/2026**  
 HoursPerWeek: **40**

Total Work Experience (in Months) : **24**  
 Responsible Charge Exp (in Months) : **24**

ExperienceSummary: **My role here is now more of a management role, and I am in charge of all large scale projects, including topographic surveys, ALTA surveys, plats, boundary line adjustments, lot splits, as-builts, construction stakeout, etc. I also perform field work as needed.**

#### EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Jon Campbell**

Signature Date: **5/13/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.





WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION

Chapter 472, Florida Statutes  
Rule 5J-17.02B(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-8500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

472.005(6), Florida Statutes. The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                            |  |                                                                      |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|---------------------------|
| <b>Applicant Name:</b><br>Jon Evan Campbell                                                                                                                                                |  | <b>Title:</b><br>CAD Technician                                      |                           |
| <b>Employer / Company Name:</b><br>A. D. PLATT & Associates, Inc.                                                                                                                          |  | <b>Employer / Company Address:</b><br>2975 Amber Fern Way            |                           |
| <b>City:</b><br>Tallahassee                                                                                                                                                                |  | <b>State:</b><br>FL                                                  | <b>Zip Code:</b><br>32308 |
| <b>Employer Contact Name:</b><br>Alan Platt                                                                                                                                                |  | <b>Contact Number:</b><br>850-694-3712                               |                           |
| <b>Dates of Employment:</b><br>From: 04/2024 To: 05/2026                                                                                                                                   |  | <b>Number of Hours Per Week:</b><br>40                               |                           |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                               |  |                                                                      |                           |
| <b>From:</b>                                                                                                                                                                               |  | <b>To:</b>                                                           |                           |
| <b>From:</b>                                                                                                                                                                               |  | <b>To:</b>                                                           |                           |
| <b>From:</b>                                                                                                                                                                               |  | <b>To:</b>                                                           |                           |
| <b>Total Months of Experience:</b>                                                                                                                                                         |  |                                                                      |                           |
| Routine (in months):                                                                                                                                                                       |  | + Responsible Charge (in months): 24 = Total Months of Experience 24 |                           |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above. |  |                                                                      |                           |
| <b>Verifying Surveyor:</b> Please provide a summary of experience and duties performed by the applicant                                                                                    |  |                                                                      |                           |
| overseeing larger projects including design surveys, large boundary surveys, sketches, building WTM's, office work, proposals, and client communications.                                  |  |                                                                      |                           |
| ALAN D. PLATT L.S. 4664                                                                                                                                                                    |  | 5/18/2026                                                            |                           |
| Print name and license number of surveyor and mapper verifying experience                                                                                                                  |  | Signature of licensed surveyor and mapper verifying experience       |                           |
|                                                                                                                                                                                            |  | Date                                                                 |                           |

\* If you indicate to "present" the hire will be calculated to the day this form is signed and sealed.





Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
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BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

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Tallahassee, FL 32399-6500

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472.005(6), Florida Statutes The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

Applicant Name:

Jon Evan Campbell

Title:

CAD Technician

Employer / Company Name:

S. Stinson & Associates, Inc.

Employer / Company Address:

147 Johnny Road

City:

Lamont

State:

FL

Zip Code:

32336

Employer Contact Name:

Steve Stinson

Contact Number:

850-518-8800

Dates of Employment:

From: 01/2021

To: 03/2024

Number of Hours Per Week:

40

Did the applicant ever work on a part-time basis? ☐ Yes ☒ No

From:

To:

From:

To:

From:

To:

Number of Hours Per Week:

Total Months of Experience:

Routine (in months): \_\_\_\_\_ + Responsible Charge (in months): 38 = Total Months of Experience 38  
If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant

CAD drawings, office work, field prep files, QA/QC, and field visits. Mostly large topographic surveys.

STEVE W. STINSON

PSM 5457

Print name and license number of  
surveyor and mapper verifying experience

Signature of licensed surveyor and mapper  
verifying experience

Date

5/19/26





Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 6J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7362) • 850-410-3600  
www.FDACS.gov • 850-410-3604 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-8500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

472.005(8), Florida Statutes. The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a checkerperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                  |                     |                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------|--|
| Applicant Name:<br><u>Jon Evan Campbell</u>                                                                                                                                                                      |                     | Title:<br><u>Crew Chief</u>                                                          |  |
| Employer / Company Name:<br><u>A.D. Platt &amp; Associates, Inc.</u>                                                                                                                                             |                     | Employer / Company Address:<br><u>2975 Amber Fern Way</u>                            |  |
| City:<br><u>Tallahassee</u>                                                                                                                                                                                      | State:<br><u>FL</u> | Zip Code:<br><u>32308</u>                                                            |  |
| Employer Contact Name:<br><u>Alan Platt</u>                                                                                                                                                                      |                     | Contact Number:<br><u>850-694-3712</u>                                               |  |
| Dates of Employment:<br>From: <u>09/15/2014</u> To: <u>04/01/2018</u>                                                                                                                                            |                     | Number of Hours Per Week:<br><u>40</u>                                               |  |
| Did the applicant ever work on a part-time basis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                            |                     | Number of Hours Per Week:<br><u>40</u>                                               |  |
| From:                                                                                                                                                                                                            | To:                 |                                                                                      |  |
| From:                                                                                                                                                                                                            | To:                 |                                                                                      |  |
| From:                                                                                                                                                                                                            | To:                 |                                                                                      |  |
| Total Months of Experience:<br>Routine (in months): <u>8</u> + Responsible Charge (in months): <u>35</u> = Total Months of Experience <u>43</u>                                                                  |                     |                                                                                      |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                       |                     |                                                                                      |  |
| Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant.<br><u>Crew Chief Working on Boundary surveys, Topographic surveys, elevation certificates, as-builts, etc.</u> |                     |                                                                                      |  |
| ALAN D. PLATT, LS4664<br>Print name and license number of surveyor and mapper verifying experience                                                                                                               |                     | <u>[Signature]</u><br>Signature of licensed surveyor and mapper verifying experience |  |
|                                                                                                                                                                                                                  |                     | Date: <u>5/18/2020</u>                                                               |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

# Application Summary

## Application

Name: **CHURCH, DAKOTA**

DTN: **4205108**

Address: **400 PINEHILL COURT NE, PALM BAY, FL 32907**

Type: **BPSM - Individual New - Initial License**

Received: **01/06/2026**

Fees Paid:

**\$255.00**

## Education

1. Institution: **FLORIDA ATLANTIC UNIVERSITY BOCA RATON, FLORIDA USA** 2022  
 Degree: **BACHELORS** Major: **GEOMATICS ENGINEERING**  
 Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 7**

**Responsible: 48**

1. Employer: **GEOPOINT SURVEYING, INC. 4450 WEST EAU GALLIE BOULEVARD, SUITE 130**  
 Phone: **MELBOURNE, FLORIDA 32934** From: **06/26/2023** To: **01/30/2026**  
 Reference: **321-501-1314** Phone: **Unknown**  
 Months Exp: **MICHAEL GOODNIGHT, LICENSED SURVEYOR**  
**7** Qualified Mths: **24** **Verified**

2. Employer: **GEOPOINT SURVEYING, INC. 4152 WEST BLUE HERON BOULEVARD, SUITE 105 WEST**  
 Phone: **PALM BEACH, FLO9RIDA 33404** From: **06/08/2021** To: **06/26/2023**  
 Reference: **561-232-5896** Phone: **Unknown**  
 Months Exp: **GARY RAGER, LICENSED SURVEYOR**  
**0** Qualified Mths: **24** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u> |
|-----------------------------------------|----------------------|----------------------|----------------|
| Letter - LS Complete                    | 05/05/2026           | REGENIA LEE          |                |
| Experience Verified                     | 05/05/2026           | REGENIA LEE          |                |
| Online App Recd. Data Updated by System | 01/14/2026           | REGENIA LEE          |                |
| New Documents Received. Please look.    | 01/14/2026           | REGENIA LEE          |                |
| Education Verified                      | 01/14/2026           | REGENIA LEE          |                |
| Fees Validated Correctly                | 01/09/2026           | SYSTEM CSTRACK       |                |
| Fees Cashiered                          | 01/09/2026           | FINANCE & ACCOUNTING |                |
| Letter - LS Individual Deficiency       | 01/08/2026           | REGENIA LEE          |                |
| Enter/Update Person Details             | 01/08/2026           | REGENIA LEE          |                |
| Application Received                    | 01/08/2026           | REGENIA LEE          |                |





**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700  
[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA (435-7352)  
FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

|                       |                               |
|-----------------------|-------------------------------|
| Application Type      | <b>Initial Examination</b>    |
| Highest Degree        | <b>College 4 Years</b>        |
| Document Tracking No# | <b>4205108</b>                |
| Application Date      | <b>01/06/2026 05:28:39 PM</b> |

**APPLICANT INFORMATION**

|                        |                                                             |
|------------------------|-------------------------------------------------------------|
| First Name             | <b>Dakota</b>                                               |
| Middle Initial         | <b>S</b>                                                    |
| Last Name              | <b>Church</b>                                               |
| Date of Birth          | <b>10/22/1996</b>                                           |
| Race                   | <b>White or Caucasian</b>                                   |
| Social Security Number | <b>[REDACTED]</b>                                           |
| Home Address           | <b>400 Pinehill Court NE<br/>Palm Bay,Florida,32907,USA</b> |
| Mailing Address        | <b>400 Pinehill Court NE<br/>Palm Bay,Florida,32907,USA</b> |
| Email address          | <b>dakotachurch7@gmail.com</b>                              |
| Home Phone             | <b>321-724-4992</b>                                         |
| Cellular Phone         | <b>321-795-2820</b>                                         |
| Business Phone         |                                                             |
| Fax                    |                                                             |

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

|                            |                                    |
|----------------------------|------------------------------------|
| 1. InstitutionName:        | <b>Florida Atlantic University</b> |
| Degree:                    | <b>Bachelor of Science</b>         |
| GraduationYear:            | <b>2022</b>                        |
| Location:                  | <b>Boca Raton, Florida, USA</b>    |
| CurrentlyEnrolled:         | <b>NO</b>                          |
| AnticipatedGraduationDate: |                                    |

**CRIMINAL/CIVIL LETIGATION INFORMATION**

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No** FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? **No**

## EMPLOYMENT HISTORY

1. Title: **Project Surveyor S.I.T.**  
Company Name: **Geopoint Surveying**  
Company Address: **213 Hobbs St**  
**Tampa, Florida, 33619, USA**  
Employment From Date: **06/07/2021**  
Employment To Date: **01/06/2026**  
Hours Per Week: **40**

Total Work Experience (in Months) : **54**

Responsible Charge Exp (in Months) : **54**

Experience Summary: **During my time at Geopoint I have spent my entire time working directly under multiple different Licensed Surveyors. My experience ranges from Boundary determination both in the field and in the office, as well as the full drafting process, to construction staking and As-builts. I have**



also spent time redlining others work, getting together field packages for crews, and doing research on title commitments to determine encumbrances.

#### EXAMINATION INFORMATION

|                          |                             |                           |
|--------------------------|-----------------------------|---------------------------|
| Exam Passed : <b>YES</b> | StateBoard : <b>Florida</b> | Year Passed : <b>2024</b> |
| Exam Passed : <b>NO</b>  | StateBoard :                | Year Passed :             |
| Exam Passed : <b>NO</b>  | StateBoard :                | Year Passed :             |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Dakota Church**

Signature Date: **1/6/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

THIS FORM IS TO BE COMPLETED BY FORMER OR CURRENT EMPLOYER VERIFYING WORK EXPERIENCE.  
Make additional copies as needed.



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

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Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                             |  |                                                                            |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|-----------------------------|
| <b>Applicant Name:</b><br>Dakota Church                                                                                                                                                                                                                                                                                                     |  | <b>Title:</b><br>Project Surveyor, S.I.T.                                  |                             |
| <b>Employer / Company Name:</b><br>Geopoint Surveying, Inc.                                                                                                                                                                                                                                                                                 |  | <b>Employer / Company Address:</b><br>4152 West Blue Heron Blvd, Suite 105 |                             |
| <b>City:</b><br>West Palm Beach                                                                                                                                                                                                                                                                                                             |  | <b>State:</b><br>Florida                                                   | <b>Zip Code:</b><br>33404 - |
| <b>Employer Contact Name:</b><br>Gary A. Rager                                                                                                                                                                                                                                                                                              |  | <b>Contact Number:</b><br>561-232-5896                                     |                             |
| <b>Dates of Employment:</b><br>From: 6/8/2021 To*: 6/26/2023                                                                                                                                                                                                                                                                                |  | <b>Number of Hours Per Week:</b><br>40                                     |                             |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                           |  | <b>Number of Hours Per Week:</b>                                           |                             |
| From: To:                                                                                                                                                                                                                                                                                                                                   |  |                                                                            |                             |
| From: To:                                                                                                                                                                                                                                                                                                                                   |  |                                                                            |                             |
| From: To:                                                                                                                                                                                                                                                                                                                                   |  |                                                                            |                             |
| <b>Total Months of Experience:</b><br>Routine (in months): + Responsible Charge (in months): <u>24</u> = Total Months of Experience <u>24</u><br>If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above. |  |                                                                            |                             |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b><br><u>WORKED IN BOUNDARY, TOPOGRAPHIC &amp; CONSTRUCTION</u>                                                                                                                                                                        |  |                                                                            |                             |
| <u>GARY RAGER LS4828</u><br>Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                                                                                                                                    |  | Sealed                                                                     |                             |
|                                                                                                                                                                                                                                                                                                                                             |  | Signature of licensed surveyor and mapper<br>verifying experience          |                             |
|                                                                                                                                                                                                                                                                                                                                             |  | Date<br><u>1/21/26</u>                                                     |                             |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

Florida Department of Agriculture and Consumer Services

Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
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Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                              |                          |                                                                         |   |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------|---|
| <b>Applicant Name:</b><br>Dakota Church                                                                                      |                          | <b>Title:</b><br>Project Surveyor, S.I.T.                               |   |
| <b>Employer / Company Name:</b><br>Geopoint Surveying, Inc.                                                                  |                          | <b>Employer / Company Address:</b><br>4450 W Eau Gallie Blvd, Suite 130 |   |
| <b>City:</b><br>Melbourne                                                                                                    | <b>State:</b><br>Florida | <b>Zip Code:</b><br>32934                                               | - |
| <b>Employer Contact Name:</b><br>Michael W. Goodnight                                                                        |                          | <b>Contact Number:</b><br>321-501-1314                                  |   |
| <b>Dates of Employment:</b><br>From: 6/26/2023 To*: Present                                                                  |                          | <b>Number of Hours Per Week:</b><br>40                                  |   |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          | <b>Number of Hours Per Week:</b>                                        |   |
| From:                                                                                                                        | To:                      |                                                                         |   |
| From:                                                                                                                        | To:                      |                                                                         |   |
| From:                                                                                                                        | To:                      |                                                                         |   |

**Total Months of Experience:**

Routine (in months): 7 + Responsible Charge (in months): 24 = **Total Months of Experience** 31

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor:** Please provide a summary of experience and duties performed by the applicant

PROJECT RESEARCH, VERIFY CONTROL, OVERSEE BENCHMARKS.  
PLOT DEEDS, FIELD BOUNDARY DETERMINATION - CHECKED BY MG.  
DETERMINATION OF IMPROVEMENTS TO BE LOCATED THAT SHOW  
OCCUPATION, SECTIONAL BREAKDOWNS, PUTTING TOGETHER OLD PLATS.

LS7245  
MICHAEL GOODNIGHT  
Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

1/30/26  
Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

# Application Summary

## Application

Name: **CLARKE, ALVIN**

DTN: **4281309**

Address: **3301 SW 13TH ST APT 206, GAINESVILLE, FL 32608-3055**

Type: **BPSM - Individual New - Initial License**

Received: **06/30/2026**

Fees Paid:

**\$255.00**

## Education

- |    |                                                                                                                              |                                                             |                                    |
|----|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------|
| 1. | Institution: <b>UNIVERSITY OF TECHNOLOGY KINGSTON, ST. ANDREW JAMAICA</b><br>Degree: <b>MASTERS</b><br>Foreign: <b>Yes</b>   | Major: <b>GEOMATICS</b><br>Enrolled: <b>No</b>              | <b>2013</b><br><br><b>Verified</b> |
| 2. | Institution: <b>UNIVERSITY OF TECHNOLOGY KINGSTON, ST. ANDREW JAMAICA</b><br>Degree: <b>BACHELORS</b><br>Foreign: <b>Yes</b> | Major: <b>LAND SURVEYING SNF GIS</b><br>Enrolled: <b>No</b> | <b>2009</b><br><br><b>Verified</b> |

## Experience

**Total: 0**

**Responsible: 120**

- |    |                                                                                                                                                                                                                                                       |                                                                                                              |                                 |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. | Employer: <b>DRAUGHTSMAN-INC GEOMATICS NO. 2 FLORIDA AVENUE, INDEPENDENCE CITY, GREGORY PARK P.O. PORTMORE, ST. CATHERINE 00000 JAMAICA</b><br>Phone: <b>876-361-2572</b><br>Reference: <b>MARLA MOORE, LICENSED SURVEYOR</b><br>Months Exp: <b>0</b> | From: <b>05/26/2016</b><br>To: <b>06/30/2026</b><br>Phone: <b>876-361-2572</b><br>Qualified Mths: <b>120</b> | <br><br><br><br><b>Verified</b> |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------|

## Checklist

### Items Required

### Date Complete Completed by

### Details

|                                         |            |                      |
|-----------------------------------------|------------|----------------------|
| Letter - LS Complete                    | 07/08/2026 | REGENIA LEE          |
| Experience Verified                     | 07/08/2026 | REGENIA LEE          |
| Online App Recd. Data Updated by System | 07/06/2026 | REGENIA LEE          |
| New Documents Received. Please look.    | 07/06/2026 | REGENIA LEE          |
| Fees Validated Correctly                | 07/03/2026 | SYSTEM CSTRACK       |
| Fees Cashiered                          | 07/03/2026 | FINANCE & ACCOUNTING |
| Letter - LS Individual Deficiency       | 07/01/2026 | REGENIA LEE          |
| Application Received                    | 07/01/2026 | REGENIA LEE          |
| Enter/Update Person Details             | 07/01/2026 | REGENIA LEE          |
| Education Verified                      | 07/01/2026 | REGENIA LEE          |

AS PER JOSEF SILNY, MR. CLARK'S  
TRANSCRIPTS ARE EQUIVALENT OF THE U.S.  
DEGREE BACHELOR OF SCIENCE IN  
SURVEYING AND GEOGRAPHIC  
INFORMATOIN SCIENCE EARNED AT A  
REGIONALLY ACCREDITED INSITUATION OF  
HIGHER EDUCATION IN THE UNITED STATES.





**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

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Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

|                       |                                |                  |                               |
|-----------------------|--------------------------------|------------------|-------------------------------|
| Application Type      | <b>Initial Examination</b>     |                  |                               |
| Highest Degree        | <b>Graduate School 2 Years</b> |                  |                               |
| Document Tracking No# | <b>4281309</b>                 | Application Date | <b>06/30/2026 08:09:49 PM</b> |

**APPLICANT INFORMATION**

|                        |                                                                        |
|------------------------|------------------------------------------------------------------------|
| First Name             | <b>Alvin</b>                                                           |
| Middle Initial         | <b>G</b>                                                               |
| Last Name              | <b>Clarke</b>                                                          |
| Date of Birth          | <b>2/6/1976</b>                                                        |
| Race                   | <b>Black or African American</b>                                       |
| Social Security Number | <b>[REDACTED]</b>                                                      |
| Home Address           | <b>3301 SW 13TH STREET, Apt. 206<br/>Gainesville,Florida,32608,USA</b> |
| Mailing Address        | <b>3301 SW 13TH STREET, Apt. 206<br/>Gainesville,Florida,32608,USA</b> |
| Email address          | <b>alvinclarkecls@gmail.com</b>                                        |
| Home Phone             | <b>561-526-5187</b>                                                    |
| Cellular Phone         | <b>876-361-2572</b>                                                    |
| Business Phone         | <b>876-772-1844</b>                                                    |
| Fax                    |                                                                        |

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

- |                            |                                  |
|----------------------------|----------------------------------|
| 1. InstitutionName:        | <b>University of Florida</b>     |
| Degree:                    | <b>PhD</b>                       |
| GraduationYear:            | <b>2027</b>                      |
| Location:                  | <b>Gainesville, Florida, USA</b> |
| CurrentlyEnrolled:         | <b>YES</b>                       |
| AnticipatedGraduationDate: |                                  |
| 2. InstitutionName:        | <b>University of Technology</b>  |
| Degree:                    | <b>M.Sc.</b>                     |
| GraduationYear:            | <b>2013</b>                      |

Location: **Kingston, St. Andrew, JAMAICA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:

3. InstitutionName: **University of Technology**  
Degree: **B.Sc.**  
GraduationYear: **2009**  
Location: **Kingston, St. Andrew, JAMAICA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, **No** possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable **No** law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other **No** pleading with any fraud or deceit, or is there any such case or investigation pending?

3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing **No** authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## EMPLOYMENT HISTORY

1. Title: **Proprietor/Director**

CompanyName: **Draughtsman-Inc Geomatics**  
CompanyAddress: **No. 2 Florida Avenue, Independence City, Gregory Park P.O.  
Portmore,St. Catherine,00000,JAMAICA**  
EmploymentFromDate: **05/26/2016**  
EmploymentToDate: **06/30/2026**  
HoursPerWeek: **40**

Total Work Experience (in Months) : **120**  
Responsible Charge Exp (in Months) : **120**

ExperienceSummary: **Experience in cadastral, topographical, engineering, GIS, UAV/drone, GNSS control, subdivision design, and as-built/strata surveys. Cadastral surveys for national projects such as the South Coast Highway Improvement Project; engineering surveys for Windalco's Haul Road construction; 3,000-acre topographical UAV mapping; and WIHCON's 1,100-lot subdivision. Client engagement and support.**

#### EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **alvinclarke**

Signature Date: **6/30/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

THIS FORM IS TO BE COMPLETED BY FORMER OR CURRENT EMPLOYER VERIFYING WORK EXPERIENCE.  
Make additional copies as needed.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Alvin George Clarke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | <b>Title:</b><br>Commissioned Land Surveyor/Director                         |  |
| <b>Employer / Company Name:</b><br>Draughtsman-Inc Geomatics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | <b>Employer / Company Address:</b><br>No.2 Florida Avenue, Independence City |  |
| <b>City:</b><br>Portmore, Jamaica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>State:</b><br>St. Catherine | <b>Zip Code:</b><br>Gregory Park P.O.                                        |  |
| <b>Employer Contact Name:</b><br>Alvin George Clarke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | <b>Contact Number:</b><br>876-361-2572                                       |  |
| <b>Dates of Employment:</b><br>From: May 26th, 2016 To*: Present                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                | <b>Number of Hours Per Week:</b><br>40                                       |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | <b>Number of Hours Per Week:</b>                                             |  |
| From: _____ To: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | _____                                                                        |  |
| From: _____ To: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | _____                                                                        |  |
| From: _____ To: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | _____                                                                        |  |
| <b>Total Months of Experience:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                                                              |  |
| Routine (in months): 0 + Responsible Charge (in months): 120 = <b>Total Months of Experience</b> 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                                                              |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                              |  |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                                                              |  |
| Since receiving his surveyor's license on May 26, 2016, Alvin has led Draughtsman-Inc Geomatics as Director, guiding the firm's growth and technical advancement. Over the past decade, he has built extensive expertise in cadastral, topographical, engineering, and photogrammetric surveying while serving residential, commercial, and government clients across Jamaica. His leadership emphasizes precision, innovation, and strong client management, ensuring projects are delivered to rigorous professional standards. He also manages and mentors a team of surveyors, developing them into competent student surveyors under his guidance. |                                |                                                                              |  |
| Marla Moore, 7600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                | 07/01/2026                                                                   |  |
| Print name and license number of surveyor and mapper verifying experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | Signature of licensed surveyor and mapper verifying experience Date          |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.





June 26, 2026

4881 Sunny Lane Avenue,  
West Palm Beach,  
Florida 33415

**Re: Letter of Recommendation for Mr. Alvin Clarke**

Dear Members of the Board,

I am pleased to provide this letter in strong support of Mr. Alvin Clarke's application for licensure as a Professional Surveyor and Mapper in the State of Florida. I have known Alvin for more than 17 years as a fellow student, mentor, colleague, and friend, and I can confidently attest to his exceptional character, technical competence, and professionalism.

With more than fourteen years of professional surveying experience across Jamaica and North America, I can attest firsthand to Alvin's exceptional character and professional abilities. During my early career in Jamaica, he served as both my mentor and supervisor, providing the technical guidance, practical experience, and professional mentorship that helped establish the foundation of my career. His commitment to developing young professionals, combined with his technical expertise and unwavering integrity, has left a lasting impression on me and reflects the qualities expected of a licensed Professional Surveyor and Mapper.

For approximately two years, I had the opportunity to work alongside Alvin on various surveying projects through his company, Draughtsman-Inc Geomatics. These experiences provided invaluable hands-on field training and practical exposure to professional surveying standards and practices. In addition to leading his own successful practice, Alvin serves as a lecturer at the University of Technology, Jamaica, where he is dedicated to mentoring and developing the next generation of surveying professionals. His passion for teaching reflects his commitment to advancing the profession and ensuring that future practitioners are equipped with both the technical knowledge and ethical foundation necessary to succeed.

Throughout our professional relationship, Alvin consistently demonstrated exceptional technical expertise, sound professional judgment, integrity, reliability, and meticulous attention to detail. His experience spans Cadastral, Engineering, and Topographic surveys, and he approaches every project with the highest ethical standards.

As a licensed Professional Surveyor and Mapper in the State of Florida, I can say without hesitation that Alvin possesses the knowledge, character, and professionalism expected of a Florida Professional Surveyor and Mapper. I offer my strongest possible recommendation for his licensure and am certain he will continue to uphold the high standards of the profession while making meaningful contributions to the surveying community in Florida.

Should you require any additional information regarding my recommendation, please do not hesitate to contact me.



Marla Moore, PSM  
President, FSMS IRC  
Surveyor and Mapper- Lead, Survey & Mapping Section  
South Florida Water Management District  
3301 Gun Club Road • West Palm Beach • Florida 33406  
Office: (561) 682 2034 • Mobile: (561) 541 3328 • Email: mamoores@sfwmd.gov





✓ Suite 12, 11 ½ Swallowfield Road, Kingston 5, Jamaica W.I.  
Telephone: (876)946-0256, 381-2102  
Email: [aigraceykin@gmail.com](mailto:aigraceykin@gmail.com)  
Web-Site: [www.graceylandsurveyors.com](http://www.graceylandsurveyors.com)

□ Shop #4, 51 Warner Street, Port Maria, St. Mary  
Telefax: (876) 994-2829  
Email: [aigraceyp@gmail.com](mailto:aigraceyp@gmail.com)  
Web-Site: [www.graceylandsurveyors.com](http://www.graceylandsurveyors.com)

June 26, 2026

Florida Department of Agriculture and Consumer Services  
Board of Professional Surveyors and Mappers  
Terry Lee Rhodes Building  
2005 Apalachee Parkway  
Tallahassee, FL 32399

**To whom it may concern**

Dear Sir/Madam,

Mr. Alvin Clarke has been known to me since 2002, in the field of land surveying and geomatics.

He has studied extensively in the field of land surveying and has obtained varying levels of academic and professional qualifications over the years.

He was commissioned as a land surveyor in Jamaica in 2016. He has displayed a high level of technical competence and professionalism while practicing as a land surveyor.

Mr. Clarke has successfully completed many projects for his client and has an exemplary record of service delivery to them.

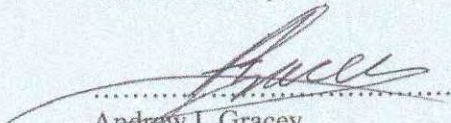
He is highly regarded by his peers in the profession and the academic community.

Mr. Clark is an accomplished lecturer at the University of Technology Jamaica, where he continues to provide quality service towards the growth and development of the surveying profession.

Mr. Clarke is of the highest character and will be an asset to any organization that he seeks to be a member of.

I recommend him highly and hope that the information contained herein will assist him in his endeavor to widen his practice.

Yours Sincerely,

  
Andrew I. Gracey  
Commissioned Land Surveyor  
Managing Director  
A.I. Gracey & Associates





## NATIONAL LAND AGENCY

23 ½ Charles Street, Kingston, Jamaica

Tel: (876) 750-5263, 946-5263

Fax: (876) 948-9513

website: [www.nla.gov.jm](http://www.nla.gov.jm)

June 26, 2026

Board of Professional Surveyors and Mappers

Florida Department of Agriculture and Consumer Services

Terry Lee Rhodes Building

2005 Apalachee Parkway

Tallahassee, Florida 32399

### **RE: Professional Recommendation in Support of Mr. Alvin Clarke's Application for Licensure**

Dear Members of the Board,

It is with the highest degree of professional respect and confidence that I write to provide my unequivocal recommendation in support of Mr. Alvin Clarke's application for licensure with the Florida Board of Professional Surveyors and Mappers.

I serve as Senior Director of the Surveys and Mapping Division at the National Land Agency of Jamaica, Chairman of the Land Surveyors Board of Jamaica, a Commissioned Land Surveyor, and a Member of the Royal Institution of Chartered Surveyors (RICS). My professional responsibilities encompass the regulation, administration, and advancement of Jamaica's cadastral, geospatial, and surveying frameworks. In these capacities, I have had the privilege of observing and engaging with Mr. Clarke's professional and academic contributions over several years.

Mr. Clarke has been a Commissioned Land Surveyor in Jamaica since 2016 and has distinguished himself as one of the more accomplished professionals within the geospatial and built environment sectors. He is a Lecturer in Land Surveying and Geographic Information Sciences at the University of Technology, Jamaica, where he has demonstrated exceptional scholarly rigour and has played a pivotal role in shaping the next generation of land surveyors and geospatial practitioners. It is noteworthy that our professional relationship extends to our time as academic colleagues, during which I witnessed firsthand his dedication to teaching, research, and professional development.

Beyond academia, Mr. Clarke is an accomplished practitioner and entrepreneur, operating his own registered surveying consultancy, Draughtsman Inc. Through this enterprise, he has consistently delivered high-quality professional surveying services, demonstrating both technical precision and an advanced understanding of cadastral law, boundary determination, geospatial technologies, and professional practice standards.

In my capacity as Senior Director at the National Land Agency, I have reviewed numerous survey plans and technical submissions prepared by Mr. Clarke for certification. These submissions have consistently reflected the highest standards of professional competence, accuracy, and compliance with statutory and technical requirements. His work is marked by exceptional attention to detail, methodological soundness, and a clear commitment to protecting the integrity of land records and boundary systems.

Equally important is Mr. Clarke's professional character. He is a person of unquestionable integrity, strong ethical principles, and exemplary conduct. As Chairman of the Land Surveyors Board of Jamaica, where matters of professional ethics and discipline are central to the regulation of the profession, I can confidently attest that Mr. Clarke exemplifies the values of accountability, trustworthiness, and public service that are indispensable to the surveying profession.

What distinguishes Mr. Clarke most significantly is his rare ability to bridge academia, professional practice, and industry leadership. He is a scholar of the highest order, a mentor to many, and a respected technocrat in the built environment. His depth of knowledge, combined

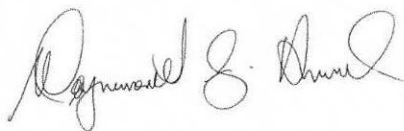
with his practical experience and ethical grounding, makes him exceptionally well-suited for professional licensure in any jurisdiction, including the State of Florida.

I am fully confident that Mr. Clarke will not only meet but exceed the expectations of your Board and will contribute meaningfully to the surveying profession through technical excellence, innovation, and professional integrity.

Accordingly, I offer my strongest and unreserved endorsement of Mr. Alvin Clarke's application and recommend him without hesitation for licensure.

Should you require any additional information or clarification, please feel free to contact me.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Wayneworth G. Hamilton'.

**Wayneworth G. Hamilton, J.P., MRICS, M.Sc., B.Sc., C.L.S.**

Commissioned Land Surveyor

Senior Director, Surveys & Mapping Division

National Land Agency, Jamaica

Chairman, Land Surveyors Board of Jamaica



**ANDRE P. THOMAS LL.B (HONS)  
COMMISSIONED LAND SURVEYOR  
& ATTORNEY-AT LAW**

22 Tharpe Street, Falmouth,, Trelawny  
Tel: 876-457-0209; email: andre.p.thomas@gmail.com

June 26, 2026

The Florida Board of Professional Surveyors and Mappers

Dear Members of the Board,

**RE: Letter of Recommendation – Mr. Alvin Clarke**

I am pleased to provide this letter of recommendation in support of Mr. Alvin Clarke's application for licensure as a Professional Surveyor and Mapper in the State of Florida.

I have known Mr. Clarke in a professional capacity for the past twenty-eight (28) years and have worked alongside him as a fellow Commissioned Land Surveyor for the past ten (10) years. During this time, I have had the privilege of observing his professional growth, technical expertise, and unwavering commitment to the highest standards of the surveying profession.

Mr. Clarke is an exceptionally competent and accomplished surveyor whose technical knowledge, professional judgment, and ethical standards are of the highest calibre. He consistently performs his duties with diligence, integrity, and a strong sense of responsibility. I have every confidence in his ability to carry out surveying and mapping assignments competently, accurately, and in accordance with applicable professional standards.

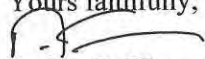
Over the course of his career, Mr. Clarke has acquired extensive experience in the planning, execution, and management of a broad range of surveying projects. His expertise includes boundary surveys, topographic surveys, engineering and construction surveys, subdivision surveys, route surveys, hydrographic-related surveys, GNSS control establishment, photogrammetric mapping, UAV aerial surveys, and volumetric surveys. His professional experience extends across residential, commercial, industrial, mining, transportation, healthcare, port, and major infrastructure developments.

In addition to his technical abilities, Mr. Clarke has consistently demonstrated professionalism, sound judgment, and a commitment to ethical practice. He is well respected by his colleagues and clients alike and possesses the character and competence expected of a licensed professional surveyor.

I have no hesitation whatsoever in recommending Mr. Alvin Clarke for licensure as a Professional Surveyor and Mapper in the State of Florida. I am confident that he will uphold the standards of the profession and will be a credit to the surveying community.

Should the Board require any further information, I would be pleased to provide it.

Yours faithfully,



**Andre P. Thomas, J.P., LL.B. (Hons.), B.Sc. (Hons.), CLS**  
Commissioned Land Surveyor  
& Attorney-at-Law



# *The Land Surveyors Association of Jamaica*

- Founded 1928 -

PRESIDENT: Timothy Thwaites

VICE PRESIDENT: Karsten Johnson

SECRETARY: Glen Watson

Your Ref

Our Ref:

**Past Presidents:**

Percy Abrahams  
A. Shamrock Byles  
R. E. Rickman  
Roy Evans  
C.N. Clarke  
K. G. Forsythe  
Don Walker  
E. G. Rickman  
George McFarlane  
Doug L. Palmer  
Hughart H. Brown  
Phillip E. Rose  
Robert L. Paisley  
Donald J. Marks  
Ewen L. Howard  
Earle W. Spencer  
Winston A. Heron  
Ainsworth M. Dick  
Alwyn R. Morrison  
Horace Manderson  
Glendon Newsome  
Andrew I. Gracey  
Llewelyn Allen  
Anthony Prendergast  
Valentine McCook  
Noel Brown  
Christopher Grant  
Charles Johnson

June 10, 2026

Florida Department of Agriculture and Consumer Services  
Board of Professional Surveyors and Mappers  
Terry Lee Rhodes Building  
2005 Apalachee Parkway  
Tallahassee, FL 32399

**To Whom It May Concern,**

**Re: Letter of Recommendation – Mr. Alvin Clarke, Commissioned Land Surveyor**

I am pleased to provide this letter of recommendation in support of Mr. Alvin Clarke in relation to his application for licensure as a professional surveyor in the State of Florida.

I know Mr. Clarke through his standing and service within the land surveying profession in Jamaica, including his involvement with the Land Surveyors Association of Jamaica (LSAJ), of which I currently serve as President. He is a duly Commissioned Land Surveyor and has consistently demonstrated the technical competence, professional integrity, and seriousness of purpose expected of one entrusted with the responsibilities of surveying practice.

Mr. Clarke has also given long and commendable service to the Land Surveying and GIS programme at the University of Technology, Jamaica, where his contributions have supported the training and development of many aspiring surveyors. Through that service, he has helped strengthen the profession's educational pipeline and has positively influenced the preparation of future practitioners.

In my professional interactions with him, I have found Mr. Clarke to be capable, ethical, and committed to maintaining appropriate professional standards. His pursuit of licensure in Florida reflects a continued commitment to professional growth and to meeting the requirements of regulated practice in another jurisdiction.

Accordingly, I am satisfied that he appreciates the potential responsibilities and is deserving of your favourable consideration.

Should you require any further information, please feel free to contact us.

Yours truly,

**THE LAND SURVEYORS ASSOCIATION OF JAMAICA**

.....  
**TIMOTHY THWAITES**  
**PRESIDENT**



THE TRADE CENTRE  
Suite #9A  
30-32 Red Hills Road, Kingston 10  
Jamaica  
Tel: 754-6912 - 3  
Fax: 920-3650

Website: <http://www.lsaaj.com>  
E-mail: [lsaj.jam@gmail.com](mailto:lsaj.jam@gmail.com)



# Application Summary

## Application

Name: **ESHRAAGHI, MAX** DTN: **4092879**  
 Address: **2350 NE 135TH STREET, NORTH MIAMI, FL 33181**  
 Type: **BPSM - Individual New - Initial License** Received: **03/29/2025** Fees Paid: **\$255.00**

## Education

1. Institution: **UNIVERSITY OF APPLIED SCIENCE, FRANKFURT, GERMANY FRANKFURT,** 1995  
 Degree: **HESSEN GERMANY**  
 Foreign: **BACHELOR** Major: **LAND SURVEYING**  
**No** Enrolled: **No** **Verified**

## Experience

**Total: 0 Responsible: 53**

1. Employer: **CQ SURVEYING LLC 857 CLAYMONT DRIVE BALLWIN, MO 63011**  
 Phone: **314-223-3429** From: **02/01/2009** To: **07/31/2013**  
 Reference: **CHALRES QUINBY, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **53** **Verified**

## Out-of-State Licenses

1. License: **LS2008000717** Issued On: **01/09/2008** Issuing State: **Missouri**  
 Laws/Rules: **No** Expires On: **12/31/2026** Obtained By: **Examination**  
 Good Standing: **Yes** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u>                                                                                                                                                                                                                        |
|-----------------------------------------|----------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Letter - LS Complete                    | 05/13/2026           | REGENIA LEE          |                                                                                                                                                                                                                                       |
| Letter - LS Complete                    | 06/25/2025           | REGENIA LEE          |                                                                                                                                                                                                                                       |
| Experience Verified                     | 06/25/2025           | REGENIA LEE          |                                                                                                                                                                                                                                       |
| Education Verified                      | 06/25/2025           | REGENIA LEE          | As per Institute of Foreign Credential Services, Inc., Mr. Eshraghi earned a Bachelor of Science in Surveying and Geomatics Engineering Technology from a regionally accredited institution of higher education in the United States. |
| Letter - LS Individual Deficiency       | 04/04/2025           | REGENIA LEE          |                                                                                                                                                                                                                                       |
| Online App Recd. Data Updated by System | 04/04/2025           | REGENIA LEE          |                                                                                                                                                                                                                                       |
| New Documents Received. Please look.    | 04/04/2025           | REGENIA LEE          |                                                                                                                                                                                                                                       |
| Out of State License Verified           | 04/04/2025           | REGENIA LEE          |                                                                                                                                                                                                                                       |
| Application Received                    | 04/02/2025           | SYSTEM CSTRACK       |                                                                                                                                                                                                                                       |
| Fees Validated Correctly                | 04/02/2025           | SYSTEM CSTRACK       |                                                                                                                                                                                                                                       |
| Enter/Update Person Details             | 04/02/2025           | SYSTEM CSTRACK       |                                                                                                                                                                                                                                       |
| Fees Cashiered                          | 04/02/2025           | FINANCE & ACCOUNTING |                                                                                                                                                                                                                                       |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700  
[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA (435-7352)  
FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

|                       |                               |
|-----------------------|-------------------------------|
| Application Type      | <b>Endorsement</b>            |
| Highest Degree        | <b>College 4 Years</b>        |
| Document Tracking No# | <b>4092879</b>                |
| Application Date      | <b>03/29/2025 02:36:11 PM</b> |

**APPLICANT INFORMATION**

|                        |                                                               |
|------------------------|---------------------------------------------------------------|
| First Name             | <b>Max</b>                                                    |
| Middle Initial         |                                                               |
| Last Name              | <b>Eshraghi</b>                                               |
| Date of Birth          | <b>10/28/1963</b>                                             |
| Race                   | <b>White or Caucasian</b>                                     |
| Social Security Number | <b>[REDACTED]</b>                                             |
| Home Address           | <b>2350 NE 135th Street<br/>North Miami,Florida,33181,USA</b> |
| Mailing Address        | <b>2350 NE 135th Street<br/>North Miami,Florida,33181,USA</b> |
| Email address          | <b>maxesh8@gmail.com</b>                                      |
| Home Phone             | <b>786-653-6604</b>                                           |
| Cellular Phone         | <b>786-653-6604</b>                                           |
| Business Phone         |                                                               |
| Fax                    |                                                               |

**PRIOR NAME INFORMATION**

Has Prior Name : **YES**

1. Prior Name: **Massoud,Eshraghi** Suffix:

**EDUCATION HISTORY**

|                            |                                                              |
|----------------------------|--------------------------------------------------------------|
| 1. InstitutionName:        | <b>University of Applied Science, Frankfurt,<br/>Germany</b> |
| Degree:                    | <b>Bachelor</b>                                              |
| GraduationYear:            | <b>1995</b>                                                  |
| Location:                  | <b>Frankfurt, Hessen, GY</b>                                 |
| CurrentlyEnrolled:         | <b>NO</b>                                                    |
| AnticipatedGraduationDate: |                                                              |

## CRIMINAL/CIVIL LITIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No** FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other **No** pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing **No** authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## OUT OF STATE LICENSES

- |                    |                    |                        |                   |
|--------------------|--------------------|------------------------|-------------------|
| 1. IssuingState:   | <b>Missouri</b>    | LicenseNumber:         | <b>2008000717</b> |
| OriginalIssueDate: | <b>01/03/2008</b>  | ExpirationDate:        | <b>12/31/2026</b> |
| LicenseObtainedBy: | <b>Examination</b> | LicenseInGoodStanding: | <b>YES</b>        |
| Explanation:       |                    |                        |                   |

## EMPLOYMENT HISTORY

1. Title: **Project Manager**
- CompanyName: **Marlin Engineering**
- CompanyAddress: **9726 E. Indigo Street**  
**Palmetto Bay,Florida,33157,USA**
- EmploymentFromDate: **10/01/2024**



EmploymentToDate: 03/29/2025

HoursPerWeek: 40

Total Work Experience (in Months) : 62

Responsible Charge Exp (in Months) : 0

ExperienceSummary:

- project management

#### EXAMINATION INFORMATION

|                   |                       |                    |
|-------------------|-----------------------|--------------------|
| Exam Passed : YES | StateBoard : Missouri | Year Passed : 2004 |
| Exam Passed : YES | StateBoard : Missouri | Year Passed : 2008 |
| Exam Passed : NO  | StateBoard :          | Year Passed :      |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

NO

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: maxesh8

Signature Date: 3/29/2025

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services

Division of Consumer Services

BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

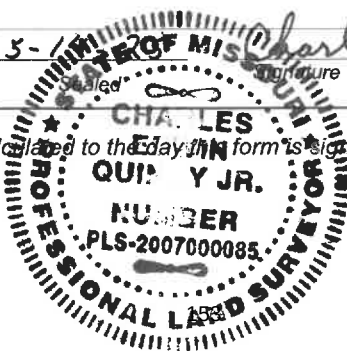
A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term **"responsible charge"** means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                            |                     |                                                        |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------|--------|
| <b>Applicant Name:</b><br>Max Eshraghi                                                                                                                                                     |                     | <b>Title:</b><br>PLS                                   |        |
| <b>Employer / Company Name:</b><br>CQ Surveying LLC                                                                                                                                        |                     | <b>Employer / Company Address:</b><br>857 Claymont Dr. |        |
| <b>City:</b><br>Ballwin                                                                                                                                                                    | <b>State:</b><br>MO | <b>Zip Code:</b><br>63011                              | - 2460 |
| <b>Employer Contact Name:</b><br>Charles E. Quinby                                                                                                                                         |                     | <b>Contact Number:</b><br>314-223-3429                 |        |
| <b>Dates of Employment:</b><br>From: Feb. 2009 To*: 2013                                                                                                                                   |                     | <b>Number of Hours Per Week:</b><br>40                 |        |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                               |                     | <b>Number of Hours Per Week:</b>                       |        |
| From: _____                                                                                                                                                                                | To: _____           | _____                                                  |        |
| From: _____                                                                                                                                                                                | To: _____           | _____                                                  |        |
| From: _____                                                                                                                                                                                | To: _____           | _____                                                  |        |
| <b>Total Months of Experience:</b>                                                                                                                                                         |                     |                                                        |        |
| Routine (in months): _____ + Responsible Charge (in months): 53 = <b>Total Months of Experience</b> 53                                                                                     |                     |                                                        |        |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above. |                     |                                                        |        |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                    |                     |                                                        |        |
| Max was a licensed Surveyor, He Performed Boundary, ALTA, Condominium Surveys and Flood Certificates.                                                                                      |                     |                                                        |        |
| Charles E. Quinby PLS-2007000085                                                                                                                                                           |                     | 5-14-25                                                |        |
| Print name and license number of surveyor and mapper verifying experience                                                                                                                  |                     | Date                                                   |        |

\* If you indicate to "present," the time will be calculated to the day the form is signed and sealed.





Eshraghi, Max  
(26-886-06)

maxesh8@gmail.com  
DOB: 10/28/1963

### LICENSES

| Initial/Comity | Type | Number         | Issue Date   | Expiration Date |
|----------------|------|----------------|--------------|-----------------|
| Initial        | PS   | PLS-2008000717 | January 2008 | December 2026   |

### EXAMS

| Exam     | Hours | Exam Date    | Additional Information |
|----------|-------|--------------|------------------------|
| NCEES FS | 8     | April 2004   | —                      |
| NCEES PS | 6     | October 2007 | —                      |

### ADDITIONAL INFORMATION

|                     |           |
|---------------------|-----------|
| Disciplinary Action | None      |
| Notes               | ⊗ Not Set |

### VERIFICATION

**Verifier**

Karen Payne

**Verification Date**

05/26/2026 10:25am EDT

**Board**

Missouri Board for Architects, Professional Engineers,  
Professional Land Surveyors, and Professional Landscape  
Architects

# Application Summary

## Application

Name: **HALL, JUSTIN**

DTN: **4267985**

Address: **26327 HIGHWAY 189, ELBA, AL 36323-8707**

Type: **BPSM - Individual New - Initial License**

Received: **05/27/2026**

Fees Paid: **\$255.00**

## Education

1. Institution: **TROY UNIVERSITY TROY, ALABAMA 36082** **2022**  
 Degree: **BACHELORS** Major: **SURVEYING & GEOMATICS SCIENCES**  
 Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 0**

**Responsible: 48**

1. Employer: **PLS GROUP, INC. 4417 COUNTY ROAD 2214 TROY, ALABAMA 36079**  
 Phone: **334-403-4204** From: **05/10/2022** To: **06/01/2026**  
 Reference: **CORY RUSHING, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **48** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u>                                                          |
|-----------------------------------------|----------------------|----------------------|-------------------------------------------------------------------------|
| Letter - LS Complete                    | 06/02/2026           | REGENIA LEE          |                                                                         |
| Online App Recd. Data Updated by System | 06/02/2026           | REGENIA LEE          |                                                                         |
| New Documents Received. Please look.    | 06/02/2026           | REGENIA LEE          |                                                                         |
| Fees Validated Correctly                | 06/01/2026           | SYSTEM CSTRACK       |                                                                         |
| Letter - LS Individual Deficiency       | 06/01/2026           | REGENIA LEE          |                                                                         |
| Fees Cashiered                          | 06/01/2026           | FINANCE & ACCOUNTING |                                                                         |
| Experience Verified                     | 06/01/2026           | REGENIA LEE          |                                                                         |
| Letter - LS Individual Deficiency       | 05/27/2026           | REGENIA LEE          |                                                                         |
| Application Received                    | 05/27/2026           | REGENIA LEE          |                                                                         |
| Enter/Update Person Details             | 05/27/2026           | REGENIA LEE          |                                                                         |
| Out of State License Verified           | 05/27/2026           | REGENIA LEE          | NCEES FS AND PS TAKEN AND PASSED IN ALABAMA BUT NOT LICENSED IN ALABAMA |
| Education Verified                      | 05/27/2026           | REGENIA LEE          |                                                                         |





**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

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FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

|                       |                            |                  |                               |
|-----------------------|----------------------------|------------------|-------------------------------|
| Application Type      | <b>Initial Examination</b> |                  |                               |
| Highest Degree        | <b>College 4 Years</b>     |                  |                               |
| Document Tracking No# | <b>4267985</b>             | Application Date | <b>05/27/2026 01:41:13 PM</b> |

**APPLICANT INFORMATION**

|                        |                                                    |
|------------------------|----------------------------------------------------|
| First Name             | <b>JUSTIN</b>                                      |
| Middle Initial         | <b>m</b>                                           |
| Last Name              | <b>HALL</b>                                        |
| Date of Birth          | <b>1/31/2001</b>                                   |
| Race                   | <b>White or Caucasian</b>                          |
| Social Security Number | <b>[REDACTED]</b>                                  |
| Home Address           | <b>26327 HWY 189<br/>ELBA, Alabama, 36079, USA</b> |
| Mailing Address        | <b>26327 HWY 189<br/>ELBA, Alabama, 36079, USA</b> |
| Email address          | <b>jhall@plsgroupinc.com</b>                       |
| Home Phone             | <b>334-465-1902</b>                                |
| Cellular Phone         |                                                    |
| Business Phone         |                                                    |
| Fax                    |                                                    |

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

|                            |                             |
|----------------------------|-----------------------------|
| 1. InstitutionName:        | <b>Troy University</b>      |
| Degree:                    | <b>Bachelors of Science</b> |
| GraduationYear:            | <b>2022</b>                 |
| Location:                  | <b>Troy, Alabama, USA</b>   |
| CurrentlyEnrolled:         | <b>NO</b>                   |
| AnticipatedGraduationDate: |                             |

**CRIMINAL/CIVIL LITIGATION INFORMATION**

**Criminal And Litigation History**

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.** **No**

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**

3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? **No**

## EMPLOYMENT HISTORY

1. Title: **Project Manager**  
Company Name: **PLS Group, INC.**  
Company Address: **4417 County Road 2214**  
**Troy, Alabama, 36079, USA**  
Employment From Date: **05/10/2022**  
Employment To Date: **05/27/2026**  
Hours Per Week: **40**

Total Work Experience (in Months) : **48**

Responsible Charge Exp (in Months) : **24**

Experience Summary: **I am currently a Project Manager at PLS Group Inc. My tasks and duties include coordinating field crews on a day-to-day basis, quoting new projects, managing the Lidar department, and completing surveys for my current Licensed Surveyors to review. I am currently overseeing multiple survey crews per week on a full-time basis, giving them directions and the correct procedures, according to standards of practice, to finish projects in a timely and efficient manner. I coordinate what jobs that our crews are on and oversee them as they are in the field. I help calculate and give them directions that they need from the office standpoint. These directions may include procedures on how the job needs to be performed or if they have any questions about any of the equipment that they may be using. I also manage our LiDAR department solely at this point.**



This department typically includes control surveys and topographic surveys to create a design grade surface and precise location of any improvements. I post process all our LiDAR data in our company and use various software's to complete the processing portion of the point cloud. I use Carlson AutoCAD to perform the drawing portion of all our surveys including Topographic surveys, ALTA surveys, and our typical retracement/boundary surveys. At this point my duty is to manage field crews, managing their time and efficiency in each job that they are on, and create deliverables that is ready for the Licensed Surveyor to review and send to the client. I am also quoting new work and doing research on projects. All the tasks that I have performed are survey related.

#### EXAMINATION INFORMATION

|                          |                             |                           |
|--------------------------|-----------------------------|---------------------------|
| Exam Passed : <b>YES</b> | StateBoard : <b>Alabama</b> | Year Passed : <b>2022</b> |
| Exam Passed : <b>YES</b> | StateBoard : <b>Alabama</b> | Year Passed : <b>2025</b> |
| Exam Passed : <b>NO</b>  | StateBoard :                | Year Passed :             |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **JHALL5444**

Signature Date: **5/27/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

THIS FORM IS TO BE COMPLETED BY FORMER OR CURRENT EMPLOYER VERIFYING WORK EXPERIENCE.  
Make additional copies as needed.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

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www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                            |                            |                                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br><u>Justin Hall</u>                                                                                                                                               |                            | <b>Title:</b><br><u>PLS Project Manager</u>                                             |  |
| <b>Employer / Company Name:</b><br><u>PLS Group, INC</u>                                                                                                                                   |                            | <b>Employer / Company Address:</b><br><u>4417 County Road 2214</u>                      |  |
| <b>City:</b><br><u>Troy</u>                                                                                                                                                                | <b>State:</b><br><u>AL</u> | <b>Zip Code:</b><br><u>36079</u>                                                        |  |
| <b>Employer Contact Name:</b><br><u>Lory E. Rushing, PLS</u>                                                                                                                               |                            | <b>Contact Number:</b><br><u>334-403-4204</u>                                           |  |
| <b>Dates of Employment:</b>                                                                                                                                                                |                            | <b>Number of Hours Per Week:</b>                                                        |  |
| From: <u>5/10/2022</u>                                                                                                                                                                     | To: <u>6/2/2026</u>        | <u>40 hrs/week</u>                                                                      |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                               |                            | <b>Number of Hours Per Week:</b>                                                        |  |
| From: _____                                                                                                                                                                                | To: _____                  | _____                                                                                   |  |
| From: _____                                                                                                                                                                                | To: _____                  | _____                                                                                   |  |
| From: _____                                                                                                                                                                                | To: _____                  | _____                                                                                   |  |
| <b>Total Months of Experience:</b>                                                                                                                                                         |                            |                                                                                         |  |
| Routine (in months): <u>0</u> + Responsible Charge (in months): <u>48</u> = Total Months of Experience <u>48</u>                                                                           |                            |                                                                                         |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above. |                            |                                                                                         |  |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b><br><u>See Attached Sheet.</u>                                                      |                            |                                                                                         |  |
| <br><u>Cory Rushing</u><br>Print name and license number of<br>surveyor and mapper verifying experience |                            | <u>[Signature]</u><br>Signature of licensed surveyor and mapper<br>verifying experience |  |
|                                                                                                                                                                                            |                            | <u>6/2/26</u><br>Date                                                                   |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



Justin is currently a Project Manager at PLS Group Inc. His tasks and duties include coordinating field crews on a day-to-day basis, quoting new projects, managing the Lidar department, and completing surveys for my current Licensed Surveyors to review. He is currently overseeing multiple survey crews per week on a full-time basis, giving them directions and the correct procedures, according to standards of practice, to finish projects in a timely and efficient manner. He coordinates what jobs our crews are on and oversees them as they are in the field. He helps calculate and give them directions that they need from the office standpoint. These directions may include procedures on how the job needs to be performed or if they have any questions about any of the equipment that they may be using. He also manages our LiDAR department solely at this point. This department typically includes control surveys and topographic surveys to create a design-grade surface and precise location of any improvements. He post processes all our LiDAR data in our company and uses various software's to complete the processing portion of the point cloud. He uses Carlson AutoCAD to perform the drawing portion of all our surveys including Topographic surveys, ALTA surveys, and our typical retracement/boundary surveys. At this point his duty is to manage field crews, managing their time and efficiency in each job that they are in, and create deliverables that are ready for the Licensed Surveyor to review and send to the client. He also quotes new work and doing research on projects.



# NCEES

## VERIFICATION OF EXAMINATION

Hall, Justin  
(22-642-69)

justinhall5444@yahoo.com  
DOB: 01/31/2001

### EXAMS

Type text here

| Exam     | Hours | Exam Date     | Verification                                         |
|----------|-------|---------------|------------------------------------------------------|
| NCEES PS | 7     | February 2025 | Verified by NCEES on behalf of Alabama on 02/19/2025 |



# NCEES

## VERIFICATION OF EXAMINATION

Hall, Justin  
(22-642-69)

justinhall5444@yahoo.com  
DOB: 01/31/2001

### EXAMS

| Exam     | Hours | Exam Date | Verification                                         |
|----------|-------|-----------|------------------------------------------------------|
| NCEES FS | 6.0   | June 2022 | Verified by NCEES on behalf of Alabama on 06/29/2022 |

# Application Summary

## Application

Name: **HOFFMAN, TRISTAN**

DTN: **4284040**

Address: **830 N 15TH ST, FERNANDINA BEACH, FL 32034-5130**

Type: **BPSM - Individual New - Initial License**

Received: **07/07/2026**

Fees Paid:

**\$255.00**

## Education

1. Institution: **UNIVERSITY OF NORTH FLORIDA 1 UNF DRIVE JACKSONVILLE, FLORIDA 32224** **2025**  
Degree: **BACHELORS** Major: **CIVIL ENGINEERING**  
Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 24**

**Responsible: 84**

1. Employer: **STEVEN HOFFMAN, PSM POST OFFICE BOX 977 YULEE, FLORIDA 32041**  
Phone: **904-225-0597** From: **01/01/2008** To: **05/01/2016**  
Reference: **STEPHEN HOFFMAN, LICENSED SURVEYOR** Phone: **Unknown**  
Months Exp: **24** Qualified Mths: **84** **Verified**

## Checklist

| <u>Items Required</u>       | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete        | 07/09/2026           | REGENIA LEE         |                |
| Fees Validated Correctly    | 07/09/2026           | REGENIA LEE         |                |
| Fees Cashiered              | 07/09/2026           | REGENIA LEE         |                |
| Application Received        | 07/09/2026           | REGENIA LEE         |                |
| Enter/Update Person Details | 07/09/2026           | REGENIA LEE         |                |
| Education Verified          | 07/09/2026           | REGENIA LEE         |                |
| Experience Verified         | 07/09/2026           | REGENIA LEE         |                |



WILTON SIMPSON  
COMMISSIONER

# Florida Department of Agriculture and Consumer Services

## Division of Consumer Services

### BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS APPLICATION FOR LICENSURE BY EXAMINATION OR ENDORSEMENT

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Submit and Pay Online at:

www.FDACS.gov

- or -

Check or Money Order payable to  
FDACS and remit with application to:

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

☒ Initial Exam

☐ Temporary Certificate

☐ Endorsement Application

Name:

Tristan James Hoffman

Suffix:

Date of Birth:

03 / 05 / 1998

\*\*Social Security Number:

Home Address (if applicable please include suite, apartment and/or unit numbers):

830 N 15th Street

City:

Fernandina Beach

State:

FL

Zip Code:

32034

County (if address is in Florida):

Nassau

Country:

☒ Please check if mailing address is the same as home address. If not:

Mailing Address (if applicable please include suite, apartment and/or unit numbers):

City:

State:

Zip Code:

County (if address is in Florida):

Country:

Email Address:

tristan.hoffman98@gmail.com

\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.

F & A Use Only

DEPT OF AGRICULTURE  
AND CONSUMER SERVICES

JUL 07 2026  
BUREAU OF FINANCE  
AND ACCOUNTING  
168

Org Code: 42 10 08 01 000

EO: A2

Object Code: 001266

\$125

Object Code: 002230

\$125

42100802000 / 001256

\$5

DTN/FAID: 4283329

27-07954278-0001

255.00 07/07/2026

Dep#991345



**Contact Number(s):**( 904 ) 753 - 0706  
Home Phone( ) -  
Cellular Phone( ) -  
Business Phone( ) -  
Facsimile**PRIOR NAME INFORMATION**

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☒ No

If you answered yes, please provide name(s) below:

Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

**EDUCATION HISTORY****Highest Grade Completed (Please check one):**

High School:

College:

Graduate School:

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☒ 4

☐ 1 ☐ 2

| Name and Address of Schools, Colleges, or Universities Attended | Year of Graduation | Degree and Major  | Currently enrolled?<br><i>If Yes*, date of anticipated graduation.</i>     | Foreign School<br><i>Was your school located overseas?</i>          |
|-----------------------------------------------------------------|--------------------|-------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------|
| University of North Florida                                     | 2025               | Civil Engineering | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                                                 |                    |                   | <input type="checkbox"/> Yes* <input type="checkbox"/> No ____*            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                                                                 |                    |                   | <input type="checkbox"/> Yes* <input type="checkbox"/> No ____*            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                                                                 |                    |                   | <input type="checkbox"/> Yes* <input type="checkbox"/> No ____*            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

**BACKGROUND INFORMATION**

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. ☒ Yes ☐ No
- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No

- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

St. Johns County

**State / Governmental agency which brought the action:**

Florida

**Nature of conviction, judgment, order, or action:**

FINE AND School

**Date of Action**

06 / 12 / 2025

**Docket Number:**

25008529TR

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

Following too Closely

### OUT OF STATE LICENSES

Please list all your out of state licenses (attach additional sheets if necessary).

|         |                                                                                                                                                                                                                                                                                                                                                                                        |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| State 1 | a. Issuing State: _____ License Number: _____ Expiration Date: _____<br>Original Issue Date: _____                                                                                                                                                                                                                                                                                     |
|         | b. License obtained by:<br><input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____                                                                                                                                                                                     |
|         | c. Was a licensure exam taken?<br><input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                                                                                                                                                                                                            |
|         | * If Yes:<br>Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?<br>If so, please select the examination(s) completed:<br><input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)<br>Please select if the examination(s) was a state exam: <input type="checkbox"/> |
|         | d. Is the license in good standing?<br><input type="checkbox"/> Yes <input type="checkbox"/> No*<br>* If No, please provide explanation:                                                                                                                                                                                                                                               |

- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

Nassau County

**State / Governmental agency which brought the action:**

Florida

**Nature of conviction, judgment, order, or action:**

adjudication withheld

**Date of Action**

06 / 27 / 2014

**Docket Number:**

452014TR002240TRAXYX

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

TURN OR STOP SIGNAL NO OR IMPROPER (changed lanes without blinker)

### OUT OF STATE LICENSES

Please list all your out of state licenses (attach additional sheets if necessary).

|                                                                                                                             |                                                                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| State 1                                                                                                                     | a. Issuing State: _____ License Number: _____ Expiration Date: _____                                                                                                    |  |  |
|                                                                                                                             | Original Issue Date: _____                                                                                                                                              |  |  |
|                                                                                                                             | b. License obtained by:                                                                                                                                                 |  |  |
|                                                                                                                             | <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____ |  |  |
|                                                                                                                             | c. Was a licensure exam taken?                                                                                                                                          |  |  |
| <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                   |                                                                                                                                                                         |  |  |
| * If Yes:                                                                                                                   |                                                                                                                                                                         |  |  |
| Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?                          |                                                                                                                                                                         |  |  |
| If so, please select the examination(s) completed:                                                                          |                                                                                                                                                                         |  |  |
| <input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II) |                                                                                                                                                                         |  |  |
| Please select if the examination(s) was a state exam: <input type="checkbox"/>                                              |                                                                                                                                                                         |  |  |
| d. Is the license in good standing?                                                                                         |                                                                                                                                                                         |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No*                                                                   |                                                                                                                                                                         |  |  |
| * If No, please provide explanation:                                                                                        |                                                                                                                                                                         |  |  |

- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

Nassau County

**State / Governmental agency which brought the action:**

Florida

**Nature of conviction, judgment, order, or action:**

Adjudication Withheld

**Date of Action**

03 / 13 / 2018

**Docket Number:**

452017MM000834MMAXYX

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

Involvement in domestic dispute downgraded to an affray and Adjudication was withheld.

### OUT OF STATE LICENSES

Please list all your out of state licenses (attach additional sheets if necessary).

|                                                                                                                             |                                                                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>State 1</b>                                                                                                              | a. Issuing State: _____ License Number: _____ Expiration Date: _____                                                                                                    |  |  |
|                                                                                                                             | Original Issue Date: _____                                                                                                                                              |  |  |
|                                                                                                                             | b. License obtained by:                                                                                                                                                 |  |  |
|                                                                                                                             | <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____ |  |  |
|                                                                                                                             | c. Was a licensure exam taken?                                                                                                                                          |  |  |
| <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                   |                                                                                                                                                                         |  |  |
| * If Yes:                                                                                                                   |                                                                                                                                                                         |  |  |
| Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?                          |                                                                                                                                                                         |  |  |
| If so, please select the examination(s) completed:                                                                          |                                                                                                                                                                         |  |  |
| <input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II) |                                                                                                                                                                         |  |  |
| Please select if the examination(s) was a state exam: <input type="checkbox"/>                                              |                                                                                                                                                                         |  |  |
| d. Is the license in good standing?                                                                                         |                                                                                                                                                                         |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No*                                                                   |                                                                                                                                                                         |  |  |
| * If No, please provide explanation:                                                                                        |                                                                                                                                                                         |  |  |

State 2

a. Issuing State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Original Issue Date: \_\_\_\_\_

b. License obtained by:  
☐ Examination ☐ Grandfather Clause ☐ Reciprocity/Endorsement ☐ Other: \_\_\_\_\_

c. Was a licensure exam taken?  
☐ Yes\* ☐ No  
\* If Yes:  
Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?  
If so, please select the examination(s) completed:  
☐ Fundamentals of Land Surveying (Part I) ☐ Principles and Practice (Part II)  
Please select if the examination(s) was a state exam: ☐

d. Is the license in good standing?  
☐ Yes ☐ No\*  
\* If No, please provide explanation: \_\_\_\_\_

### EMPLOYMENT HISTORY

A specific experience record is required for licensure as a surveyor and mapper. The experience must be as a subordinate to a licensed surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

*472.005(6), Florida Statutes The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.*

Please list all your previous employers where you have gained experience as a surveyor and mapper (attach additional sheets as necessary):

|            |                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                    |                                        |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|----------------------------------------|
| Employer 1 | <b>Employer / Company Name:</b><br>Stephen W. Hoffman                                                                                                                                                                                                                                                                                                                                       |  | <b>Employer / Company Address:</b><br>p.o. box 977 |                                        |
|            | <b>City:</b><br>Yulee                                                                                                                                                                                                                                                                                                                                                                       |  | <b>State:</b><br>FL                                | <b>Zip Code:</b><br>32041 -            |
|            | <b>Supervisor's Name:</b><br>Stephen W. Hoffman                                                                                                                                                                                                                                                                                                                                             |  | <b>License Number:</b><br>LS 5774                  | <b>Contact Number:</b><br>904-225-0597 |
|            | <b>Dates of Employment:</b><br>From: 2017 To: 2025                                                                                                                                                                                                                                                                                                                                          |  | <b>Number of Hours Per Week:</b><br>40             |                                        |
|            | <b>Did you ever work on a part-time basis?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                          |  | <b>Number of Hours Per Week:</b><br>10-20          |                                        |
|            | From: 01/2008 To: 08/2016                                                                                                                                                                                                                                                                                                                                                                   |  |                                                    |                                        |
|            | From: To:                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                    |                                        |
|            | From: To:                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                    |                                        |
|            | <b>Total Months of Experience:</b><br>Routine (in months): 108 Responsible Charge (in months): 84                                                                                                                                                                                                                                                                                           |  |                                                    |                                        |
|            | <b>Summary of Experience</b><br>Supervision, Evaluation, and Completion of: metes and bounds surveys, platted lot surveys, construction layout, elevation certificates, as-built surveys, stationing layout, and topographic surveys. I have been mentored by my father and have done the above work from the beginning to end i.e. calculation, field work/crew supervision, and drafting. |  |                                                    |                                        |



Employer / Company Name:

Employer / Company Address:

City:

State:

Zip Code:

Supervisor's Name:

License Number:

Contact Number:

Dates of Employment:

Number of Hours Per Week:

From: \_\_\_\_\_

To: \_\_\_\_\_

Did you ever work on a part-time basis? ☐ Yes ☐ No

Number of Hours Per Week:

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Total Months of Experience:

Routine (in months): \_\_\_\_\_

Responsible Charge (in months): \_\_\_\_\_

**Summary of Experience**

**EXAMINATION INFORMATION**

Please complete the following:

**NCEES Fundamentals of Land Surveying (Part I).**

Have you passed this exam?

State Board:

Year Passed:

☐ Yes ☒ No

**NCEES Principles and Practice (Part II)**

Have you passed this exam?

State Board:

Year Passed:

☐ Yes ☒ No

**Florida Jurisdictional 100 Item Multiple Choice (Part III)**

Have you passed this exam?

State Board:

Year Passed:

☐ Yes ☒ No

**SPECIAL TESTING ACCOMMODATIONS**

Please indicate if you require special testing accommodations due to disability.

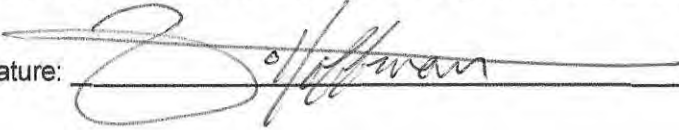
☐ Yes\*\* ☒ No

\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services immediately at 1-800-HELP-FLA (435-7352) or 850-410-3800.

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature:

A handwritten signature in black ink, appearing to read "S. Hoffman", written over a horizontal line.

Date:

04/06/2026

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                      |             |                                                                   |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------|---------------------------|
| <b>Applicant Name:</b><br>Tristan James Hoffman                                                                                                                                                                                                      |             | <b>Title:</b>                                                     |                           |
| <b>Employer / Company Name:</b><br>STEPHEN W HOFFMAN, INC                                                                                                                                                                                            |             | <b>Employer / Company Address:</b><br>P.O. Box 977                |                           |
| <b>City:</b><br>Fernandina Beach FL                                                                                                                                                                                                                  |             | <b>State:</b><br>FL                                               | <b>Zip Code:</b><br>32041 |
| <b>Employer Contact Name:</b><br>STEPHEN HOFFMAN                                                                                                                                                                                                     |             | <b>Contact Number:</b><br>904-225-0597                            |                           |
| <b>Dates of Employment:</b>                                                                                                                                                                                                                          |             | <b>Number of Hours Per Week:</b>                                  |                           |
| From: 04/2017                                                                                                                                                                                                                                        | To: PRESENT | 40                                                                |                           |
| <b>Did the applicant ever work on a part-time basis?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |             | <b>Number of Hours Per Week:</b>                                  |                           |
| From: 01/2008                                                                                                                                                                                                                                        | To: 05/2010 | 10-20 HRS/WEEK                                                    |                           |
| From:                                                                                                                                                                                                                                                | To:         |                                                                   |                           |
| From:                                                                                                                                                                                                                                                | To:         |                                                                   |                           |
| <b>Total Months of Experience:</b>                                                                                                                                                                                                                   |             |                                                                   |                           |
| Routine (in months): 24 + Responsible Charge (in months): 84 = Total Months of Experience 108                                                                                                                                                        |             |                                                                   |                           |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                                                           |             |                                                                   |                           |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                                                                              |             |                                                                   |                           |
| HE HAS PERFORMED THE DUTIES OF RODMAN, PARTY CHIEF AND DRAFTSMAN.<br>HE HAS SUPERVISED FIELD CREWS AND BEEN RESPONSIBLE FOR PREPARING<br>THE FIELD CREWS JOBS. HE HAS BEEN RESPONSIBLE FOR THE DRAFTING AND<br>PREPARATION OF THE FINAL SURVEY MAPS. |             |                                                                   |                           |
| STEPHEN W HOFFMAN LS 5774<br>Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                                            |             | Sealed                                                            |                           |
|                                                                                                                                                                                                                                                      |             | Signature of licensed surveyor and mapper<br>verifying experience |                           |
|                                                                                                                                                                                                                                                      |             | Date<br>04/03/2026                                                |                           |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



# Application Summary

## Application

Name: **LAZO, MICHAEL**

DTN: **4257446**

Address: **5300 SW 62ND AVE, MIAMI, FL 33155-6236**

Type: **BPSM - Individual New - Initial License**

Received: **05/06/2026**

Fees Paid:

**\$255.00**

## Education

|    |                                                                                         |                                              |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------|
| 1. | Institution: <b>UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA</b>                          | <b>2022</b>                                  |
|    | Degree: <b>CERTIFICATE</b>                                                              | Major: <b>GEOMATICS</b>                      |
|    | Foreign: <b>No</b>                                                                      | Enrolled: <b>No</b> <b>Verified</b>          |
| 2. | Institution: <b>FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH STREET MIAMI, FLORIDA</b> | <b>2021</b>                                  |
|    | Degree: <b>BACHELORS</b>                                                                | Major: <b>BIOLOGICAL SCIENCES</b>            |
|    | Foreign: <b>No</b>                                                                      | Enrolled: <b>No</b> <b>Verified</b>          |
| 3. | Institution: <b>MIAMI DADE COLLEGE MIAMI, FLORIDA USA</b>                               | <b>2011</b>                                  |
|    | Degree: <b>ASSOCIATES</b>                                                               | Major: <b>PATHWAY TO PRE-NURSING</b>         |
|    | Foreign: <b>No</b>                                                                      | Enrolled: <b>No</b> <b>Verified</b>          |
| 4. | Institution: <b>MIAMI DADE COLLEGE MIAMI, FLORIDA USA</b>                               | <b>2002</b>                                  |
|    | Degree: <b>ASSOCIATES</b>                                                               | Major: <b>FIRE SCIENCE EMERGENCY MEDICAL</b> |
|    | Foreign: <b>No</b>                                                                      | Enrolled: <b>No</b> <b>Verified</b>          |
| 5. | Institution: <b>MIAMI DADE COLLEGE MIAMI, FLORIDA USA</b>                               | <b>2000</b>                                  |
|    | Degree: <b>COLLEGE CREDIT CERTIFICATE</b>                                               | Major: <b>EMT</b>                            |
|    | Foreign: <b>No</b>                                                                      | Enrolled: <b>No</b> <b>Verified</b>          |

## Experience

**Total: 12**

**Responsible: 60.5**

|    |                                                                                                                 |                             |                            |
|----|-----------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|
| 1. | Employer: <b>PRECISION MEASUREMENTS INC. 751 PARK OF COMMERCE DRIVE BOCA RATON, FLORIDA 33487</b>               | From: <b>06/01/2025</b>     | To: <b>04/01/2026</b>      |
|    | Phone: <b>954-816-5573</b>                                                                                      |                             |                            |
|    | Reference: <b>MICHAEL LOWIEC, LICENSED SURVEYOR</b>                                                             |                             | Phone: <b>Unknown</b>      |
|    | Months Exp: <b>0</b>                                                                                            | Qualified Mths: <b>10</b>   | <b>Verified</b>            |
| 2. | Employer: <b>PRECISION MEASUREMENTS, INC. 751 PARK OF COMMERCE DR., SUITE 130 BOCA RATON, FLORIDA 33487 USA</b> | From: <b>11/30/2023</b>     | To: <b>05/31/2025</b>      |
|    | Phone: <b>Unknown</b>                                                                                           |                             |                            |
|    | Reference: <b>KEN LEITZ</b>                                                                                     |                             | Phone: <b>757-368-0945</b> |
|    | Months Exp: <b>0</b>                                                                                            | Qualified Mths: <b>18</b>   | <b>Verified</b>            |
| 3. | Employer: <b>APTIM 6401 CONGRESS AVENUE, SUITE 140 BOCA RATON, FLORIDA 33487</b>                                | From: <b>02/17/2022</b>     | To: <b>05/02/2023</b>      |
|    | Phone: <b>954-816-5573</b>                                                                                      |                             |                            |
|    | Reference: <b>MICHAEL LOWLOCKS, LICENSED SURVEYOR</b>                                                           |                             | Phone: <b>Unknown</b>      |
|    | Months Exp: <b>0</b>                                                                                            | Qualified Mths: <b>14.5</b> | <b>Verified</b>            |
| 4. | Employer: <b>E.R. BROWNELL &amp; ASSOCIATES 4957 SW 74TH COURT MIAMI, FLORIDA 33155</b>                         | From: <b>06/04/2018</b>     | To: <b>11/17/2019</b>      |
|    | Phone: <b>240-994-0295</b>                                                                                      |                             |                            |
|    | Reference: <b>SILAS WILLIAMS, LICENSED SURVEYOR 6699</b>                                                        |                             | Phone: <b>240-994-0295</b> |
|    | Months Exp: <b>0</b>                                                                                            | Qualified Mths: <b>18</b>   | <b>Verified</b>            |
| 5. | Employer: <b>TRI COUNTY ENGINEERING 7729 NW 146 STREET MIAMI LAKES, FLORIDA 33016</b>                           | From: <b>05/01/2017</b>     | To: <b>05/01/2018</b>      |
|    | Phone: <b>305-794-3311</b>                                                                                      |                             |                            |
|    | Reference: <b>JOSH DIJACAM, LICENSED SURVEYOR 4849</b>                                                          |                             | Phone: <b>305-794-3311</b> |
|    | Months Exp: <b>12</b>                                                                                           | Qualified Mths: <b>0</b>    | <b>Verified</b>            |



# Application Summary

## Application

Name: **LAZO, MICHAEL**

DTN: **4257446**

Address: **5300 SW 62ND AVE, MIAMI, FL 33155-6236**

Type: **BPSM - Individual New - Initial License**

Received: **05/06/2026**

Fees Paid: **\$255.00**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u> |
|-----------------------------------------|----------------------|----------------------|----------------|
| Letter - LS Complete                    | 05/18/2026           | REGENIA LEE          |                |
| Experience Verified                     | 05/18/2026           | REGENIA LEE          |                |
| Background Check Initiated              | 05/12/2026           | REGENIA LEE          |                |
| Online App Recd. Data Updated by System | 05/12/2026           | REGENIA LEE          |                |
| New Documents Received. Please look.    | 05/12/2026           | REGENIA LEE          |                |
| Fees Validated Correctly                | 05/11/2026           | SYSTEM CSTRACK       |                |
| Fees Cashiered                          | 05/11/2026           | FINANCE & ACCOUNTING |                |
| Education Verified                      | 05/08/2026           | REGENIA LEE          |                |
| Letter - LS Individual Deficiency       | 05/06/2026           | REGENIA LEE          |                |
| Enter/Update Person Details             | 05/06/2026           | REGENIA LEE          |                |
| Application Received                    | 05/06/2026           | REGENIA LEE          |                |



WILTON SIMPSON

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700  
[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA (435-7352)  
FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

### APPLICATION TYPE

|                       |                            |                  |                               |
|-----------------------|----------------------------|------------------|-------------------------------|
| Application Type      | <b>Initial Examination</b> |                  |                               |
| Highest Degree        | <b>College 4 Years</b>     |                  |                               |
| Document Tracking No# | <b>4257446</b>             | Application Date | <b>05/06/2026 06:40:14 AM</b> |

### APPLICANT INFORMATION

|                        |                                                   |
|------------------------|---------------------------------------------------|
| First Name             | <b>Michael</b>                                    |
| Middle Initial         | <b>P</b>                                          |
| Last Name              | <b>Lazo</b>                                       |
| Date of Birth          | <b>7/15/1981</b>                                  |
| Race                   | <b>Spanish, Hispanic or Latino</b>                |
| Social Security Number | <b>[REDACTED]</b>                                 |
| Home Address           | <b>5300 sw 62 ave<br/>Miami,Florida,33155,USA</b> |
| Mailing Address        | <b>5300 sw 62 ave<br/>Miami,Florida,33155,USA</b> |
| Email address          | <b>morocomike@gmail.com</b>                       |
| Home Phone             | <b>305-793-2638</b>                               |
| Cellular Phone         |                                                   |
| Business Phone         |                                                   |
| Fax                    |                                                   |

### PRIOR NAME INFORMATION

Has Prior Name : **NO**

### EDUCATION HISTORY

|                            |                                             |
|----------------------------|---------------------------------------------|
| 1. InstitutionName:        | <b>FLORIDA INTERNATIONAL<br/>UNIVERSITY</b> |
| Degree:                    | <b>BS</b>                                   |
| GraduationYear:            | <b>2021</b>                                 |
| Location:                  | <b>MIAMI, Florida, USA</b>                  |
| CurrentlyEnrolled:         | <b>NO</b>                                   |
| AnticipatedGraduationDate: |                                             |
| 2. InstitutionName:        | <b>University of Florida</b>                |
| Degree:                    | <b>Certification</b>                        |
| GraduationYear:            | <b>2021</b>                                 |

Location: **Gainesville , Florida, USA**

CurrentlyEnrolled: **NO**

AnticipatedGraduationDate:

3. InstitutionName: **Miami Dade College**

Degree: **AS**

GraduationYear: **2004**

Location: **Miami, Florida, USA**

CurrentlyEnrolled: **NO**

AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were Yes placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

Date of Action: **04/30/2007**

Docket Number: **075CR000732A**

Court or administrative  
agency  
rendering the decision,  
judgement or order:

**DEDHAM DISTRICT COURT**

Governmental agency  
which brought the action:

**MASSACHUSETTS**

Details: **MISDEMEANOR; MARIJUANA POSSESSION, "CONTINUED WITHOUT A FINDING", CASE CLOSED & ALL FINES REMITTED**

Details:

### List of Uploaded Documents

a) Document Name: **MLAZOCORI.pdf** Document Type: **Criminal Records/History**

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, No possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records Yes have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.

Date of Action: **04/30/2007**

Docket Number **075CR000732A**

Court or administrative  
agency  
rendering the decision,  
judgment or order: **DEDHAM DISTRICT COURT**

Governmental agency  
which brought the  
action: **MASSACHUSETTS**

Details: **MISDEMEANOR; MARIJUANA POSSESSION, "CONTINUED WITHOUT A FINDING", CASE CLOSED & ALL FINES REMITTED**

Description: **I had a catastrophic hip fracture snowboarding, & rather than using addictive opioids, I used marijuana as a means of muscle relaxation & sleep aid. Massachusetts recreational marijuana was APPROVED as law on November 8, 2016.**

#### List of Uploaded Documents

a) Document Name: **MLAZOCORI.pdf** Document Type: **Criminal Records/History**

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other No pleading with any fraud or deceit, or is there any such case or investigation pending?

3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing No authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

#### EMPLOYMENT HISTORY

1. Title: **SR. PARTY CHIEF/ FIELD COORDINATOR**  
Company Name: **PRECISION MEASUREMENTS, INC.**  
Company Address: **751 PARK OF COMMERCE DR., SUITE 130  
BOCA RATON, Florida, 33487, USA**  
Employment From Date: **11/30/2023**  
Employment To Date: **05/01/2026**  
Hours Per Week: **40**

Total Work Experience (in Months) : **29**

Responsible Charge Exp (in Months) : **29**

Experience Summary: **Serves as a Senior Party Chief/ Field Coordinator & Surveyor-In-Training working in the field throughout Land Surveying and hydrographic field data acquisition, and managing all field crew activities and scheduling. Example of work, hydrographic & land surveying for canal & borrow/fill (Earthworks) topographic surveys. Control setup, benchmark transfers, & verification. Pre-construction/ update/ working as-built surveys/ final surveys/ data management for support of field crews. Utilizing GNSS, single beam mapping, digital & direct leveling, total station/ robotic, terrestrial laser scanning. Post processing with CIVIL3D & TRIMBLE BUSINESS CENTER.**

2. Title: **SURVEYOR IN TRAINING**  
Company Name: **Biscayne Engineering**  
Company Address: **529 W FLAGLER ST  
MIAMI, Florida, 33130, USA**  
Employment From Date: **06/01/2023**  
Employment To Date: **10/31/2023**  
Hours Per Week: **40**

Total Work Experience (in Months) : **5**

Responsible Charge Exp (in Months) : 5

**ExperienceSummary:** Surveyor-In-Training processing boundary/ALTA surveys, topographic surveys, sketch-and-legal, Terrestrial laser Scanning processing via Register 360 extracting features via Civil 3D, Microstation, and TopoDOT, subdivision plats, construction surveying, hydrographic single-beam surveying (field data collection to final deliverables); in addition, FDOT. Provided deliverables and flexible utilizing Cyclone Register 360, Microstation V8i/ Geopak and TopoDOT, AutoCAD Civil3D and Cloudworx, and ArcGIS PRO.

3. Title: **HYDROGRAPHIC SURVEYOR**  
 CompanyName: **APTIM ENVIRONMENTAL**  
 CompanyAddress: **6401 CONGRESS AVE SUITE 140**  
**BOCA RATON ,Florida,33487,USA**  
 EmploymentFromDate: **02/17/2022**  
 EmploymentToDate: **05/02/2023**  
 HoursPerWeek: **40**

Total Work Experience (in Months) : 14

Responsible Charge Exp (in Months) : 14

**ExperienceSummary:** Served as a hydrographic surveyor involved in collecting, processing, analyzing, and oversight of data including: Topographic, single-beam sonar, shallow-penetration chirp seismic reflection, medium-penetration multi-channel seismic reflection, and magnetometer. Additionally, his responsibilities included diving operations, marine vegetation transects, percent coverage mapping with GNSS, collecting hard-bottom mapping, profiles, and marine Captain of Aptim survey vessels; interchangeable, between duties effortlessly. Logging and processing for deliverables via HYPACK, Global Mapper, AutoCAD Civil 3D, and ArcGIS Pro for final deliverables; along with, static observations, and PPK corrections with NOAA tides comparisons. He also prepared engineering, geological, and geohazard maps, technical and scientific reports, and presentations for regulatory, facilities siting, foundation-design, and a variety of other engineering applications in a team setting. He operated and traveled throughout the Gulf of Mexico (GOM), and the East Coast of the US in nearshore and challenging offshore environments.

4. Title: **SR. PARTY CHIEF**  
 CompanyName: **CARTER & CLARK**  
 CompanyAddress: **1735 N BROWN RD SUITE 400**  
**LAWRENCEVILLE,Florida,30043,USA**  
 EmploymentFromDate: **03/01/2020**  
 EmploymentToDate: **02/01/2022**  
 HoursPerWeek: **40**

Total Work Experience (in Months) : 23

Responsible Charge Exp (in Months) : 23

**ExperienceSummary:** Served as land surveying party chief for lot & block construction developers DR Horton and US Homes. Responsible for autonomous surveying and trigonometric leveling with a Trimble S5 Robotic Total Station. Surveys performed: Open and closed traverse with adjustments and misclosures, topographic survey, cut/fill grading, building layout with perpendicular offsets, form-checks, final grading, curb and gutter layout, sidewalk layout, finished floor elevation survey, as-builts, and with proper feature codes. Post processed point group files & line work for data evaluation & final deliverables.

5. Title: **PARTY CHIEF**  
 CompanyName: **ER BROWNELL**  
 CompanyAddress: **4957 SW 74TH CT**  
**MIAMI,Florida,33155,USA**  
 EmploymentFromDate: **06/04/2018**



EmploymentToDate: **11/17/2019**

HoursPerWeek: **40**

Total Work Experience (in Months) : **18**

Responsible Charge Exp (in Months) : **18**

ExperienceSummary: **Served as land surveying party chief for construction and civil services. His grasp of Geomatics theory and survey computations were essential for daily duties: Recovering monument control, datum transformations, elevation loops or three-wire leveling and benchmark elevation transfers, maintaining elevations throughout the project duration, open and closed traverse with compass rule adjustments and page checks for all tabular tables, stationing and offsets from stations, establish baselines, establish box control envelope outside of project sites with 1st order closure, and high-rise construction erector scaffolding offsets. Surveys performed: boundary, topographic, cadastral, cut/fill grading/cut-sheets and volumetrics, sumps and inverts with flow and slope, DOT blue-top grading, DOT route geometrics and layout, DOT alignment layout, vertical (Building & column) alignment, form-checks, as-built, underground utilities, staking, and final surveys for deliverables. He utilized conventional and Robotic Total Station, RTK/RTN GNSS, Leica a SiteScan C10, and BLK 360 for 3D laser scanning and post-processing with Leica Cyclone.**

6. Title: **INSTRUMENT OPERATOR**  
 CompanyName: **TRI-COUNTY ENGINEERING**  
 CompanyAddress: **7729 NW 146TH ST**  
**MIAMI LAKES,Florida,33016,USA**  
 EmploymentFromDate: **04/01/2017**  
 EmploymentToDate: **06/01/2018**  
 HoursPerWeek: **40**

Total Work Experience (in Months) : **14**

Responsible Charge Exp (in Months) : **0**

ExperienceSummary: **Served as a land surveying Instrument Operator (IO) for lot & block construction developers D R Horton, LENNAR, US Homes, etc.. He was responsible for operating the Nikon Total Station (TS), Topcon RTK GNSS, and dumpy level. Surveys performed: Open and closed traverse with adjustments and misclosures, stadia leveling and direct leveling, topographic survey, cut/fill grading with cut-sheets, building layout with perpendicular offsets, form-checks, final grading, curb and gutter layout, sidewalk layout, underground utility layout, construction elevation staking, finished floor elevation survey, as-builts, and with proper feature codes.**

7. Title: **INSTRUMENT OPERATOR**  
 CompanyName: **GEOPOINT SURVEYING, INC.**  
 CompanyAddress: **1720 E TIFFANY DR., SUITE 201**  
**WEST PALM BEACH ,Florida,33407,USA**  
 EmploymentFromDate: **11/21/2016**  
 EmploymentToDate: **03/10/2017**  
 HoursPerWeek: **40**

Total Work Experience (in Months) : **4**

Responsible Charge Exp (in Months) : **0**

ExperienceSummary: **Served as a land surveying instrument operator for full land survey services. He participated in the development of the newly incorporated City of Westlake, Palm Beach County, Florida. He was omnipresent throughout the former palm tree orchard, from concrete survey monuments to the platting, surveying, and layout of the residential and commercial elements of the community.**

#### EXAMINATION INFORMATION

Exam Passed : **YES**StateBoard : **Florida**Year Passed : **2022**Exam Passed : **NO**

StateBoard :

Year Passed :

Exam Passed : **NO**

StateBoard :

Year Passed :

**SPECIAL TESTING ACCOMMODATIONS**

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO****AUTHORIZATION**

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **MICHAEL LAZO**Signature Date: **5/6/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

Florida Department of Agriculture and Consumer Services

Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

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www.FDACS.gov • 850-410-3804 Fax



**WILTON SIMPSON  
COMMISSIONER**

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

**Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Applicant Name:**

Michael Lazo

**Title:**

Survey party chief

**Employer / Company Name:**

Precision Measurements, Inc.

**Employer / Company Address:**

751 Park of Commerce Dr. Suite 130

**City:**

Boca raton

**State:**

FL

**Zip Code:**

33487

**Employer Contact Name:**

Michael Lowiec

**Contact Number:**

954-816-5573

**Dates of Employment:**

From: June 1, 2025

To\*: April 1, 2026

**Number of Hours Per Week:**

40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From:

To:

From:

To:

From:

To:

**Total Months of Experience:**

Routine (in months): 0 + Responsible Charge (in months): 10 = **Total Months of Experience** 10

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Hydrographic & land surveying for canal & borrow/fill (earthworks) topographic surveys. Control setup, benchmark transfers, & verification. Pre-construction/ update/ working-as-built surveys, final surveys, data management for support of field crews. Utilizing GNSS, single beam mapping, digital & direct leveling, total station/ robotic, terrestrial laser scanning. Post processing with Civil3D & Trimble Business Center.

Michael Lowiec LS 6846

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

4/20/26  
Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



THIS FORM IS TO BE COMPLETED BY FORMER OR CURRENT EMPLOYER VERIFYING WORK EXPERIENCE.  
Make additional copies as needed.

Florida Department of Agriculture and Consumer Services

Division of Consumer Services

BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION

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Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Michael Lazo                                                                                                                                                                                                                                                                                                                                                                                               |                     | <b>Title:</b><br>Survey party chief                                                                                   |  |
| <b>Employer / Company Name:</b><br>Precision Measurements, Inc.                                                                                                                                                                                                                                                                                                                                                                      |                     | <b>Employer / Company Address:</b><br>751 Park of Commerce Dr.                                                        |  |
| <b>City:</b><br>Ft. Lauderdale                                                                                                                                                                                                                                                                                                                                                                                                       | <b>State:</b><br>FL | <b>Zip Code:</b><br>33487 -                                                                                           |  |
| <b>Employer Contact Name:</b><br>Ken Leitz                                                                                                                                                                                                                                                                                                                                                                                           |                     | <b>Contact Number:</b><br>757-368-0945                                                                                |  |
| <b>Dates of Employment:</b><br>From: November 30, 2023 To*: May 31, 2025                                                                                                                                                                                                                                                                                                                                                             |                     | <b>Number of Hours Per Week:</b><br>40                                                                                |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                         |                     | <b>Number of Hours Per Week:</b>                                                                                      |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                                                                | To:                 |                                                                                                                       |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                                                                | To:                 |                                                                                                                       |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                                                                | To:                 |                                                                                                                       |  |
| <b>Total Months of Experience:</b><br>Routine (in months): 0 + Responsible Charge (in months): 18 = <b>Total Months of Experience</b> 18<br>If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                                                                                               |                     |                                                                                                                       |  |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                                       |  |
| Hydrographic & land surveying for canal & borrow pit (earthworks) topographic surveys. Control setup, benchmark transfers, & verification. Pre-construction/ update working as built surveys, final surveys, data management for support of field crews. Utilizing GNSS, single beam mapping, digital & direct leveling, total station/ robotic, terrestrial laser scanning. Post processing with Civil3D & Trimble Business Center. |                     |                                                                                                                       |  |
| KENNETH LEITZ 572<br>Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                                                                                                                                                                                                                                    |                     | NO. 5726<br>STATE OF FLORIDA<br>Signature of licensed surveyor and mapper<br>verifying experience<br>5-8-2024<br>Date |  |

\* If you indicate to "present," the time will be calculated to the date this form is signed and sealed.



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION

Chapter 472, Florida Statutes  
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2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

472.005(6), Florida Statutes The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------|--|
| Applicant Name:<br><u>MICHAEL PIERRE LAZO</u>                                                                                                                                                                                                                                                                                                                                                    |                     | Title:<br><u>SURVEYOR IN TRAINING</u>                                                       |  |
| Employer / Company Name:<br><u>APTIM</u>                                                                                                                                                                                                                                                                                                                                                         |                     | Employer / Company Address:<br><u>6401 CONGRESS AVE, SUITE 140</u>                          |  |
| City:<br><u>BOCA RATON</u>                                                                                                                                                                                                                                                                                                                                                                       | State:<br><u>FL</u> | Zip Code:<br><u>33487</u>                                                                   |  |
| Employer Contact Name:<br><u>MICHAEL LOWEIC</u>                                                                                                                                                                                                                                                                                                                                                  |                     | Contact Number:<br><u>954-816-5573</u>                                                      |  |
| Dates of Employment:<br>From: <u>02/17/2022</u> To: <u>05/02/2023</u>                                                                                                                                                                                                                                                                                                                            |                     | Number of Hours Per Week:<br><u>40-60</u>                                                   |  |
| Did the applicant ever work on a part-time basis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                            |                     | Number of Hours Per Week:                                                                   |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                            | To:                 |                                                                                             |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                            | To:                 |                                                                                             |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                            | To:                 |                                                                                             |  |
| Total Months of Experience:                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                             |  |
| Routine (in months): _____ + Responsible Charge (in months): <u>14.5</u> = Total Months of Experience <u>14.5</u>                                                                                                                                                                                                                                                                                |                     |                                                                                             |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                                                                                                                                                                                                       |                     |                                                                                             |  |
| Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant                                                                                                                                                                                                                                                                                                 |                     |                                                                                             |  |
| <u>HYDROGRAPHIC SURVEYOR COLLECTING, PROCESSING, ANALYZING OF DATA FOR TOPOGRAPHIC GPS RTK/STATIC LOGGING, SINGLE-BEAM SONAR, TOTAL STATION OBSERVATIONS. PROCESSING WITH AYPACK CIVIL 3D, GLOBAL MAPPER, GIS &amp; OPUS/RINEX CORRECTIONS. PPR CORRECTIONS WITH NOAA TIDES COMPARISONS &amp; TETHERED DGPS HARD BOTTOM MAPPING ALONG COASTAL FLORIDA. BEACH RESTORATION PROFILES USING RTK.</u> |                     |                                                                                             |  |
| <u>Michael Lowieic 6846</u><br>Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                                                                                                                                                                                      |                     | <u>Michael Lowieic</u><br>Signature of licensed surveyor and mapper<br>verifying experience |  |
| Sealed                                                                                                                                                                                                                                                                                                                                                                                           |                     | Date<br><u>5/15/2025</u>                                                                    |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



NICOLE "NIKKI" FRIED  
COMMISSIONER

BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
APPLICATION FOR  
LICENSURE BY EXAMINATION

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

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Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------|--|
| Applicant Name:<br><u>MICHAEL PIERRE LAZO</u>                                                                                                                                                                                                                                                                                                                                                                |                     | Title:<br><u>CREW CHIEF</u>                                                                                 |  |
| Employer / Company Name:<br><u>E.R. BROWNELL &amp; ASSOCIATES</u>                                                                                                                                                                                                                                                                                                                                            |                     | Employer / Company Address:<br><u>4957 SW 74<sup>th</sup> Ct.</u>                                           |  |
| City:<br><u>MIAMI</u>                                                                                                                                                                                                                                                                                                                                                                                        | State:<br><u>FL</u> | Zip Code:<br><u>33155</u>                                                                                   |  |
| Supervisor's Name:<br><u>SILAS WILLIAMS</u>                                                                                                                                                                                                                                                                                                                                                                  |                     | Contact Number:<br><u>240-994-0295</u>                                                                      |  |
| Dates of Employment:<br>From: <u>06/04/18</u> To: <u>11/17/19</u>                                                                                                                                                                                                                                                                                                                                            |                     | Number of Hours Per Week:<br><u>40</u>                                                                      |  |
| Did the applicant ever work on a part-time basis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                        |                     | Number of Hours Per Week:                                                                                   |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                                        | To:                 |                                                                                                             |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                                        | To:                 |                                                                                                             |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                                        | To:                 |                                                                                                             |  |
| Total Months of Experience:<br>Routine (in months): <u>0</u> + Responsible Charge (in months): <u>18</u> = Total Months of Experience <u>18</u><br>If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                                                                |                     |                                                                                                             |  |
| Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant<br><u>PARTY CHIEF FOR LAND SURVEY FIELD CREW; OBTAINING DATA USED FOR CONSTRUCTION, BOUNDARY TOPOGRAPHIC, CADASTRAL ALIGNMENT SURVEYS. EXTENSIVE CONSTRUCTION LAYOUT OFFSET, CONTROLS. ESTABLISHING &amp; TRANSFERS OF CONTROL BASELINES, ENVELOPE BOX EXTENTS, 3D SCANNER DATA ACQUISITION &amp; POST.</u> |                     |                                                                                                             |  |
| Print name and license number of surveyor and mapper verifying experience<br><u>Rolando Huatiles 6699</u>                                                                                                                                                                                                                                                                                                    |                     | Signature of licensed surveyor and mapper verifying experience<br><u>Rolando Huatiles</u> <u>01/31/2020</u> |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



NICOLE "NIKKI" FRIED  
COMMISSIONER

BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
APPLICATION FOR  
LICENSURE BY EXAMINATION

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472.005(6), Florida Statutes The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Applicant Name: <u>MICHAEL PIERRE LAZO</u>                                                                                                                                                                                                                                                         |                                     | Title: <u>INSTRUMENT OPERATOR</u>                                                                           |
| Employer / Company Name: <u>TRI-COUNTY ENGINEERING</u>                                                                                                                                                                                                                                             |                                     | Employer / Company Address: <u>7729 NW 196 St</u>                                                           |
| City: <u>MIAMI LAKES</u>                                                                                                                                                                                                                                                                           | State: <u>FL</u>                    | Zip Code: <u>33016</u>                                                                                      |
| Supervisor's Name: <u>JOSH DIJACAMO</u>                                                                                                                                                                                                                                                            | Contact Number: <u>305-794-3311</u> |                                                                                                             |
| Dates of Employment:                                                                                                                                                                                                                                                                               |                                     | Number of Hours Per Week: <u>40</u>                                                                         |
| From: <u>MAY 2017</u>                                                                                                                                                                                                                                                                              | To*: <u>MAY 2018</u>                |                                                                                                             |
| Did the applicant ever work on a part-time basis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                              |                                     | Number of Hours Per Week: _____                                                                             |
| From: _____                                                                                                                                                                                                                                                                                        | To: _____                           |                                                                                                             |
| From: _____                                                                                                                                                                                                                                                                                        | To: _____                           |                                                                                                             |
| From: _____                                                                                                                                                                                                                                                                                        | To: _____                           |                                                                                                             |
| Total Months of Experience:                                                                                                                                                                                                                                                                        |                                     |                                                                                                             |
| Routine (in months): <u>12</u> + Responsible Charge (in months): <u>0</u> = Total Months of Experience <u>12</u>                                                                                                                                                                                   |                                     |                                                                                                             |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                                                                                                         |                                     |                                                                                                             |
| Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant                                                                                                                                                                                                   |                                     |                                                                                                             |
| <u>INSTRUMENT OPERATOR FOR FIELD LAND SURVEYING CREW; ASSISTING &amp; COLLECTING DATA FOR: CONSTRUCTION SURVEY TOPO BOUNDARY, GRADING, STAKE-OUT, ELEVATION &amp; DIFFERENTIAL LEVELING, LOT &amp; BLOCK LAYOUT, UTILITY, CATCH BASIN &amp; DRAINAGE INSPECTIONS, &amp; VOLUME CUT &amp; FILL.</u> |                                     |                                                                                                             |
| <u>JOSE M. LOPEZ, P.S.M.</u><br>Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                                                                                       | Sealed                              | Signature of licensed surveyor and mapper<br>verifying experience <u>[Signature]</u><br>Date <u>7/23/21</u> |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



**NCEES**

## VERIFICATION OF EXAMINATION

**Lazo, Michael**  
**(22-586-49)**

**morocomike@gmail.com**  
**DOB: 07/15/1981**

### EXAMS

| Exam     | Hours | Exam Date  | Verification                                            |
|----------|-------|------------|---------------------------------------------------------|
| NCEES FS | 6.0   | April 2022 | Verified by NCEES on behalf of Florida LS on 04/20/2022 |

# Application Summary

## Application

Name: **LOCKLIN, COLTON**

DTN: **4257349**

Address: **223 PINE WINDS DR, SANFORD, FL 32773-5568**

Type: **BPSM - Individual New - Initial License**

Received: **05/05/2026**

Fees Paid:

**\$255.00**

## Education

- |    |                                                                    |                                                                                |
|----|--------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1. | Institution: <b>UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA USA</b> | <b>2026</b>                                                                    |
|    | Degree: <b>CERTIFICATE</b>                                         | Major: <b>GEOMATICS</b>                                                        |
|    | Foreign: <b>No</b>                                                 | Enrolled: <b>Yes</b> <span style="float: right; color: green;">Verified</span> |
- 
- |    |                                                                 |                                                                                |
|----|-----------------------------------------------------------------|--------------------------------------------------------------------------------|
| 2. | Institution: <b>SEMINOLE STATE COLLEGE SANFORD, FLORIDA USA</b> | <b>2026</b>                                                                    |
|    | Degree: <b>BACHELORS</b>                                        | Major: <b>CONSTRUCTION MANAGEMENT</b>                                          |
|    | Foreign: <b>No</b>                                              | Enrolled: <b>Yes</b> <span style="float: right; color: green;">Verified</span> |

## Experience

**Total: 24**

**Responsible: 109**

- |    |                                                                                                                    |
|----|--------------------------------------------------------------------------------------------------------------------|
| 1. | Employer: <b>SOUTHEASTERN SURVEYING AND MAPPING CORPORATION 6500 ALL AMERICAN BOULEVARD ORLANDO, FLORIDA 32810</b> |
|    | Phone: <b>850-220-2026</b>                                                                                         |
|    | Reference: <b>EDWIN MUNOZ, LICENSED SURVEYOR</b>                                                                   |
|    | Months Exp: <b>24</b>                                                                                              |
- 
- |                            |                       |
|----------------------------|-----------------------|
| From: <b>05/14/2015</b>    | To: <b>05/05/2026</b> |
| Qualified Mths: <b>109</b> | Phone: <b>Unknown</b> |
|                            | Verified              |

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------------|----------------------|---------------------|----------------|
| Online App Recd. Data Updated by System | 05/11/2026           | REGENIA LEE         |                |
| New Documents Received. Please look.    | 05/11/2026           | REGENIA LEE         |                |
| Approved by Board                       | 05/11/2026           | REGENIA LEE         |                |
| Check for Exam                          | 05/11/2026           | REGENIA LEE         |                |
| Fees Validated Correctly                | 05/08/2026           | SYSTEM CSTRACK      |                |
| Fees Cashiered                          | 05/08/2026           |                     |                |
| Letter - LS Complete                    | 05/05/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency       | 05/05/2026           | REGENIA LEE         |                |
| Application Received                    | 05/05/2026           | REGENIA LEE         |                |
| Enter/Update Person Details             | 05/05/2026           | REGENIA LEE         |                |
| Experience Verified                     | 05/05/2026           | REGENIA LEE         |                |
| Education Verified                      | 05/05/2026           | REGENIA LEE         |                |





**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

[www.800helpfla.com](http://www.800helpfla.com)

1-800-HELP-FLA (435-7352)  
FL Only

850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

|                       |                               |
|-----------------------|-------------------------------|
| Application Type      | <b>Initial Examination</b>    |
| Highest Degree        | <b>College 4 Years</b>        |
| Document Tracking No# | <b>4257349</b>                |
| Application Date      | <b>05/05/2026 11:24:03 AM</b> |

**APPLICANT INFORMATION**

|                        |                                                                  |
|------------------------|------------------------------------------------------------------|
| First Name             | <b>Colton</b>                                                    |
| Middle Initial         |                                                                  |
| Last Name              | <b>Locklin</b>                                                   |
| Date of Birth          | <b>3/12/1991</b>                                                 |
| Race                   | <b>White or Caucasian</b>                                        |
| Social Security Number | <b>[REDACTED]</b>                                                |
| Home Address           | <b>6500 ALL AMERICAN BLVD<br/>Orlando,Florida,32810-4350,USA</b> |
| Mailing Address        | <b>6500 ALL AMERICAN BLVD<br/>Orlando,Florida,32810-4350,USA</b> |
| Email address          | <b>clocklin@southeasternsurveying.com</b>                        |
| Home Phone             |                                                                  |
| Cellular Phone         | <b>386-456-7943</b>                                              |
| Business Phone         |                                                                  |
| Fax                    |                                                                  |

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

- |                            |                                  |
|----------------------------|----------------------------------|
| 1. InstitutionName:        | <b>University of Florida</b>     |
| Degree:                    | <b>Certificate</b>               |
| GraduationYear:            | <b>2026</b>                      |
| Location:                  | <b>Gainesville, Florida, USA</b> |
| CurrentlyEnrolled:         | <b>NO</b>                        |
| AnticipatedGraduationDate: |                                  |
| 2. InstitutionName:        | <b>Seminole State College</b>    |
| Degree:                    | <b>Bachelors</b>                 |
| GraduationYear:            | <b>2026</b>                      |

Location: **Sanford, Florida, USA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No** FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other **No** pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing **No** authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## EMPLOYMENT HISTORY

1. Title: **Project Surveyor**  
Company Name: **SSMC**  
Company Address: **6500 ALL AMERICAN BLVD**  
**Orlando, Florida, 32810-4350, USA**  
Employment From Date: **05/14/2015**  
Employment To Date: **05/05/2026**  
Hours Per Week: **50**

Total Work Experience (in Months) : **133**  
Responsible Charge Exp (in Months) : **109**

ExperienceSummary: **Instrument man for 2 years. Party Chief for 7 years. Project Surveyor for 25 months.**

#### EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **clocklin**

Signature Date: **5/5/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.





WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services  
**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

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Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Colton Locklin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     | <b>Title:</b>                                                                    |  |
| <b>Employer / Company Name:</b><br>Southeastern Surveying & Mapping Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | <b>Employer / Company Address:</b><br>6500 All American Blvd                     |  |
| <b>City:</b><br>Orlando                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>State:</b><br>FL | <b>Zip Code:</b><br>32810                                                        |  |
| <b>Employer Contact Name:</b><br>Thom Mead                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     | <b>Contact Number:</b><br>850-220-6613                                           |  |
| <b>Dates of Employment:</b><br>From: 05/14/2015 To*: 05/05/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | <b>Number of Hours Per Week:</b><br>50                                           |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     | <b>Number of Hours Per Week:</b>                                                 |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | To:                 |                                                                                  |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | To:                 |                                                                                  |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | To:                 |                                                                                  |  |
| <b>Total Months of Experience:</b><br>Routine (in months): 24 + Responsible Charge (in months): 109 = <b>Total Months of Experience</b> 133<br>If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                                                                                                                                                                                                                                                                                                    |                     |                                                                                  |  |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                  |  |
| DURING HIS TIME AT SMC, COLTON HAS GAINED VALUABLE EXPERIENCE IN ALL ASPECTS OF LAND SURVEYING. WHILE IN THE FIELD, HE EXCELLED AT ALL FIELD ASPECTS, INCLUDING TRAVERSING, LEVELING, ESTABLISHING CONTROL, BOUNDARY RETRACEMENT, SECTION CORNER RECOVERY, WHILE LEADING A CREW AND MENTORING/TRAINING OTHERS. IN HIS CURRENT OFFICE ROLE, HE HAS GAINED EXPERIENCE IN ALL ASPECTS OF OFFICE TASKS, INCLUDING PROCESSING FIELD DATA, PERFORMING ADJUSTMENTS, AND CREATING FINAL SURVEY DELIVERABLES. HE HAS ALSO GAINED EXPERIENCE MANAGING PROJECTS AND OTHER TEAM MEMBERS.<br>I BELIEVE COLTON WILL BE AN ASSET TO THE SURVEYING COMMUNITY |                     |                                                                                  |  |
| EDWIN MUÑOZ JR. LS7888<br>Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     | [Signature]<br>Signature of licensed surveyor and mapper<br>verifying experience |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | 5/5/2021<br>Date                                                                 |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.





NCEES

## VERIFICATION OF EXAMINATION

Locklin, Colton  
(26-325-17)

clocklin@southeasternsurveying.com  
DOB: 03/12/1991

### EXAMS

| Exam     | Hours | Exam Date | Verification                                            |
|----------|-------|-----------|---------------------------------------------------------|
| NCEES FS | 6     | May 2026  | Verified by NCEES on behalf of Florida LS on 05/27/2026 |

# Application Summary

## Application

Name: **MCHEFFEY, WILLIAM**

DTN: **4277103**

Address: **29 MYSTIC POINT DRIVE, OKATIE, SC 29909**

Type: **BPSM - Individual New - Initial License**

Received: **06/18/2026**

Fees Paid:

**\$255.00**

## Education

- |    |                                                                                                                                                          |                 |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. | Institution: <b>GEORGIA SOUTHERN UNIVERSITY OFFICE OF THE REGISTRAR STATESBORO,</b><br>Degree: <b>GEORGIA 30460</b><br>Foreign: <b>NONE</b><br><b>No</b> | 2026            |
|    | Major: <b>3 SURVEYING COURSES</b><br>Enrolled: <b>No</b>                                                                                                 | <b>Verified</b> |
| 2. | Institution: <b>LAFAYETTE COLLEGE 730 HIGH STREET EASTON, PENNSYLVANIA, 18042</b><br>Degree: <b>BACHELORS</b><br>Foreign: <b>No</b>                      | 1982            |
|    | Major: <b>CIVIL ENGINEERING</b><br>Enrolled: <b>No</b>                                                                                                   | <b>Verified</b> |

## Experience

**Total: 5**

**Responsible: 74**

- |    |                                                                                                                                                                                         |                                                  |                                          |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------|
| 1. | Employer: <b>SURVEYING CONSULTANTS OF HILTON HEAD 17 SHERINGTON DRIVE, SUITE C</b><br>Phone: <b>BLUFFTON, SOUTH CAROLINA 29910</b><br>Reference: <b>Unknown</b><br>Months Exp: <b>1</b> | From: <b>11/01/2024</b><br>To: <b>06/18/2026</b> | Phone: <b>Unknown</b><br><b>Verified</b> |
|    | TERRY G. HATCHELL, LICENSED SURVEYOR<br>Qualified Mths: <b>17</b>                                                                                                                       |                                                  |                                          |
| 2. | Employer: <b>MC ENGINEERING 1041 HIGHWAY 36, BUILDING B, SUITE D ATLANTIC HIGHLANDS, NEW</b><br>Phone: <b>JERSEY 07716</b><br>Reference: <b>732-757-7711</b><br>Months Exp: <b>1</b>    | From: <b>12/01/1990</b><br>To: <b>08/26/2024</b> | Phone: <b>Unknown</b><br><b>Verified</b> |
|    | TERRY G. HATCHELL, LICENSED SURVEYOR<br>Qualified Mths: <b>33</b>                                                                                                                       |                                                  |                                          |
| 3. | Employer: <b>ABBINGTON-NEY ASSOCIATES 20 GIBSON PLACE FREEHOLD, NEW JERSEY 07728</b><br>Phone: <b>Unknown</b><br>Reference: <b>Unknown</b><br>Months Exp: <b>1</b>                      | From: <b>11/01/1983</b><br>To: <b>05/01/1986</b> | Phone: <b>Unknown</b><br><b>Verified</b> |
|    | TERRY G. HATCHELL, LICENSED SURVEYOR<br>Qualified Mths: <b>14</b>                                                                                                                       |                                                  |                                          |
| 4. | Employer: <b>FRED MOLLER &amp; ASSOCIATES 95 FIRST AVENUE ATLANTIC HIGHLANDS, NEW JERSEY</b><br>Phone: <b>07716</b><br>Reference: <b>Unknown</b><br>Months Exp: <b>1</b>                | From: <b>09/01/1982</b><br>To: <b>06/01/1983</b> | Phone: <b>Unknown</b><br><b>Verified</b> |
|    | Qualified Mths: <b>8</b>                                                                                                                                                                |                                                  |                                          |
| 5. | Employer: <b>DANIEL B. ACCIANI &amp; ASSOCIATES 157 BROAD STREET RED BANK, NEW JERSEY 07701</b><br>Phone: <b>Unknown</b><br>Reference: <b>Unknown</b><br>Months Exp: <b>1</b>           | From: <b>06/01/1981</b><br>To: <b>09/01/1981</b> | Phone: <b>Unknown</b><br><b>Verified</b> |
|    | TERRY G. HATCHELL, LICENSED SURVEYOR<br>Qualified Mths: <b>2</b>                                                                                                                        |                                                  |                                          |

# Application Summary

## Application

Name: **MCHEFFEY, WILLIAM**

DTN: **4277103**

Address: **29 MYSTIC POINT DRIVE, OKATIE, SC 29909**

Type: **BPSM - Individual New - Initial License**

Received: **06/18/2026**

Fees Paid: **\$255.00**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u>                               |
|-----------------------------------------|----------------------|----------------------|----------------------------------------------|
| Out of State License Verified           | 07/17/2026           | REGENIA LEE          | NOT LICENSED IN ANY STATE AS A LAND SURVEYOR |
| Online App Recd. Data Updated by System | 06/25/2026           | REGENIA LEE          |                                              |
| New Documents Received. Please look.    | 06/25/2026           | REGENIA LEE          |                                              |
| Fees Validated Correctly                | 06/24/2026           | SYSTEM CSTRACK       |                                              |
| Fees Cashiered                          | 06/24/2026           | FINANCE & ACCOUNTING |                                              |
| Letter - LS Complete                    | 06/22/2026           | REGENIA LEE          |                                              |
| Application Received                    | 06/22/2026           | REGENIA LEE          |                                              |
| Enter/Update Person Details             | 06/22/2026           | REGENIA LEE          |                                              |
| Education Verified                      | 06/22/2026           | REGENIA LEE          |                                              |
| Experience Verified                     | 06/22/2026           | REGENIA LEE          |                                              |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

[www.800helpfla.com](http://www.800helpfla.com)

1-800-HELP-FLA (435-7352)

FL Only

850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

**APPLICANT INFORMATION**

Title  
First Name **William**  
Middle Initial **F.**  
Last Name **McHeffey**  
Suffix  
Date of Birth **2/15/1960**  
Race **White or Caucasian**  
Social Security Number **[REDACTED]**  
Gender  
Home Address **29 Mystic Point Drive  
Okatie, South Carolina, 29909  
USA**  
Mailing Address **29 Mystic Point Drive  
Okatie, South Carolina, 29909  
USA**  
Email address **willmcheffey@aol.com**  
Home Phone  
Cellular Phone **732-757-7711**  
Business Phone  
Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

1. InstitutionName: **Lafayette College**  
Degree: **BS**  
GraduationYear: **1982**  
City,State: **Easton, Pennsylvania**  
Country: **USA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:  
2. InstitutionName: **Georgia Southern University**



Degree: **Non-Degree Undergraduate**  
 GraduationYear: **2026**  
 City,State: **Statesboro, Georgia**  
 Country: **USA**  
 CurrentlyEnrolled: **NO**  
 AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were No placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, No possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

## LICENSURE HISTORY INFORMATION

### Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records No have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other No pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the No licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## EXAMINATION INFORMATION

|                          |                                    |                           |
|--------------------------|------------------------------------|---------------------------|
| Exam Passed : <b>YES</b> | StateBoard : <b>South Carolina</b> | Year Passed : <b>2025</b> |
| Exam Passed : <b>NO</b>  | StateBoard :                       | Year Passed :             |
| Exam Passed : <b>NO</b>  | StateBoard :                       | Year Passed :             |

## SPECIAL TESTING ACCOMODATIONS

Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

**NO**

### AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

234

Applicant Signature: **William F. McHeffey**

Signature Date: **6/16/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.



THIS FORM IS TO BE COMPLETED BY FORMER OR CURRENT EMPLOYER VERIFYING WORK EXPERIENCE.  
Make additional copies as needed.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

472.005(6), Florida Statutes The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

**Applicant Name:**

William F. McHefey

**Title:** Summer Intern

**Employer / Company Name:**

Daniel B. Acciani & Associates

**Employer / Company Address:**

157 Broad Street

**City:** Red Bank

**State:**  
NJ

**Zip Code:**  
07701

**Employer Contact Name:**

Daniel B. Acciani, PE; Leroy C. Stroby, PLS (both deceased)

**Contact Number:**

**Dates of Employment:**

From: 06/01/1981

To: 09/01/1981

**Number of Hours Per Week:**  
40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

**Total Months of Experience:**

Routine (in months): 1 + Responsible Charge (in months): 2 = Total Months of Experience 3  
If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor:** Please provide a summary of experience and duties performed by the applicant

Summer internship performing engineering and surveying duties, ie, field assistant, hand drafting, grading design, pipe design, surveying calculations, and office work.  
Daniel B. Acciani, PE NJ 24GE01661500; LeRoy Stroby, PLS NJ 24GS02548500.

Terry G. Hatchell, SCRLS #11059

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

06/18/2026

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
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Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

**Applicant Name:**

William F. McHeffey

**Title:**

EIT & Surveying Assistant

**Employer / Company Name:**

Fred Moller & Associates

**Employer / Company Address:**

95 First Avenue

**City:** Atlantic Highlands

**State:**

NJ

**Zip Code:**

07716

**Employer Contact Name:**

Frederick M. Moller, PLS (deceased)

**Contact Number:**

**Dates of Employment:**

From: 09/01/1982

To\*: 06/01/1983

**Number of Hours Per Week:**  
40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

**Total Months of Experience:**

Routine (in months): 1 + Responsible Charge (in months): 8 = Total Months of Experience 9

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor:** Please provide a summary of experience and duties performed by the applicant

Engineer in training/surveyor's assistant performing engineering and surveying duties, ie, field assistant, hand drafting, grading design, pipe design, surveying calculations, and office work. Frederick M. Moller, PLS NJ 24GS00561000; William C. Coyle, PLS NJ 24GS01177200; Barry C. Medenback, PE NJ 24GE02764600.

Terry G. Hatchell, SCRLS #11059

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

06/18/2026

Date

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Florida Department of Agriculture and Consumer Services

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472.005(6), Florida Statutes The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

**Applicant Name:**

William F. McHeffey

**Title:** EIT & Surveying Technician

**Employer / Company Name:**

Abbingdon-Ney Associates

**Employer / Company Address:**

20 Gibson Place

**City:** Freehold

**State:**  
NJ

**Zip Code:**  
07728 -

**Contact Number:**

**Employer Contact Name:**

James P. Kovacs, PE, PLS (deceased)

**Dates of Employment:**

From: 11/01/1983 To\*: 05/01/1986

**Number of Hours Per Week:**  
40

Did the applicant ever work on a part-time basis? ☐ Yes ☒ No

**Number of Hours Per Week:**

From: To:

From: To:

From: To:

**Total Months of Experience:**

Routine (in months): 1 + Responsible Charge (in months): 14 = Total Months of Experience 15

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Engineer in training & Surveying Technician: engineering site plan and plot plan designs; office calculations and drafting for survey field crew construction layouts for curb, storm, sanitary, buildings, etc; subdivision file map calculation and CADD for various projects in Monmouth County, N.J. James P. Kovacs, PE PLS NJ 24GB01227900.

Terry G. Hatchell, SCRLS #11059

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

06/18/2026

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.





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Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>William F. McHeffey                                                                                                                                                                                                                                                                                                                                          |                     | <b>Title:</b><br>owner                                               |  |
| <b>Employer / Company Name:</b><br>MC ENGINEERING                                                                                                                                                                                                                                                                                                                                      |                     | <b>Employer / Company Address:</b><br>1041 Hwy 36, Bldg B, Suite D   |  |
| <b>City:</b><br>Atlantic Highlands                                                                                                                                                                                                                                                                                                                                                     | <b>State:</b><br>NJ | <b>Zip Code:</b><br>07716 -                                          |  |
| <b>Employer Contact Name:</b><br>William F. McHeffey, PE, PP (self-employed sole proprietor)                                                                                                                                                                                                                                                                                           |                     | <b>Contact Number:</b><br>(732) 757-7711                             |  |
| <b>Dates of Employment:</b><br>From: 12/01/1990 To*: 08/26/2024                                                                                                                                                                                                                                                                                                                        |                     | <b>Number of Hours Per Week:</b><br>40                               |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                           |                     | <b>Number of Hours Per Week:</b>                                     |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                  | To:                 |                                                                      |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                  | To:                 |                                                                      |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                  | To:                 |                                                                      |  |
| <b>Total Months of Experience:</b>                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                      |  |
| Routine (in months): 1                                                                                                                                                                                                                                                                                                                                                                 |                     | + Responsible Charge (in months): 33 = Total Months of Experience 34 |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                                                                                                                                                                                             |                     |                                                                      |  |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                                                                                                                                                                                                                |                     |                                                                      |  |
| Professional Engineering & Planning services for Central New Jersey; subcontracted with Leroy C. Stroby, PLS, NJ 24GS02548500, 03/01/1991 to 06/01/1992 and Paul K. Lynch, PLS, NJ 24GS03585500, 05/01/1995 to 11/01/1999, providing Land Surveying services in Central New Jersey; performed field surveying, office calculations, and final survey plat drafting for certifications. |                     |                                                                      |  |
| Terry G. Hatchell, SCRLS #11059                                                                                                                                                                                                                                                                                                                                                        |                     | 06/18/2026                                                           |  |
| Print name and license number of surveyor and mapper verifying experience                                                                                                                                                                                                                                                                                                              |                     | Signature of licensed surveyor and mapper verifying experience       |  |
| Sealed.                                                                                                                                                                                                                                                                                                                                                                                |                     | Date                                                                 |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

Florida Department of Agriculture and Consumer Services

Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

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WILTON SIMPSON  
COMMISSIONER

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

472.005(6), Florida Statutes The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

**Applicant Name:**

William F. McHeffey

**Title:**

AutoCAD Survey Technician

**Employer / Company Name:**

Surveying Consultants of Hilton Head

**Employer / Company Address:**

17 Sherington Drive, Suite C

**City:**

Bluffton

**State:**

SC

**Zip Code:**

29910

**Employer Contact Name:**

Terry G. Hatchell, SCRLS 11059

**Contact Number:**

(843) 815-3304

**Dates of Employment:**

From: 11/01/2024

To\*: present

**Number of Hours Per Week:**

40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From:

To:

From:

To:

From:

To:

**Total Months of Experience:**

Routine (in months): 1 + Responsible Charge (in months): 17 = Total Months of Experience 18

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

AutoCAD Civil 3D Survey Technician; current duties include commercial and residential surveys in South Carolina & Georgia; Boundary, Topographical, Tree, As-Built surveys; import field data, calculate/analyze boundary data; create TIN for topo surveys; perform field layouts for new construction data points; perform Flood Elevation Certificates for existing, under construction, and final construction buildings & residences

Terry G. Hatchell, SCRLS #11059

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

06/18/2026

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



## Examinee

**Name**

William McHeffey

**NCEES ID**

25-197-73

## Latest Photo



## Exam

**FS Fundamentals of Surveying**

**Date:** 02/13/2025

**Result:** Pass

**Board:** South Carolina

## Verifiable Link

<https://account.ncees.org/rn/2519773-1786745-603b325>

## Sharing your exam result

Copy and paste the unique verifiable link shown above to allow others to verify this exam result in a secure environment.

## Licensure requirements in the United States

Licensure for the engineering and surveying professions is regulated by each individual U.S. state and territory. All candidates for licensure must meet specific requirements in education, experience, and exams. Passing an NCEES exam is only part of the licensure process.

Examinees interested in pursuing licensure are encouraged to check the requirements of the state or territory where they plan to practice, as the requirements vary.



# Application Summary

## Application

Name: **MIDDLETON, JAKOB**

DTN: **4257534**

Address: **66 TREE FROG WAY, ST. AUGUSTINE, FL 32095**

Type: **BPSM - Individual New - Initial License**

Received: **05/06/2026**

Fees Paid:

**\$255.00**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA USA** **2022**  
 Degree: **BACHELORS** Major: **GEOMATICS**  
 Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 4**

**Responsible: 49**

1. Employer: **ETM SURVEYING AND MAPPING 14775 OLD ST AUGUSTINE RD JACKSONVILLE, FLORIDA**  
 Phone: **32258 USA**  
**904-627-0048** From: **01/10/2022** To: **06/02/2026**  
 Reference: **SCOTT A. GRAHAM, LICENSED SURVEYOR** Phone: **904-627-0048**  
 Months Exp: **4** Qualified Mths: **49** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u> |
|-----------------------------------------|----------------------|----------------------|----------------|
| Letter - LS Complete                    | 06/02/2026           | REGENIA LEE          |                |
| Experience Verified                     | 06/02/2026           | REGENIA LEE          |                |
| Online App Recd. Data Updated by System | 05/12/2026           | REGENIA LEE          |                |
| New Documents Received. Please look.    | 05/12/2026           | REGENIA LEE          |                |
| Enter/Update Person Details             | 05/11/2026           | SYSTEM CSTRACK       |                |
| Fees Validated Correctly                | 05/11/2026           | SYSTEM CSTRACK       |                |
| Letter - LS Individual Deficiency       | 05/11/2026           | REGENIA LEE          |                |
| Application Received                    | 05/11/2026           | REGENIA LEE          |                |
| Fees Cashiered                          | 05/11/2026           | FINANCE & ACCOUNTING |                |
| Education Verified                      | 05/11/2026           | REGENIA LEE          |                |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700  
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FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

|                       |                               |
|-----------------------|-------------------------------|
| Application Type      | <b>Initial Examination</b>    |
| Highest Degree        | <b>College 4 Years</b>        |
| Document Tracking No# | <b>4257534</b>                |
| Application Date      | <b>05/06/2026 02:54:15 PM</b> |

**APPLICANT INFORMATION**

|                        |                                                                |
|------------------------|----------------------------------------------------------------|
| First Name             | <b>Jakob</b>                                                   |
| Middle Initial         | <b>L</b>                                                       |
| Last Name              | <b>Middleton</b>                                               |
| Date of Birth          | <b>4/26/1997</b>                                               |
| Race                   | <b>White or Caucasian</b>                                      |
| Social Security Number | <b>[REDACTED]</b>                                              |
| Home Address           | <b>66 Tree Frog Way<br/>St. Augustine, Florida, 32095, USA</b> |
| Mailing Address        | <b>66 Tree Frog Way<br/>St. Augustine, Florida, 32095, USA</b> |
| Email address          | <b>MiddletonJ@etmsurvey.com</b>                                |
| Home Phone             | <b>904-566-0996</b>                                            |
| Cellular Phone         |                                                                |
| Business Phone         |                                                                |
| Fax                    |                                                                |

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

- |                            |                                  |
|----------------------------|----------------------------------|
| 1. InstitutionName:        | <b>University of Florida</b>     |
| Degree:                    | <b>Geomatics</b>                 |
| GraduationYear:            | <b>2020</b>                      |
| Location:                  | <b>Gainesville, Florida, USA</b> |
| CurrentlyEnrolled:         | <b>NO</b>                        |
| AnticipatedGraduationDate: |                                  |
| 2. InstitutionName:        | <b>Santa Fe College</b>          |
| Degree:                    | <b>Engineering</b>               |
| GraduationYear:            | <b>2017</b>                      |

Location: **Gainesville, Florida, USA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No** FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other **No** pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing **No** authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## EMPLOYMENT HISTORY

1. Title: **Survey Analyst 3**  
Company Name: **ETM Surveying and Mapping**  
Company Address: **14775 Old St Augustine Rd**  
**Jacksonville, Florida, 32258, USA**  
Employment From Date: **01/10/2022**  
Employment To Date: **05/05/2026**  
Hours Per Week: **40**



Total Work Experience (in Months) : 53

Responsible Charge Exp (in Months) : 53

ExperienceSummary: **Worked under Scott as a Crew Chief and Survey Analyst. I still work at ETM as a Survey Analyst 3**

#### EXAMINATION INFORMATION

|                          |                             |                           |
|--------------------------|-----------------------------|---------------------------|
| Exam Passed : <b>YES</b> | StateBoard : <b>Florida</b> | Year Passed : <b>2024</b> |
| Exam Passed : <b>NO</b>  | StateBoard :                | Year Passed :             |
| Exam Passed : <b>NO</b>  | StateBoard :                | Year Passed :             |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Jakob Middleton**

Signature Date: **5/6/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
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**472.005(6), Florida Statutes** The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                            |           |                                                                   |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------|-----------------------------|
| <b>Applicant Name:</b><br>Jakob L. Middleton                                                                                                                                               |           | <b>Title:</b><br>Survey Analyst III                               |                             |
| <b>Employer / Company Name:</b><br>ETM Surveying and Mapping, Inc                                                                                                                          |           | <b>Employer / Company Address:</b><br>14775 Old St Augustine Rd   |                             |
| <b>City:</b><br>Jacksonville                                                                                                                                                               |           | <b>State:</b><br>FL                                               | <b>Zip Code:</b><br>32258 - |
| <b>Employer Contact Name:</b><br>Scott A. Graham                                                                                                                                           |           | <b>Contact Number:</b><br>9046270048                              |                             |
| <b>Dates of Employment:</b><br>From: 01/10/2022 To*: Present                                                                                                                               |           | <b>Number of Hours Per Week:</b><br>40                            |                             |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                               |           | <b>Number of Hours Per Week:</b>                                  |                             |
| From: _____                                                                                                                                                                                | To: _____ | _____                                                             |                             |
| From: _____                                                                                                                                                                                | To: _____ | _____                                                             |                             |
| From: _____                                                                                                                                                                                | To: _____ | _____                                                             |                             |
| <b>Total Months of Experience:</b>                                                                                                                                                         |           |                                                                   |                             |
| Routine (in months): 4 + Responsible Charge (in months): 49 = <b>Total Months of Experience</b> 53                                                                                         |           |                                                                   |                             |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above. |           |                                                                   |                             |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                    |           |                                                                   |                             |
| Party Chief and Survey Analyst III responsible for topographic, ALTA and boundary surveys.                                                                                                 |           |                                                                   |                             |
| Scott A. Graham LS 5546                                                                                                                                                                    |           | 6/2/2026                                                          |                             |
| Print name and license number of<br>surveyor and mapper verifying experience                                                                                                               |           | Signature of licensed surveyor and mapper<br>verifying experience |                             |
| Sealed                                                                                                                                                                                     |           | Date                                                              |                             |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.





NCEES

## VERIFICATION OF EXAMINATION

Middleton, Jakob  
(21-438-34)

middleton.jakob@gmail.com  
DOB: 04/26/1997

### EXAMS

| Exam     | Hours | Exam Date    | Verification                                            |
|----------|-------|--------------|---------------------------------------------------------|
| NCEES FS | 6     | January 2024 | Verified by NCEES on behalf of Florida LS on 01/24/2024 |

# Application Summary

## Application

Name: **MIMS, ADDISON**

DTN: **4264502**

Address: **193 LIGHTNING BUG LN, FREEPORT, FL 32439-2369**

Type: **BPSM - Individual New - Initial License**

Received: **05/18/2026**

Fees Paid:

**\$255.00**

## Education

1. Institution: **TROY UNIVERSITY UNIVERSITY RECORDS TROY, ALABAMA 36082** **2022**  
 Degree: **BACHELORS** Major: **SURVEYING AND GEOMATICS SCIENCE**  
 Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 12**

**Responsible: 48**

1. Employer: **GEOPOINT SURVEYING INC. 67 JOE CAMPBELL ROAD FREEPORT, FLORIDA 32439**  
 Phone: **561-318-5360** From: **05/10/2021** To: **05/11/2026**  
 Reference: **JOSEPH RAGER, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **12** Qualified Mths: **48** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u>                                             |
|-----------------------------------------|----------------------|----------------------|------------------------------------------------------------|
| Online App Recd. Data Updated by System | 05/22/2026           | REGENIA LEE          |                                                            |
| New Documents Received. Please look.    | 05/22/2026           | REGENIA LEE          |                                                            |
| Fees Validated Correctly                | 05/21/2026           | SYSTEM CSTRACK       |                                                            |
| Fees Cashiered                          | 05/21/2026           | FINANCE & ACCOUNTING |                                                            |
| Letter - LS Complete                    | 05/20/2026           | REGENIA LEE          |                                                            |
| Education Verified                      | 05/20/2026           | REGENIA LEE          |                                                            |
| Letter - LS Individual Deficiency       | 05/18/2026           | REGENIA LEE          |                                                            |
| Application Received                    | 05/18/2026           | REGENIA LEE          | ADDISON IS A MALE                                          |
| Enter/Update Person Details             | 05/18/2026           | REGENIA LEE          | NOT LICENSED IN ALABAMA - NCEES FS AND PS HAVE BEEN TAKEN. |
| Experience Verified                     | 05/18/2026           | REGENIA LEE          |                                                            |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
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Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

|                       |                               |
|-----------------------|-------------------------------|
| Application Type      | <b>Initial Examination</b>    |
| Highest Degree        | <b>College 4 Years</b>        |
| Document Tracking No# | <b>4264502</b>                |
| Application Date      | <b>05/18/2026 11:10:01 AM</b> |

**APPLICANT INFORMATION**

|                        |                                                              |
|------------------------|--------------------------------------------------------------|
| First Name             | <b>Addison</b>                                               |
| Middle Initial         | <b>P</b>                                                     |
| Last Name              | <b>Mims</b>                                                  |
| Date of Birth          | <b>8/24/2000</b>                                             |
| Race                   | <b>White or Caucasian</b>                                    |
| Social Security Number | <b>[REDACTED]</b>                                            |
| Home Address           | <b>193 Lightning Bug Lane<br/>Freeport,Florida,32439,USA</b> |
| Mailing Address        | <b>193 Lightning Bug Lane<br/>Freeport,Florida,32439,USA</b> |
| Email address          | <b>addisonm@geopointsurvey.com</b>                           |
| Home Phone             |                                                              |
| Cellular Phone         | <b>334-618-8703</b>                                          |
| Business Phone         | <b>850-740-0650</b>                                          |
| Fax                    |                                                              |

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

|                            |                           |
|----------------------------|---------------------------|
| 1. InstitutionName:        | <b>Troy University</b>    |
| Degree:                    | <b>Bachelor</b>           |
| GraduationYear:            | <b>2022</b>               |
| Location:                  | <b>Troy, Alabama, USA</b> |
| CurrentlyEnrolled:         | <b>NO</b>                 |
| AnticipatedGraduationDate: |                           |

**CRIMINAL/CIVIL LETIGATION INFORMATION**



## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No** FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? **No**

## EMPLOYMENT HISTORY

1. Title: **Project Surveyor**  
Company Name: **GeoPoint Surveying, Inc.**  
Company Address: **67 Joe Campbell Road**  
**Freeport, Florida, 32439, USA**  
Employment From Date: **05/10/2021**  
Employment To Date: **05/18/2026**  
Hours Per Week: **40**

Total Work Experience (in Months) : **60**

Responsible Charge Exp (in Months) : **48**

Experience Summary: **I have extensive experience as a crew chief, managing boundary, ALTA, and construction surveys, as well as many other survey projects. In the office, I manage crews, create proposals, billing, and drafting. I have experience drafting plats, boundary surveys, ALTA Surveys, as well as c**

**calculations for construction and as-builts. I am FAA Part 107 Pilot with experience flying and processing photogrammetry and LiDAR.**

#### EXAMINATION INFORMATION

|                          |                             |                           |
|--------------------------|-----------------------------|---------------------------|
| Exam Passed : <b>YES</b> | StateBoard : <b>Alabama</b> | Year Passed : <b>2023</b> |
| Exam Passed : <b>YES</b> | StateBoard : <b>Alabama</b> | Year Passed : <b>2026</b> |
| Exam Passed : <b>NO</b>  | StateBoard :                | Year Passed :             |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Addison Mims**

Signature Date: **5/18/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.





WILTON SIMPSON  
COMMISSIONER

# BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS EMPLOYMENT VERIFICATION

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

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Tallahassee, FL 32399-6500

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472.005(6), Florida Statutes The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                       |                     |                                                            |  |
|-----------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------|--|
| Applicant Name:<br><u>ADDISON MIMS</u>                                                                                |                     | Title:<br><u>CONSTRUCTION MANAGER</u>                      |  |
| Employer / Company Name:<br><u>GEOPOINT SURVEYING, INC.</u>                                                           |                     | Employer / Company Address:<br><u>67 JOE CAMPBELL ROAD</u> |  |
| City:<br><u>FREEPORT</u>                                                                                              | State:<br><u>FL</u> | Zip Code:<br><u>32439</u>                                  |  |
| Employer Contact Name:<br><u>JOSEPH RAGER</u>                                                                         |                     | Contact Number:<br><u>561-319-5360</u>                     |  |
| Dates of Employment:<br>From <u>5/10/2021</u> To: <u>PRESENT</u>                                                      |                     | Number of Hours Per Week:<br><u>40-50</u>                  |  |
| Did the applicant ever work on a part-time basis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                     | Number of Hours Per Week:                                  |  |
| From: _____                                                                                                           | To: _____           | _____                                                      |  |
| From: _____                                                                                                           | To: _____           | _____                                                      |  |
| From: _____                                                                                                           | To: _____           | _____                                                      |  |

## Total Months of Experience:

Routine (in months): 12 + Responsible Charge (in months): 48 = Total Months of Experience 60

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant

ADDISON USED HIS FIRST YEAR WITH US A CREW MEMBER AND DRAFTER. BEGINNING HIS 2ND YEAR, WE HAD HIM RUNNING A FIELD CREW AS A CREW CHIEF AND WORKING AS A PROJECT SURVEYOR UNDER ME. PROJECT SURVEYOR DUTIES INCLUDED: PROPOSALS, BILLING, PROJECT SETUP & MANAGEMENT.

JOSEPH RAGER, LS7205  
Print name and license number of  
surveyor and mapper verifying experience

Sealed

260

[Signature]  
Signature of licensed surveyor and mapper  
verifying experience

Date  
5/11/2026



NCEES

## VERIFICATION OF EXAMINATION

Mims, Addison  
(22-473-35)

mimsaddison@gmail.com  
DOB: 08/24/2000

### EXAMS

| Exam     | Hours | Exam Date    | Verification                                         |
|----------|-------|--------------|------------------------------------------------------|
| NCEES FS | 6.0   | January 2023 | Verified by NCEES on behalf of Alabama on 01/25/2023 |



NCEES

## VERIFICATION OF EXAMINATION

Mims, Addison  
(22-473-35)

mimsaddison@gmail.com  
DOB: 08/24/2000

### EXAMS

| Exam     | Hours | Exam Date     | Verification                                         |
|----------|-------|---------------|------------------------------------------------------|
| NCEES PS | 7     | February 2026 | Verified by NCEES on behalf of Alabama on 03/04/2026 |

# Application Summary

## Application

Name: **NAHOUN, ROSE**

DTN: **4270727**

Address: **4999 SW 6TH ST, MARGATE, FL 33068-3102**

Type: **BPSM - Individual New - Initial License**

Received: **06/02/2026**

Fees Paid:

**\$255.00**

## Education

- |    |                                                                                                                                                          |                                                           |                                    |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------|
| 1. | Institution: <b>EVERGLADES UNIVERSITY BOCA RATON, FLORIDA</b><br>Degree: <b>BACHELORS</b><br>Foreign: <b>No</b>                                          | Major: <b>SURVEYING MANAGEMENT</b><br>Enrolled: <b>No</b> | <b>2021</b><br><br><b>Verified</b> |
| 2. | Institution: <b>NATIONAL UNIVERSITY COLLEGE - ARECIBO 100 AVENIDA JOSE DE DIEGO</b><br>Degree: <b>ARECIBO, PUERTO RICO 00612</b><br>Foreign: <b>NONE</b> | Major: <b>CRIMINAL JUSTICE</b><br>Enrolled: <b>No</b>     | <b>2005</b><br><br><b>Verified</b> |

## Experience

**Total: 11**

**Responsible: 81**

- |    |                                                                                                                                                                         |                                                  |                                          |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------|
| 1. | Employer: <b>NEXGEN SURVEYING 1547 PROSPERITY FARMS ROAD WEST PALM BEACH, FLORIDA</b><br>Phone: <b>33403</b><br>Reference: <b>786-416-4026</b><br>Months Exp: <b>11</b> | From: <b>06/05/2017</b><br>To: <b>03/20/2026</b> | Phone: <b>Unknown</b><br><b>Verified</b> |
|    | Qualified Mths: <b>81</b>                                                                                                                                               |                                                  |                                          |

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u> |
|-----------------------------------------|----------------------|----------------------|----------------|
| Online App Recd. Data Updated by System | 06/08/2026           | REGENIA LEE          |                |
| New Documents Received. Please look.    | 06/08/2026           | REGENIA LEE          |                |
| Fees Validated Correctly                | 06/05/2026           | SYSTEM CSTRACK       |                |
| Fees Cashiered                          | 06/05/2026           | FINANCE & ACCOUNTING |                |
| Letter - LS Complete                    | 06/04/2026           | REGENIA LEE          |                |
| Experience Verified                     | 06/04/2026           | REGENIA LEE          |                |
| Letter - LS Individual Deficiency       | 06/03/2026           | REGENIA LEE          |                |
| Application Received                    | 06/03/2026           | REGENIA LEE          |                |
| Enter/Update Person Details             | 06/03/2026           | REGENIA LEE          |                |
| Education Verified                      | 06/03/2026           | REGENIA LEE          |                |





WILTON SIMPSON  
COMMISSIONER

# BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS APPLICATION FOR SURVEYOR IN TRAINING

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please remit application to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

## APPLICANT INFORMATION

Name:

Rose Marie Nahoun

Suffix:

Mrs

Date of Birth:

08 / 28 / 1987

\*\* Social Security Number:

Home Address (if applicable please include suite, apartment and/or unit numbers):

4999 SW 6th St

City:

Margate

State:

FL

Zip Code:

33068

County (if address is in Florida):

Broward

Country:

United States

☒ Please check if mailing address is the same as home address. If not:

Mailing Address (if applicable please include suite, apartment and/or unit numbers):

City:

State:

Zip Code:

County (if address is in Florida):

Country:

Email Address:

vicosofi210@gmail.com

Contact Number(s):

( ) - ( 954 ) 320 - 9741  
Home Phone Cellular Phone

( ) - ( ) -  
Business Phone Facsimile

\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.

## EDUCATION HISTORY

### Highest Grade Completed (Please check one):

High School:

College:

Graduate School:

☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ 1 ☐ 2 ☐ 3 ☒ 4

☐ 1 ☐ 2

| Name and Address of School,<br>College, or University Attended | Year of<br>Graduation | Degree and Major                               | Currently<br>enrolled?<br><small>If Yes*, date of<br/>anticipated<br/>graduation.</small> | Foreign School<br><small>Was your school located<br/>overseas?</small> |
|----------------------------------------------------------------|-----------------------|------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Everglades University<br>Boca Raton, FL                        | 2021                  | Bachelor of Science in<br>Surveying Management | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No<br>_____*            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    |
|                                                                |                       |                                                | <input type="checkbox"/> Yes* <input type="checkbox"/> No<br>_____*                       | <input type="checkbox"/> Yes <input type="checkbox"/> No               |

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Title:**  
Survey Research Technician

**Employer / Company Name:**  
Landtec Surveying

**Employer / Company Address:**  
700 WHillsboro Blvd

**City:**  
Deerfield Beach

**State:**  
FL

**Zip Code:**  
33441 -

**Supervisor's Name:**  
Shannon Oyway

**Contact Number:**  
866-766-3185

**Dates of Employment:**  
From: March 23, 2026 To\*: Current

**Number of Hours Per Week:**  
40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Months of Experience:** \_\_\_\_\_

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below.** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
- ☒ Yes ☐ No



- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No
- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Attach additional sheets as necessary.:

**Court or administrative agency rendering the decision, judgment, or order:**

United States District Court for the District of Puerto Rico

**State / Governmental agency which brought the action:**

Puerto Rico

**Nature of conviction, judgment, order, or action:**

21 USC 846 & 841(a)(1)&(b)(1)(B)(ii)(II)-18 USC 924(c)(1)(A)

**Date of Action:**

10 / 06 / 2010

**Docket Number:**

3:10-cr-00384-GAG-BJM

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

03-19-2012, Charged and convicted to 108 months of imprisonment and 3 years of supervised released for the offenses mentioned above. Released from imprisonment on 04-18-2017 early discharged from supervised released on 06-06-2019.

#### PRIOR NAME INFORMATION

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☒ Yes ☐ No

If you answered yes, please provide name(s) below:

**Name:** Rose Marie Serrano Vargas

**Suffix:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

## EXAMINATION INFORMATION

Please complete the following:

### Fundamentals of Land Surveying (Part I)

Have you passed this exam?

☐ Yes ☒ No

State Board: \_\_\_\_\_

Year Passed: \_\_\_\_\_

### Principals and Practice (Part II)

Have you passed this exam?

☐ Yes ☒ No

State Board: \_\_\_\_\_

Year Passed: \_\_\_\_\_

## SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

**\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services no less than 90 days prior to the examination date at 1-800-HELP-FLA (435-7352), or 850-410-3800.**

## AUTHORIZATION

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature: Rose Nabeen

Signature Date: 5-19-2026



## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Rose Marie Nahoun                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | <b>Title:</b><br>Party Chief                                      |  |
| <b>Employer / Company Name:</b><br>Nexgen Surveying                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     | <b>Employer / Company Address:</b><br>1547 Prosperity Farms Rd    |  |
| <b>City:</b><br>West Palm Beach                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>State:</b><br>FL | <b>Zip Code:</b><br>33403                                         |  |
| <b>Employer Contact Name:</b><br>Efrain Lopez                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | <b>Contact Number:</b><br>786-416-4026                            |  |
| <b>Dates of Employment:</b><br>From: June 5th, 2017 To*: March 20, 2026                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | <b>Number of Hours Per Week:</b><br>50+                           |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                               |                     | <b>Number of Hours Per Week:</b>                                  |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | To:                 |                                                                   |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | To:                 |                                                                   |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | To:                 |                                                                   |  |
| <b>Total Months of Experience:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                   |  |
| Routine (in months): 11 + Responsible Charge (in months): 81 = Total Months of Experience 92                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                   |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                                                                                                                                                                                                                                                                                                                 |                     |                                                                   |  |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                   |  |
| Rose Marie Nahoun has over seven years of surveying experience serving as a Party Chief. Her duties included supervising field crews, conducting boundary and topographic surveys, performing construction staking and layout, preparing elevation certificate field data, operating GPS and total station equipment, collecting and verifying survey data, locating property evidence and monuments, and coordinating field operations to ensure accurate and efficient completion of surveying projects. |                     |                                                                   |  |
| Efrain Lopez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     | 06-01-2025                                                        |  |
| Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                                                                                                                                                                                                                                                                                                                               |                     | Signature of licensed surveyor and mapper<br>verifying experience |  |
| Sealed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     | Date                                                              |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

# Application Summary

## Application

Name: **OLIVER, THOMAS**

DTN: **4264604**

Address: **3890 POPLAR SPRINGS ROAD, GAINESVILLE, GA 30507**

Type: **BPSM - Individual New - Initial License**

Received: **05/18/2026**

Fees Paid:

**\$255.00**

## Education

|    |                                                                                      |                                              |
|----|--------------------------------------------------------------------------------------|----------------------------------------------|
| 1. | Institution: <b>GEORGIA SOUTHERN UNIVERSITY 1332 SOUTHERN DRIVE STATESBORO,</b>      | <b>2022</b>                                  |
|    | Degree: <b>GEORGIA 30458</b>                                                         |                                              |
|    | Foreign: <b>NONE</b>                                                                 | Major: <b>TWO SURVEYING COURSES</b>          |
|    | <b>No</b>                                                                            | Enrolled: <b>No</b> <b>Verified</b>          |
| 2. | Institution: <b>GEORGIA SOUTHERN UNIVERSITY STATESBORO, GEORGIA USA</b>              | <b>2022</b>                                  |
|    | Degree: <b>CERTIFICATE</b>                                                           | Major: <b>SURVEYING GEOMATICS</b>            |
|    | Foreign: <b>No</b>                                                                   | Enrolled: <b>No</b> <b>Verified</b>          |
| 3. | Institution: <b>THE UNIVERSITY OF NORTH GEORGIA 82 COLLEGE CIRCLE DAHLONEGA,</b>     | <b>2021</b>                                  |
|    | Degree: <b>GEORGIA 30597</b>                                                         | Major: <b>ENVIRONMENTAL SPATIAL ANALYSIS</b> |
|    | Foreign: <b>BACHELORS</b>                                                            | Enrolled: <b>No</b> <b>Verified</b>          |
|    | <b>No</b>                                                                            |                                              |
| 4. | Institution: <b>UNIVERSITY OF NORTH GEORGIA 82 COLLEGE CIRCLE DAHLONEGA, GEORGIA</b> | <b>2021</b>                                  |
|    | Degree: <b>30597</b>                                                                 | Major: <b>GEOSPATIAL ENGINEERING</b>         |
|    | Foreign: <b>ASSOCIATES</b>                                                           | Enrolled: <b>No</b> <b>Verified</b>          |
|    | <b>No</b>                                                                            |                                              |
| 5. | Institution: <b>BERRY COLLEGE 2277 MARTHA BERRY HIGHWAY NW MOUNT BERRY, GEORGIA</b>  | <b>2019</b>                                  |
|    | Degree: <b>30149</b>                                                                 | Major: <b>GENERAL COURSEWORK</b>             |
|    | Foreign: <b>NONE</b>                                                                 | Enrolled: <b>No</b> <b>Verified</b>          |
|    | <b>No</b>                                                                            |                                              |

## Out-of-State Licenses

|    |                            |                               |                                 |
|----|----------------------------|-------------------------------|---------------------------------|
| 1. | License: <b>LSLS003645</b> | Issued On: <b>11/01/2025</b>  | Issuing State: <b>Georgia</b>   |
|    | Laws/Rules: <b>No</b>      | Expires On: <b>12/31/2026</b> | Obtained By: <b>Examination</b> |
|    | Good Standing: <b>Yes</b>  |                               | <b>Verified</b>                 |



# Application Summary

## Application

Name: **OLIVER, THOMAS**

DTN: **4264604**

Address: **3890 POPLAR SPRINGS ROAD, GAINESVILLE, GA 30507**

Type: **BPSM - Individual New - Initial License**

Received: **05/18/2026**

Fees Paid:

**\$255.00**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u>                         |
|-----------------------------------------|----------------------|----------------------|----------------------------------------|
| Letter - LS Complete                    | 05/22/2026           | REGENIA LEE          |                                        |
| Online App Recd. Data Updated by System | 05/22/2026           | REGENIA LEE          |                                        |
| New Documents Received. Please look.    | 05/22/2026           | REGENIA LEE          |                                        |
| Experience Verified                     | 05/22/2026           | REGENIA LEE          | EMPLOYMENT VERIFIED BY NCEES           |
| Fees Validated Correctly                | 05/21/2026           | SYSTEM CSTRACK       |                                        |
| Fees Cashiered                          | 05/21/2026           | FINANCE & ACCOUNTING |                                        |
| Letter - LS Individual Deficiency       | 05/19/2026           | REGENIA LEE          |                                        |
| Application Received                    | 05/19/2026           | REGENIA LEE          |                                        |
| Enter/Update Person Details             | 05/19/2026           | REGENIA LEE          |                                        |
| Out of State License Verified           | 05/19/2026           | REGENIA LEE          | OUT OF STATE LICENSE VERIFIED BY NCEES |
| Education Verified                      | 05/19/2026           | REGENIA LEE          | TRANSCRIPTS VERIFIED BY NCEES          |
| Create Exam Letter                      | 05/19/2026           | REGENIA LEE          |                                        |



WILTON SIMPSON

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE

Chapter 472, Florida Statutes

Mailing Address:  
Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700  
[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA (435-7352)  
FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

APPLICATION TYPE

|                       |                     |                  |                        |
|-----------------------|---------------------|------------------|------------------------|
| Application Type      | Initial Examination |                  |                        |
| Highest Degree        | College 4 Years     |                  |                        |
| Document Tracking No# | 4264604             | Application Date | 05/18/2026 04:08:25 PM |

APPLICANT INFORMATION

|                        |                                                              |
|------------------------|--------------------------------------------------------------|
| First Name             | Thomas                                                       |
| Middle Initial         | A                                                            |
| Last Name              | Oliver                                                       |
| Date of Birth          | 12/21/1998                                                   |
| Race                   | White or Caucasian                                           |
| Social Security Number | [REDACTED]                                                   |
| Home Address           | 3890 Poplar Springs Road<br>Gainesville, Georgia, 30507, USA |
| Mailing Address        | 3890 Poplar Springs Road<br>Gainesville, Georgia, 30507, USA |
| Email address          | tommy.1221@gmail.com                                         |
| Home Phone             | 678-978-6859                                                 |
| Cellular Phone         | 678-978-6859                                                 |
| Business Phone         | 678-978-6859                                                 |
| Fax                    |                                                              |

PRIOR NAME INFORMATION

|                  |                |         |
|------------------|----------------|---------|
| Has Prior Name : | YES            |         |
| 1. Prior Name:   | Thomas, Oliver | Suffix: |
| 2. Prior Name:   | Tommy, Oliver  | Suffix: |

EDUCATION HISTORY

|                            |                             |
|----------------------------|-----------------------------|
| 1. InstitutionName:        | University of North Georgia |
| Degree:                    | Bachelor                    |
| Graduation Year:           | 2021                        |
| Location:                  | Gainesville, Georgia, USA   |
| CurrentlyEnrolled:         | NO                          |
| AnticipatedGraduationDate: |                             |
| 2. InstitutionName:        | University of North Georgia |
| Degree:                    | Associate 303               |

- GraduationYear:

2021
- Location:

Gainesville, Georgia, USA
- CurrentlyEnrolled:

NO
- AnticipatedGraduationDate:
3. InstitutionName:

Georgia Southern University
- Degree:

Certificate
- GraduationYear:

2022
- Location:

Statesboro, Georgia, USA
- CurrentlyEnrolled:

NO
- AnticipatedGraduationDate:
4. InstitutionName:

Berry College
- Degree:

None
- GraduationYear:

2018
- Location:

Rome, Georgia, USA
- CurrentlyEnrolled:

NO
- AnticipatedGraduationDate:

CRIMINAL/CIVIL LITIGATION INFORMATION

Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were No placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, No possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

LICENSURE HISTORY INFORMATION

Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of No another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other No pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing No authority in Florida or any other jurisdiction, or is any such<sup>304</sup> proceeding or investigation now pending?



EMPLOYMENT HISTORY

1. Title: **Geospatial Data Technician**  
Company Name: **Platinum Geomatics**  
Company Address: **5039 BU BOWMAN DRIVE**  
**BUFORD, Georgia, 30518, USA**  
Employment From Date: **01/31/2022**  
Employment To Date: **05/01/2023**  
Hours Per Week: **40**

Total Work Experience (in Months) : **15**  
Responsible Charge Exp (in Months) : **15**

Experience Summary: As a Geospatial Data Technician, from January 2022 to May 2023, I performed Property, Topographic and As-Built, Geodetic Control, and Construction surveys for routes/corridors, site development, subdivisions, and ALTA/NSPS Land Title Surveys. For Property, I conducted research (both online and at the courthouse), resolved boundaries based on field evidence, and produced final drawings under direct supervision and mentorship of a PLS. For Topographic and As-Built, I extracted topographic features from remotely sensed data (including aerial and terrestrial LiDAR and orthoimagery) and compiled it with conventional survey data to produce final models and drawings under direct supervision and mentorship of a PLS. For Geodetic Control, I processed and adjusted geodetic control projects, utilizing static, rapid-static, and real-time kinematic GNSS observations, conventional robotic traverses, and differential leveling. For Construction Layout/Staking, my experience included calculating bridge layouts, and right-of-way and easement staking for land acquisition.

2. Title: **Survey Project Manager**  
Company Name: **Platinum Geomatics**  
Company Address: **5039 BU BOWMAN DRIVE**  
**BUFORD, Georgia, 30518, USA**  
Employment From Date: **05/01/2023**  
Employment To Date: **05/18/2025**  
Hours Per Week: **40**

Total Work Experience (in Months) : **24**  
Responsible Charge Exp (in Months) : **24**

Experience Summary: As a Survey Project Manager, from May 2023 to May 2025, I conducted Property and Geodetic Control surveys, trained and supervised employees, performed quality reviews of production, managed project budgets and schedules, and maintained correspondence with clients and internal teams. For Property surveys, I conducted research (both online and at the courthouse), resolved boundaries based on field evidence, and produced final drawings under direct supervision and mentorship of a PLS. For Geodetic Control, I processed and adjusted geodetic control projects, utilizing static, rapid-static, and real-time kinematic GNSS observations, conventional robotic traverses, and differential leveling. For training and supervising, I developed and supported employees for the Geospatial Data Technician position described above, and oversaw the production of property, topographic, geodetic control, and construction surveys for routes/corridors, site development, subdivisions, and ALTA/NSPS Land Title Surveys. For quality reviews, I performed quality assurance/ quality control checks throughout data processing, and of final models and drawings under direct supervision and mentorship of a PLS. For budgets, schedules, and correspondence, I monitored project budgets and schedules to ensure adherence to financial goals and established timelines, and maintained clear, professional communication with clients and internal teams regarding scope, scheduling, and budgetary matters.

3. Title: **Survey Crew Chief**  
Company Name: **Platinum Geomatics**

CompanyAddress: **5039 BU BOWMAN DRIVE  
BUFORD,Georgia,30518,USA**

EmploymentFromDate: **05/19/2025**

EmploymentToDate: **11/19/2025**

HoursPerWeek: **40**

Total Work Experience (in Months) : **6**

Responsible Charge Exp (in Months) : **6**

ExperienceSummary: **As a Survey Crew Chief, from May 19th, 2025 to November 19th, 2025, I led field operations for Property, Topographic and As-Built, Geodetic Control, and Construction surveys for routes/corridors, site developments, subdivisions, and ALTA/NSPS Land Title Surveys. For Property, I coordinated boundary retracements, including field reconnaissance, recovering and locating existing monumentation, and recording all evidence of possession to support boundary resolutions under the direct supervision of a PLS. For Topographic and As-Built, I directed field data collection using GNSS, robotic total stations, levels, and terrestrial LiDAR, ensuring comprehensive and accurate feature mapping for surface models and final drawings. For Geodetic Control, I planned and executed static, rapid-static, and real-time kinematic GNSS sessions; established and observed robotic traverses; and performed differential leveling to meet project control requirements. For Construction Layout/ Staking, I interpreted plans, calculated stakeout points, and provided layout for bridge layouts, and right-of-way and easements for land acquisition, while coordinating with project managers to maintain accuracy, efficiency, and safety on site.**

4. Title: **Survey Project Manager**

CompanyName: **Platinum Geomatics**

CompanyAddress: **5039 BU BOWMAN DRIVE  
BUFORD,Georgia,30518,USA**

EmploymentFromDate: **11/19/2025**

EmploymentToDate: **05/18/2026**

HoursPerWeek: **40**

Total Work Experience (in Months) : **6**

Responsible Charge Exp (in Months) : **6**

ExperienceSummary: **As a Survey Crew Chief, from May 19th, 2025 to November 19th, 2025, I led field operations for Property, Topographic and As-Built, Geodetic Control, and Construction surveys for routes/corridors, site developments, subdivisions, and ALTA/NSPS Land Title Surveys. For Property, I coordinated boundary retracements, including field reconnaissance, recovering and locating existing monumentation, and recording all evidence of possession to support boundary resolutions under the direct supervision of a PLS. For Topographic and As-Built, I directed field data collection using GNSS, robotic total stations, levels, and terrestrial LiDAR, ensuring comprehensive and accurate feature mapping for surface models and final drawings. For Geodetic Control, I planned and executed static, rapid-static, and real-time kinematic GNSS sessions; established and observed robotic traverses; and performed differential leveling to meet project control requirements. For Construction Layout/ Staking, I interpreted plans, calculated stakeout points, and provided layout for bridge layouts, and right-of-way and easements for land acquisition, while coordinating with project managers to maintain accuracy, efficiency, and safety on site.**

#### EXAMINATION INFORMATION

Exam Passed : **YES**

StateBoard : **Georgia**

Year Passed : **2023**

Exam Passed : **YES**

StateBoard : **Georgia**

Year Passed : **2025**

Exam Passed : **NO**

StateBoard :

Year Passed :

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO****AUTHORIZATION**

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **tommy.1221@gmail.com**Signature Date: **5/18/2026**



## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

Make additional copies as needed.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                       |                     |                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Thomas A. Oliver                                                                                                                                                                                            |                     | <b>Title:</b><br>Survey Project Manager                               |  |
| <b>Employer / Company Name:</b><br>Platinum Geomatics                                                                                                                                                                                 |                     | <b>Employer / Company Address:</b><br>5039 BU Bowman Drive, Suite 400 |  |
| <b>City:</b><br>Buford                                                                                                                                                                                                                | <b>State:</b><br>GA | <b>Zip Code:</b><br>30518 -                                           |  |
| <b>Employer Contact Name:</b><br>Byron Freeman                                                                                                                                                                                        |                     | <b>Contact Number:</b><br>678 - 794 - 2056                            |  |
| <b>Dates of Employment:</b><br>From: 01/31/2022 To: Present                                                                                                                                                                           |                     | <b>Number of Hours Per Week:</b><br>40+                               |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                          |                     | <b>Number of Hours Per Week:</b>                                      |  |
| From: _____                                                                                                                                                                                                                           | To: _____           | _____                                                                 |  |
| From: _____                                                                                                                                                                                                                           | To: _____           | _____                                                                 |  |
| From: _____                                                                                                                                                                                                                           | To: _____           | _____                                                                 |  |
| <b>Total Months of Experience:</b>                                                                                                                                                                                                    |                     |                                                                       |  |
| Routine (in months): _____ + Responsible Charge (in months): 54 = Total Months of Experience 54                                                                                                                                       |                     |                                                                       |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                                            |                     |                                                                       |  |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                                                               |                     |                                                                       |  |
| OVER THE LAST 4+ YEARS, TOMMY HAS WORKED IN ALL PHASES IN BOTH THE OFFICE AND FIELD AND IS A TRUSTED PM. HIS WORK HAS ALWAYS BEEN EXEMPLARY FROM BOTH A TECHNICAL AND PROFESSIONAL PERSPECTIVE. I HIGHLY RECOMMEND HIM FOR LICENSURE. |                     |                                                                       |  |
| Byron Freeman (GA 3189)                                                                                                                                                                                                               |                     | [Signature]                                                           |  |
| Print name and license number of surveyor and mapper verifying experience                                                                                                                                                             |                     | Signature of licensed surveyor and mapper verifying experience        |  |
| Sealed                                                                                                                                                                                                                                |                     | Date 01/20/26                                                         |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



**From:** Tommy Oliver <tommy.1221@gmail.com>  
**Sent:** Tuesday, May 19, 2026 3:04 PM  
**To:** PSM  
**Subject:** Re: LS

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Regenia,

Thank you for such a prompt response! I really appreciate your help. I noticed my message may have been cut short, so I will provide the full thing below. Again, thank you greatly!

**Full Message:**

To whom it may concern,

Document Tracking Number: 4264604

After further review of my application, it appears the 4th and latest experience summary was not submitted correctly, and I would like to propose an update to more accurately depict my professional experience. The summary that was submitted describes my time as a Survey Crew Chief, however on November 20th, 2025, I transitioned back into a Survey Project Manager role, and have held that position since. The experience summary should read:

"As a Survey Project Manager and licensed Professional Land Surveyor (Georgia #3645), since November 20th, 2025, I conduct Property and Geodetic Control surveys, train and supervise employees, perform quality reviews of production, manage project budgets and schedules, and maintain correspondence with clients and internal teams. For Property surveys, I conduct research (both online and at the courthouse), resolved boundaries based on field evidence, and produced final drawings as a licensed Professional Land Surveyor (Georgia #3645). For Geodetic Control, I process and adjust geodetic control projects, utilizing static, rapid-static, and real-time kinematic GNSS observations, conventional robotic traverses, and differential leveling. For training and supervising, I develop and support employees for the Geospatial Data Technician position described above, and oversee the production of property, topographic, geodetic control, and construction surveys for routes/corridors, site development, subdivisions, and ALTA/NSPS Land Title Surveys. For quality reviews, I perform quality assurance/quality control checks throughout data processing, and of final models and drawings as a licensed Professional Land Surveyor (Georgia #3645). For budgets, schedules, and correspondence, I monitor project budgets and schedules to ensure adherence to financial goals and established timelines, and maintain clear, professional communication with clients and internal teams regarding scope, scheduling, and budgetary matters."

I apologize for any inconveniences this may cause, and I hope you will consider this updated summary in your review of my application to become licensed in the State of Florida.





---

**From:** Web Contact Us <[DOACS\\_DO\\_NOT\\_REPLY@doacs.state.fl.us](mailto:DOACS_DO_NOT_REPLY@doacs.state.fl.us)>

**Sent:** Tuesday, May 19, 2026 2:44 PM

**To:** PSM <[PSM@fdacs.gov](mailto:PSM@fdacs.gov)>

**Subject:** LS

**From:** Thomas A Oliver

**Email:** [tommy.1221@gmail.com](mailto:tommy.1221@gmail.com)

**Phone:** 6789786859

**Message:**

To whom it may concern, Document Tracking Number: 4264604 After further review of my application, it appears the 4th and latest experience summary was not submitted correctly, and I would like to propose an update to more accurately depict my professional experience. The summary that was submitted describes my time as a Survey Crew Chief, however on November 20th, 2025, I transitioned back into a Survey Project Manager role, and have held that position since. The experience summary should read: "As a Survey Project Manager and licensed Professional Land Surveyor (Georgia #3645), since November 20th, 2025, I conduct Property and Geodetic Control surveys, train and supervise employees, perform quality reviews of production, manage project budgets and schedules, and maintain correspondence with clients and internal teams. For Property surveys, I conduct research (both online and at the courthouse), resolved boundaries based on field evidence, and produced final drawings as a licensed Professional Land Surveyor (Georgia #3645). For Geodetic Control, I process and adjust geodetic control projects, utilizing static, rapid-static, and real-time kinematic GNSS observations, conventional robotic traverses, and differential leveling. For training and supervising, I develop and support employees for the Geospatial Data Technician position described above, and oversee the production of property, topographic, geodetic control, and construction surveys for routes/corridors, site development, subdivisions, and ALTA/NSPS Land Title Surveys. For quality reviews, I perform quality assurance/ quality control checks throughout data processing, and of final models and drawings as a licensed Professional Land Surveyor (Georgia #3645). For budgets, schedules, and correspondence, I monitor project budgets and schedules to ensure adherence to financial goals and established timelines, and maintain clear, professional communication with clients and internal teams regarding scope, sc

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**Sent:** Tuesday, May 19, 2026 3:04 PM  
**To:** PSM  
**Subject:** Re: LS

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Regenia,

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**Full Message:**

To whom it may concern,

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I apologize for any inconveniences this may cause, and I hope you will consider this updated summary in your review of my application to become licensed in the State of Florida.



Thanks,  
Tommy Oliver

On Tue, May 19, 2026 at 2:48 PM PSM <[PSM@fdacs.gov](mailto:PSM@fdacs.gov)> wrote:

Dear Mr. Oliver,

I am working on your application now. I will attach this information to your e-mail.

Sincerely,

Regenia Lee

Please Note - We are now accepting applications for the PSAM Board meeting, July 28, 2026, to be held in Aventura, Florida. A completed application must be received by the deadline of June 5, 2026 at 5:00 p.m. to be considered for the July 28, 2026 agenda. A completed application consists of all required fees, transcripts, license verifications, employment verifications, etc., and any other requested information by this office.

For Board meeting information, application deadlines, etc., please visit [www.FDACS.gov/PSM](http://www.FDACS.gov/PSM).

**Regenia Lee, CPM**

Government Analyst

Florida Department of Agriculture and Consumer Services

Division of Consumer Services

(850) 410-3810

(850) 410-3839 - Fax

[Regenia.Lee@FDACS.gov](mailto:Regenia.Lee@FDACS.gov)

The Rhodes Building

2005 Apalachee Parkway

Tallahassee, Florida 32399

[www.FDACS.gov/PSM](http://www.FDACS.gov/PSM)

Please note that Florida has a broad public records law (Chapter 119, Florida Statutes). Most written communications to or from state employees are public records obtainable by the public upon request.

E-mails sent to me at this address may be considered public and will only be withheld from disclosure if deemed confidential pursuant to the laws of the State of Florida.



**WORK EXPERIENCE**

Platinum Geomatics  
Georgia (United States)  
Survey Project Manager  
January 2022—May 2026

Verified by  
**Byron T Freeman**  
bfreeman@platinumgeomatics.com

Experience Summary  
**Full-Time**  
**Surveying: 4 years, 4 months**  
**Experience under licensed surveyor:**  
**4 years, 4 months**

 **TASKS****Geospatial Data Technician (January 2022-May 2023)**

Performed property, topographic, as-built, geodetic control, and construction surveys for routes/corridors, site development, subdivisions, and ALTA/NSPS Land Title Surveys; all under direct supervision and mentorship of a PLS.

- Conducted research, boundary resolution analyses, and produced final drawings.
- Extracted topographic features from remotely sensed data (including terrestrial and aerial LiDAR and ortho-imagery) and compiled it with conventional survey data to produce final models and drawings.
- Processed and adjusted geodetic control projects, utilizing static, rapid-static, and real-time kinematic GNSS observations; conventional robotic traverses; and differential leveling.
- Calculated bridge layouts, right-of-way, and easement staking for land acquisition.

**Survey Project Manager (May 2023-May 18th, 2025)**

Managed survey projects, including budgets, schedules, QA/QC reviews, staffing, and client communication; all under direct supervision and mentorship of a PLS.

- Trained and supervised Geospatial Data Technicians in property, topographic, geodetic control, and construction surveys.
- Oversaw production for routes/corridors, site development, subdivisions, and ALTA/NSPS Land Title Surveys while ensuring quality standards, efficient resource allocation, and timely delivery.
- Coordinated project scope, schedules, and financial expectations between clients and internal teams.

**Survey Crew Chief (May 19th, 2025-November 19th, 2025)**

Led field operations for property, topographic, as-built, geodetic control, and construction surveys for routes/corridors, site developments, subdivisions, and ALTA/NSPS Land Title Surveys; all under direct supervision and mentorship of a PLS.

- Directed boundary retracements, including field reconnaissance, recovering existing monumentation, and recording all evidence of possession.
- Coordinated data collection using GNSS receivers, robotic total stations, levels, and terrestrial LiDAR.
- Interpreted plans, calculated stakeout points, and provided layouts for bridges and acquisitions (rights-of-way and easements), while maintaining accuracy, efficiency, and safety on site.

**Survey Project Manager, Georgia PLS#3645 (November 20th, 2025-Present)**

Perform the responsibilities described above as the licensed Professional Land Surveyor, including project oversight, QA/QC, staff supervision, client coordination, and final survey review and certification.

 **REPRESENTATIVE PROJECTS****1. Covington Logistics Park Subdivision, in Covington, Georgia**

The scope of this project included completing an ALTA/NSPS Land Title Survey, subdivision plat, and easement exhibits for approximately 97 acres of commercial site development. Serving as a Geospatial Data Technician from March 2022 through June 2022, I performed these duties under the direct supervision and mentorship of a PLS. My responsibilities included compiling the final boundary survey with proposed boundary and right-of-way alignments provided by the client, preparing the final subdivision plat, and calculating the locations of new property corners for field monumentation.

**2. SR 316 @ CR 74/Kilcrease Road and SR 316 @ CR 416/Carl-Bethlehem Road, in Auburn and Winder, Georgia, respectively**  
The scope of this project included providing boundary and topographic survey services, along with Subsurface Utility Engineering (SUE) overhead and underground utility investigations, for an approximately 2-mile corridor. Under the direct supervision and mentorship of a PLS, I began working on the project in March 2022 as a Geospatial Data Technician. My survey responsibilities included processing and adjusting geodetic control networks, conducting online property research, processing field data and calculating property corner locations for field investigation, resolving boundaries using record and field evidence, and preparing

final survey drawings and surface models. My SUE responsibilities included processing field data, analyzing QL-B designation field sketches and utility records to verify existing utilities, preparing utility pole data sheets, providing technical support, and generating final electronic deliverables. In May 2023, I transitioned into the role of Project Manager, where I calculated right-of-way and easement acquisition stake points and managed the schedule and budget associated with those tasks.

### 3. Kingston 230-25kV Substation, in Kingston, Georgia

The scope of this project was to complete a boundary retracement and topographic survey of an existing substation and adjoining lot for site development. I performed the duties of a technician and project manager throughout this project, which occurred from February 2024 - July 2024. Under the direct supervision and mentorship of a PLS, I performed the following tasks: conduct property research (online), process conventional field data, calculate property lines/corners to investigate in the field, resolve boundaries based on records and field evidence, generate final models, drawings, and boundary retracement plat, and write legal descriptions. I was also responsible for all client correspondence, ensuring the project was on budget, and delivered per the schedule.

### 4. East Villa Rica 230kV Switching Station, in Winston, Georgia.

The scope of this project was to complete a boundary retracement survey of approximately 96 acres for site development. I served as the crew chief throughout this project, which occurred from August 2025 - September 2025, under the direct supervision and mentorship of a PLS. Responsibilities included conducting field reconnaissance, observing real-time kinematic (RTK) GNSS sessions, establishing robotic traverses, recovering existing monumentation, and documenting improvements and evidence of possession to support boundary resolution. I also coordinated with project managers and field personnel to maintain project accuracy, efficiency, and site safety throughout all phases of fieldwork.

### 5. Heard Road Property Swap in Ball Ground, Georgia.

The scope of this project included completing a boundary retracement survey and preparing a subdivision plat and new legal description for an approximately 13-acre cutout tract associated with a county-initiated property exchange as part of a larger DOT project. Serving as both Project Manager and Professional Land Surveyor, I oversaw all field and office operations throughout the project. My responsibilities included conducting and reviewing online property research, processing GNSS observations and conventional traverse data, calculating property corners for additional field investigation, resolving boundaries using record and field evidence, preparing final plats, and writing legal descriptions. I managed project QA/QC, supervised staff, coordinated with clients, monitored budgets and schedules, and performed the final survey review and certification.

VERIFICATION

**Work Experience**  
Platinum Geomatics  
Georgia (United States)  
Jan. 2022 — May. 2026

**Verifier**  
Byron T Freeman  
BFREEMAN@PLATINUMGEOMATICS.COM  
(678) 794-2056

**Verification Date**  
05/19/2026 10:22pm EDT



VERIFIER INFO

**Position in firm**  
Founding Partner

**Relationship**  
Supervisor

**Licensed engineer**  
No

**Known applicant**  
4+ years

**Related to applicant**  
No

**Licensed surveyor**

|                   |            |
|-------------------|------------|
| Board             | Georgia    |
| License Number    | 3184       |
| Date of Licensure | 07/13/2009 |



EXPERIENCE DESCRIPTION

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Knowledge of the applicant's work during the time covered by this endorsement            | Yes |
| The description above accurately reflects the work personally performed by the applicant | Yes |
| The time claimed by the applicant for this experience accurate                           | Yes |



COMMENTS

Tommy is a fine young man and I'm proud that he's pursued a career in surveying.





**From:** Web Contact Us <[DOACS DO NOT REPLY@doacs.state.fl.us](mailto:DOACS_DO_NOT_REPLY@doacs.state.fl.us)>  
**Sent:** Tuesday, May 19, 2026 2:44 PM  
**To:** PSM <[PSM@fdacs.gov](mailto:PSM@fdacs.gov)>  
**Subject:** LS

**From:** Thomas A Oliver  
**Email:** [tommy.1221@gmail.com](mailto:tommy.1221@gmail.com)  
**Phone:** 6789786859

**Message:**

To whom it may concern, Document Tracking Number: 4264604 After further review of my application, it appears the 4th and latest experience summary was not submitted correctly, and I would like to propose an update to more accurately depict my professional experience. The summary that was submitted describes my time as a Survey Crew Chief, however on November 20th, 2025, I transitioned back into a Survey Project Manager role, and have held that position since. The experience summary should read: "As a Survey Project Manager and licensed Professional Land Surveyor (Georgia #3645), since November 20th, 2025, I conduct Property and Geodetic Control surveys, train and supervise employees, perform quality reviews of production, manage project budgets and schedules, and maintain correspondence with clients and internal teams. For Property surveys, I conduct research (both online and at the courthouse), resolved boundaries based on field evidence, and produced final drawings as a licensed Professional Land Surveyor (Georgia #3645). For Geodetic Control, I process and adjust geodetic control projects, utilizing static, rapid-static, and real-time kinematic GNSS observations, conventional robotic traverses, and differential leveling. For training and supervising, I develop and support employees for the Geospatial Data Technician position described above, and oversee the production of property, topographic, geodetic control, and construction surveys for routes/corridors, site development, subdivisions, and ALTA/NSPS Land Title Surveys. For quality reviews, I perform quality assurance/ quality control checks throughout data processing, and of final models and drawings as a licensed Professional Land Surveyor (Georgia #3645). For budgets, schedules, and correspondence, I monitor project budgets and schedules to ensure adherence to financial goals and established timelines, and maintain clear, professional communication with clients and internal teams regarding scope, sc



Oliver, Thomas  
(23-480-69)

tommy.1221@gmail.com  
DOB: 12/21/1998

### LICENSES

| Initial/Comity | Type | Number   | Issue Date    | Expiration Date |
|----------------|------|----------|---------------|-----------------|
| Initial        | PS   | LS003645 | November 2025 | December 2026   |

### EXAMS

| Exam     | Hours | Exam Date     | Additional Information |
|----------|-------|---------------|------------------------|
| NCEES FS | 6     | April 2023    | —                      |
| NCEES PS | 7     | February 2025 | —                      |

### ADDITIONAL INFORMATION

|                     |                                                                                                                                                                                                                      |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                                                                                                                                                                 |
| Notes               | Land Surveyor In-Training License Number: LSIT001201<br>Land Surveyor In-Training Issue Date: 05-01-2023<br>Land Surveyor In-Training Expiration Date: Indefinite<br><br>Passed Part 3-Legal Aspects Exam 03-19-2025 |

### VERIFICATION

**Verifier**  
Donteria Rome-Wright

**Verification Date**  
11/24/2025 08:55am EST

**Board**  
Georgia State Board of Registration for Professional Engineers  
and Land Surveyors  
320

# Application Summary

## Application

Name: **PAVLETIC, SPENCER**

DTN: **4271670**

Address: **4408 W LACKLAND PL, TAMPA, FL 33616-1426**

Type: **BPSM - Individual New - Initial License**

Received: **06/05/2026**

Fees Paid:

**\$255.00**

## Education

|    |                                                                                                    |                                       |
|----|----------------------------------------------------------------------------------------------------|---------------------------------------|
| 1. | Institution: <b>PARKLAND COLLEGE 2400 WEST BRADLEY AVENUE CHAMPAIGN, ILLINOIS</b>                  | <b>2025</b>                           |
|    | Degree: <b>61821</b>                                                                               |                                       |
|    | Foreign: <b>NONE</b>                                                                               | Major: <b>SURVEYING COURSES</b>       |
|    | <b>No</b>                                                                                          | Enrolled: <b>No</b>                   |
|    |                                                                                                    | <b>Verified</b>                       |
| 2. | Institution: <b>EASTERN ILLINOIS UNIVERSITY 600 LINCOLN AVENUE CHARLESTON, ILLINOIS</b>            | <b>2024</b>                           |
|    | Degree: <b>61920</b>                                                                               |                                       |
|    | Foreign: <b>BACHELORS</b>                                                                          | Major: <b>CONSTRUCTION MANAGEMENT</b> |
|    | <b>No</b>                                                                                          | Enrolled: <b>No</b>                   |
|    |                                                                                                    | <b>Verified</b>                       |
| 3. | Institution: <b>MILWAUKEE SCHOOL OF ENGINEERING 1025 NORTH BROADWAY MILWAUKEE, WISCONSIN 53202</b> | <b>2021</b>                           |
|    | Degree: <b>NONE</b>                                                                                | Major: <b>GENERAL STUDIES</b>         |
|    | Foreign: <b>No</b>                                                                                 | Enrolled: <b>No</b>                   |
|    |                                                                                                    | <b>Verified</b>                       |
| 4. | Institution: <b>COLLEGE OF LAKE COUNTY 19351 WEST WASHINGTON STREET GRAYSLAKE, ILLINOIS 60030</b>  | <b>2021</b>                           |
|    | Degree: <b>NONE</b>                                                                                | Major: <b>GENERAL STUDIES</b>         |
|    | Foreign: <b>No</b>                                                                                 | Enrolled: <b>No</b>                   |
|    |                                                                                                    | <b>Verified</b>                       |

## Experience

**Total: 14**

**Responsible: 62**

|    |                                                                                         |                         |
|----|-----------------------------------------------------------------------------------------|-------------------------|
| 1. | Employer: <b>R.E. DECKER PC 333 PETERSON ROAD, SUITE B LIBERTVILLE, ILLINOIS 60048</b>  |                         |
|    | Phone: <b>847-386-4762</b>                                                              | From: <b>08/10/2019</b> |
|    | Reference: <b>RICHARD PAVLETIC, LICENSED SURVEYOR</b>                                   | To: <b>01/05/2026</b>   |
|    | Months Exp: <b>4</b>                                                                    | Phone: <b>Unknown</b>   |
|    | Qualified Mths: <b>62</b>                                                               | <b>Verified</b>         |
| 2. | Employer: <b>R.E. DECKER PC 333 PETERSON ROAD, SUITE B LIBERTYVILLE, ILLINOIS 60048</b> |                         |
|    | Phone: <b>847-366-4762</b>                                                              | From: <b>05/01/2017</b> |
|    | Reference: <b>RICHARD PAVLETIC, LICENSED SURVEYOR</b>                                   | To: <b>08/10/2019</b>   |
|    | Months Exp: <b>10</b>                                                                   | Phone: <b>Unknown</b>   |
|    | Qualified Mths: <b>0</b>                                                                | <b>Verified</b>         |



# Application Summary

## Application

Name: **PAVLETIC, SPENCER**

DTN: **4271670**

Address: **4408 W LACKLAND PL, TAMPA, FL 33616-1426**

Type: **BPSM - Individual New - Initial License**

Received: **06/05/2026**

Fees Paid:

**\$255.00**

## Checklist

| <u>Items Required</u>             | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------|----------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fees Validated Correctly          | 06/11/2026           | REGENIA LEE         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Fees Cashiered                    | 06/11/2026           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Letter - LS Complete              | 06/08/2026           | REGENIA LEE         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Experience Verified               | 06/08/2026           | REGENIA LEE         | <p>5J-17.020 Applications for Licensure: Experience.</p> <p>(1) To verify an applicant's experience the Board will accept evidence as to employment from employers or supervisors who are registered surveyors and mappers, and if such evidence is unavailable, the Board will consider written documentation from a registered surveyor and mapper who has personal knowledge of the applicant's experience. Such evidence shall set forth the quality and character of the applicant's duties and responsibilities. A National Council of Examiners for Engineering and Surveying (NCEES) Record will be acceptable as evidence.</p> <p>(2) The term "year" as appears in Section 472.013, F.S., when referring to an applicant's experience record, is defined as twelve (12) months of full time employment as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. Full time employment is at least 32 hours per week.</p> <p>(3) Experience while in "responsible charge" gained through full time employment before an applicant has reached the age of eighteen (18) may not be used to meet the experience record requirements of Section 472.013, F.S., exceptions to said rule shall be made on a case by case basis subject to Board approval.</p> <p>Rulemaking Authority 472.008 FS. Law Implemented 472.013 FS. History: New 1-3-80, Amended 6-9-80, 1-11-84, Formerly 21HH-3.01, Amended 1-16-92, Formerly 21HH-3.001, Amended 5-30-95, 10-1-97, 5-17-00, 3-25-01, 7-7-09, Formerly 61G17-3.001, Amended 11-13-17, 7-15-18.</p> |
| Letter - LS Individual Deficiency | 06/05/2026           | REGENIA LEE         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Enter/Update Person Details       | 06/05/2026           | REGENIA LEE         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Application Received              | 06/05/2026           | REGENIA LEE         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Education Verified                | 06/05/2026           | REGENIA LEE         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



WILTON SIMPSON  
COMMISSIONER

Division of Consumer Services  
**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS**  
**APPLICATION FOR LICENSURE  
BY EXAMINATION OR ENDORSEMENT**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Submit and Pay Online at:

www.FDACS.gov

- or -

Check or Money Order payable to  
FDACS and remit with application to:

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

☒ Initial Exam

☐ Temporary Certificate

☐ Endorsement Application

Name:

Spencer Pavletic

Suffix:

Date of Birth:

08 / 09 / 2001

\*\*Social Security Number:

Home Address (if applicable please include suite, apartment and/or unit numbers):

4408 W LACKLAND PL.

City:

TAMPA

State:

FL

Zip Code:

33616

County (if address is in Florida):

HILLSBOROUGH

Country:

UNITED STATES OF AMERICA

☒ Please check if mailing address is the same as home address. If not:

Mailing Address (if applicable please include suite, apartment and/or unit numbers):

City:

State:

Zip Code:

County (if address is in Florida):

Country:

Email Address:

spencerlpavletic@gmail.com

\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472.015, Florida Statutes. Social Security numbers are not a public record under Florida law.

F & A Use Only

Org Code: 42 10 08 01 000

EO: A2

Object Code: 001266

\$125

Object Code: 002230

\$125

42100802000 / 001256

\$5

*pd by mo*

*22-12552576*

*\$ 255.00*



**Contact Number(s):**( ) -  
Home Phone( 224 ) 406 - 1742  
Cellular Phone( ) -  
Business Phone( ) -  
Facsimile**PRIOR NAME INFORMATION**

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☒ No

If you answered yes, please provide name(s) below:

Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

**EDUCATION HISTORY****Highest Grade Completed (Please check one):**

High School:  
☐1 ☐2 ☐3 ☐4

College:  
☐1 ☐2 ☐3 ☒4

Graduate School:  
☐1 ☐2

| Name and Address of Schools, Colleges, or Universities Attended | Year of Graduation | Degree and Major                               | Currently enrolled?<br>If Yes*, date of anticipated graduation.            | Foreign School<br>Was your school located overseas?                 |
|-----------------------------------------------------------------|--------------------|------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------|
| EASTERN ILLINOIS UNIVERSITY                                     | 2024               | BACHELOR SCIENCE<br>CONSTRUCTION<br>MANAGEMENT | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| COLLEGE OF LAKE COUNTY                                          | N/A                | GENERAL<br>EDUCATION                           | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| MILWAUKEE SCHOOL OF<br>ENGINEERING (MSOE)                       | N/A                | CONSTRUCTION<br>MANAGEMENT                     | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| PARKLAND COLLEGE                                                | N/A                | LAND<br>SURVEYING<br>COURSES                   | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**BACKGROUND INFORMATION**

Please select either yes or no to the questions below. If you answered yes to any of the following, please explain your answer below (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. ☐ Yes ☒ No
- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No



- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

**State / Governmental agency which brought the action:**

**Nature of conviction, judgment, order, or action:**

**Date of Action**

**Docket Number:**

**Have all sanctions been satisfied?**

☐ Yes ☐ No

**Description:**

### OUT OF STATE LICENSES

Please list all your out of state licenses (attach additional sheets if necessary).

|                                                                                |                                                                                                                                                                         |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| State 1                                                                        | a. Issuing State: _____ License Number: _____ Expiration Date: _____                                                                                                    |
|                                                                                | Original Issue Date: _____                                                                                                                                              |
|                                                                                | b. License obtained by:                                                                                                                                                 |
|                                                                                | <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____ |
|                                                                                | c. Was a licensure exam taken?                                                                                                                                          |
|                                                                                | <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                               |
|                                                                                | * If Yes:                                                                                                                                                               |
|                                                                                | Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?                                                                      |
|                                                                                | If so, please select the examination(s) completed:                                                                                                                      |
|                                                                                | <input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)                                             |
| Please select if the examination(s) was a state exam: <input type="checkbox"/> |                                                                                                                                                                         |
| d. Is the license in good standing?                                            |                                                                                                                                                                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No*                      |                                                                                                                                                                         |
| * If No, please provide explanation:                                           |                                                                                                                                                                         |

a. Issuing State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Original Issue Date: \_\_\_\_\_

b. License obtained by:  
☐ Examination ☐ Grandfather Clause ☐ Reciprocity/Endorsement ☐ Other: \_\_\_\_\_

c. Was a licensure exam taken?  
☐ Yes\* ☐ No  
\* If Yes:  
**Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?**  
If so, please select the examination(s) completed:  
☐ Fundamentals of Land Surveying (Part I) ☐ Principles and Practice (Part II)  
Please select if the examination(s) was a state exam: ☐

d. Is the license in good standing?  
☐ Yes ☐ No\*  
\* If No, please provide explanation: \_\_\_\_\_

### EMPLOYMENT HISTORY

A specific experience record is required for licensure as a surveyor and mapper. The experience must be as a subordinate to a licensed surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list all your previous employers where you have gained experience as a surveyor and mapper (attach additional sheets as necessary):

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                |                                        |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|----------------------------------------|
| Employer 1 | <b>Employer / Company Name:</b><br>R.E. DECKER PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Employer / Company Address:</b><br>333 PETERSON RD. SUITE B |                                        |
|            | <b>City:</b><br>LIBERTYVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>State:</b><br>IL                                            | <b>Zip Code:</b><br>60048 -            |
|            | <b>Supervisor's Name:</b><br>RICHARD PAVLETIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>License Number:</b><br>IL-035003261                         | <b>Contact Number:</b><br>847-366-4762 |
|            | <b>Dates of Employment:</b><br>From: 05/01/2017 To: 08/10/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Number of Hours Per Week:</b><br>SEE BELOW                  |                                        |
|            | <b>Did you ever work on a part-time basis?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>Number of Hours Per Week:</b>                               |                                        |
|            | From: 05/01/2017 To: 08/15/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 40HR/WK, FULL TIME SEASONAL                                    |                                        |
|            | From: 05/01/2018 To: 08/15/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 40HR/WK, FULL TIME SEASONAL                                    |                                        |
|            | From: _____ To: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                |                                        |
|            | <b>Total Months of Experience:</b><br>Routine (in months): 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Responsible Charge (in months): 0                              |                                        |
|            | <b>Summary of Experience</b><br>Performed seasonal land surveying work under the direct supervision of a licensed Professional Land Surveyor while assisting field crews on boundary, topographic, ALTA/NSPS, and construction staking projects. Duties included operation of survey equipment, prism and rod work, monument recovery, field measurements, note keeping, data collection support, and assistance with GNSS and total station operations. Assisted with establishment and verification of survey control, collection of topographic and boundary evidence, and preparation of field sketches and data files for office processing. Also gained introductory experience with CAD drafting support, point file preparation, and survey work flow coordination. This employment provided foundational experience in field procedures, survey methods, construction staking practices, and professional surveying operations under direct supervision. |  |                                                                |                                        |



Employer / Company Name:

R.E. DECKER PC

Employer / Company Address:

333 PETERSON RD. SUITE B

City:

LIBERTYVILLE

State:

IL

Zip Code:

60048 -

Supervisor's Name:

RICHARD PAVLETIC

License Number:

IL-035003261

Contact Number:

847-366-4762

Dates of Employment:

From: 08/10/2019

To: 01/05/2026

Number of Hours Per Week:

40

Did you ever work on a part-time basis? ☒ Yes ☐ No

Number of Hours Per Week:

From: 08/23/2021

To: 04/29/2022

16

From: 08/22/2022

To: 04/28/2023

16

From: 08/21/2023

To: 04/26/2024

16

Total Months of Experience:

Routine (in months): 4

Responsible Charge (in months): 62

\*PART TIME EXPERIENCE  
DURING EIU ENROLLMENT.  
1 MONTH OF ADDITIONAL FULL  
TIME EXPERIENCE DURING  
WINTER BREAK

## Summary of Experience

Performed progressively responsible surveying and mapping duties associated with boundary retracement, ALTA/NSPS Land Title Surveys, topographic surveys, subdivision surveys, and construction staking projects throughout northeastern Illinois under the supervision of a licensed Professional Land Surveyor. Responsibilities included GNSS and total station data collection, establishment and verification of survey control, monumentation, leveling, construction staking, field quality control, coordination, supervision, and training of field personnel, processing and review of field data, boundary and topographic computations, coordinate closure and staking calculations, preparation of staking point files, courthouse and records research, CAD drafting, and preparation of draft legal descriptions, plats, and survey deliverables subject to final review and approval by the supervising Professional Land Surveyor. While attending college, continued performing professional surveying support work remotely and worked full time during academic breaks, including field data processing, calculations, drafting, records research, and coordination with field personnel and ongoing survey operations.

## EXAMINATION INFORMATION

Please complete the following:

## NCEES Fundamentals of Land Surveying (Part I).

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

## NCEES Principles and Practice (Part II)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

## Florida Jurisdictional 100 Item Multiple Choice (Part III)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

## SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

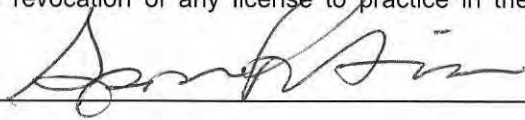
☐ Yes\*\* ☒ No

\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services immediately at 1-800-HELP-FLA (435-7352) or 850-410-3800.



I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature:  Date: 05/27/2020

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

Florida Department of Agriculture and Consumer Services

Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

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**WILTON SIMPSON  
COMMISSIONER**

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

**Please list employment where the applicant has gained experience as a surveyor and mapper** (attach additional sheets as necessary):

|                                                                                                                              |                     |                                                                |   |
|------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------|---|
| <b>Applicant Name:</b><br>SPENCER PAVLETIC                                                                                   |                     | <b>Title:</b><br>Survey Assistant                              |   |
| <b>Employer / Company Name:</b><br>R.E. DECKER PC                                                                            |                     | <b>Employer / Company Address:</b><br>333 PETERSON RD. SUITE B |   |
| <b>City:</b><br>LIBERTYVILLE                                                                                                 | <b>State:</b><br>IL | <b>Zip Code:</b><br>60048                                      | - |
| <b>Employer Contact Name:</b><br>RICHARD PAVLETIC                                                                            |                     | <b>Contact Number:</b><br>847-366-4762                         |   |
| <b>Dates of Employment:</b><br>From: 05/01/2017 To: 08/10/2019                                                               |                     | <b>Number of Hours Per Week:</b><br>40/WK Seasonally           |   |
| <b>Did the applicant ever work on a part-time basis?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                     | <b>Number of Hours Per Week:</b>                               |   |
| From: 05/01/2017                                                                                                             | To: 08/15/2017      | 40hr Week during Summer                                        |   |
| From: 05/01/2018                                                                                                             | To: 08/15/2018      | 40hr Week during Summer                                        |   |
| From: 05/01/2019                                                                                                             | To: 08/10/2019      | 40 hr Week during Summer                                       |   |

**Total Months of Experience:**

Routine (in months): 10 + Responsible Charge (in months): 0 = **Total Months of Experience** 10

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Spencer performed seasonal work and developed foundational surveying skills during this time. He assisted field crews with boundary, topographic, ALTA/NSPS, and construction staking projects. His responsibilities included operation of survey equipment, prism and rod work, monument recovery, field measurements, note keeping, data collection support, and assistance with GNSS and total station operations. He assisted with survey control, collection of field evidence, preparation of field notes and point files for office processing, and occasionally assisted with CAD drafting. This experience developed his foundational knowledge of land surveying under my supervision.

Richard Pavletic IL-035003261

Print name and license number of  
surveyor and mapper verifying experience



Sealed

Signature of licensed surveyor and mapper  
verifying experience

5-27-26

Date

expires 11-30-26

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



# Application Summary

## Application

Name: **SAMALOT ROMAN, WILLIAM** DTN: **4263298**  
 Address: **4940 PIERCE ARROW DRIVE, APOPKA, FL 32712**  
 Type: **BPSM - Individual New - Initial License** Received: **05/15/2026** Fees Paid: **\$255.00**

## Education

1. Institution: **UNIVERSITY OF PUERTO RICO MAYAGUEZ CAMPUS MAYAGUEZ, PUERTO RICO** 2013  
 Degree: **USA**  
 Foreign: **BACHELORS** Major: **SURVEYING AND TOPOGRAPHY**  
**No** Enrolled: **No** **Verified**

## Experience

Total: 54 Responsible: 54

1. Employer: **ORANGE COUNTY PUBLIC WORKS - SURVEY DIVISION 4200 S JOHN YOUNG PKWY**  
 Phone: **ORLANDO, FLORIDA 32839-8659 USA**  
 Reference: **Unknown** From: **02/10/2025** To: **04/21/2026**  
 Months Exp: **EMANUEL DONATE, LICENSED SURVEYOR** Phone: **787-550-8435**  
**6** Qualified Mths: **6** **Verified**

2. Employer: **DEWBERRY ENGINEERING 800 NORTH MAGNOLIA AV, SUITE 1000 ORLANDO, FLORIDA**  
 Phone: **32839-8659 USA**  
 Reference: **Unknown** From: **01/12/2017** To: **01/06/2025**  
 Months Exp: **WILLIAM P HINKLE, LICENSED SURVEYOR** Phone: **863-412-7413**  
**48** Qualified Mths: **48** **Verified**

## Checklist

| Items Required                          | Date Complete | Completed by         | Details |
|-----------------------------------------|---------------|----------------------|---------|
| Letter - LS Complete                    | 06/03/2026    | REGENIA LEE          |         |
| Education Verified                      | 06/03/2026    | REGENIA LEE          |         |
| Experience Verified                     | 05/22/2026    | REGENIA LEE          |         |
| Online App Recd. Data Updated by System | 05/21/2026    | REGENIA LEE          |         |
| New Documents Received. Please look.    | 05/21/2026    | REGENIA LEE          |         |
| Fees Validated Correctly                | 05/20/2026    | SYSTEM CSTRACK       |         |
| Fees Cashiered                          | 05/20/2026    | FINANCE & ACCOUNTING |         |
| Letter - LS Individual Deficiency       | 05/18/2026    | REGENIA LEE          |         |
| Enter/Update Person Details             | 05/18/2026    | REGENIA LEE          |         |
| Application Received                    | 05/18/2026    | REGENIA LEE          |         |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700  
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FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

|                       |                            |                  |                               |
|-----------------------|----------------------------|------------------|-------------------------------|
| Application Type      | <b>Initial Examination</b> |                  |                               |
| Highest Degree        | <b>College 4 Years</b>     |                  |                               |
| Document Tracking No# | <b>4263298</b>             | Application Date | <b>05/15/2026 08:04:39 AM</b> |

**APPLICANT INFORMATION**

|                        |                                                             |
|------------------------|-------------------------------------------------------------|
| First Name             | <b>William</b>                                              |
| Middle Initial         | <b>A</b>                                                    |
| Last Name              | <b>Samalot Roman</b>                                        |
| Date of Birth          | <b>3/14/1989</b>                                            |
| Race                   | <b>Spanish, Hispanic or Latino</b>                          |
| Social Security Number | <b>[REDACTED]</b>                                           |
| Home Address           | <b>4940 Pierce Arrow Drive<br/>Apopka,Florida,32712,USA</b> |
| Mailing Address        | <b>4940 Pierce Arrow Drive<br/>Apopka,Florida,32712,USA</b> |
| Email address          | <b>williamsamalot14@gmail.com</b>                           |
| Home Phone             | <b>443-319-3813</b>                                         |
| Cellular Phone         | <b>443-319-3813</b>                                         |
| Business Phone         |                                                             |
| Fax                    |                                                             |

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

|                            |                                                      |
|----------------------------|------------------------------------------------------|
| 1. InstitutionName:        | <b>University of Puerto Rico Mayaguez<br/>Campus</b> |
| Degree:                    | <b>Bachelor Degree</b>                               |
| GraduationYear:            | <b>2013</b>                                          |
| Location:                  | <b>Mayaguez, Puerto Rico, USA</b>                    |
| CurrentlyEnrolled:         | <b>NO</b>                                            |
| AnticipatedGraduationDate: |                                                      |

**CRIMINAL/CIVIL LETIGATION INFORMATION**

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No** FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? **No**

## EMPLOYMENT HISTORY

1. Title: **Survey Technician III**  
Company Name: **Dewberry Engineering**  
Company Address: **800 North Magnolia Av, Suite 1000**  
**Orlando, Florida, 32839-8659, USA**  
Employment From Date: **07/12/2017**  
Employment To Date: **01/06/2025**  
Hours Per Week: **40**

Total Work Experience (in Months) : **48**  
Responsible Charge Exp (in Months) : **48**

Experience Summary: • **Prepared Plats, Boundary Surveys, ALTA Surveys, Sketches and Descriptions, and Topographic Surveys using Engineering Plans, Field Data, Deeds, and Public Records.** • **Conducted QA/QC reviews and addressed comments from reviewers.** • **Assembled field packets for survey crews**



ws and met with them to discuss project scope and execution. • Coordinated project efforts with clients, engineers, and government agencies.

2. Title: **Survey Mapper I**  
Company Name: **Orange County Public Works - Survey Division**  
Company Address: **4200 S John Young Pkwy**  
**Orlando, Florida, 32839-8659, USA**  
Employment From Date: **02/10/2025**  
Employment To Date: **05/15/2026**  
Hours Per Week: **40**

Total Work Experience (in Months) : **6**

Responsible Charge Exp (in Months) : **6**

Experience Summary: **I am pleased to provide this letter of recommendation in support of William Samalot and his request to sit for the Florida Professional Surveyor and Mapper (PSM) licensing examination. I currently serve as County Surveyor for Orange County Public Works, where William has worked under my supervision as a Surveyor Mapper I for approximately the past year. During this time, I have had the opportunity to closely observe his technical abilities, work ethic, and professional growth within the surveying and mapping field. William has consistently demonstrated a strong understanding of fundamental surveying principles, including boundary analysis, field data collection, and mapping practices. He has shown initiative in both field and office tasks, and he approaches his work with a level of diligence and attention to detail that reflects well on our profession. He is receptive to feedback, eager to learn, and continuously seeks to improve his knowledge of applicable standards, including Florida Statutes Chapter 472 and Rule 5J-17, F.A.C. In addition to his technical capabilities, William is a dependable team member who communicates effectively and contributes positively to project coordination efforts. He has been exposed to a variety of surveying assignments within Orange County, including boundary surveys, topographic surveys, and control-related work, all of which have helped build a solid foundation toward professional licensure. Based on his performance, dedication, and commitment to the profession, I fully support William's pursuit of licensure and believe he is well-prepared to sit for the PSM examination. I am confident he will continue to grow into a competent and responsible Professional Surveyor and Mapper. Please feel free to contact me if you require any additional information.**

#### EXAMINATION INFORMATION

|                         |               |               |
|-------------------------|---------------|---------------|
| Exam Passed : <b>NO</b> | State Board : | Year Passed : |
| Exam Passed : <b>NO</b> | State Board : | Year Passed : |
| Exam Passed : <b>NO</b> | State Board : | Year Passed : |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **William Samalot Roman**

Signature Date: **5/15/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
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**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
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Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term **"responsible charge"** means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

**Please list employment where the applicant has gained experience as a surveyor and mapper** (attach additional sheets as necessary):

|                                                                                                                              |           |                                                                     |                                  |
|------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|----------------------------------|
| <b>Applicant Name:</b><br>William A Samalot Roman                                                                            |           | <b>Title:</b><br>Survey and Mapper I                                |                                  |
| <b>Employer / Company Name:</b><br>Orange County Public Work                                                                 |           | <b>Employer / Company Address:</b><br>4200 South John Young Parkway |                                  |
| <b>City:</b><br>Orlando                                                                                                      |           | <b>State:</b><br>FL                                                 | <b>Zip Code:</b><br>32839 - 9205 |
| <b>Employer Contact Name:</b><br>Emanuel Donate Perez                                                                        |           | <b>Contact Number:</b><br>787-550-8435                              |                                  |
| <b>Dates of Employment:</b><br>From: 02/10/2025 To*: Present                                                                 |           | <b>Number of Hours Per Week:</b><br>40                              |                                  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           | <b>Number of Hours Per Week:</b>                                    |                                  |
| From: _____                                                                                                                  | To: _____ | _____                                                               |                                  |
| From: _____                                                                                                                  | To: _____ | _____                                                               |                                  |
| From: _____                                                                                                                  | To: _____ | _____                                                               |                                  |

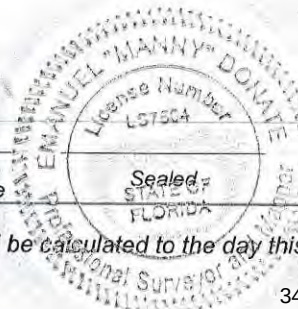
**Total Months of Experience:**

Routine (in months): 6 + Responsible Charge (in months): 6 = **Total Months of Experience** 12  
If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Emanuel Donate Perez, LS 7504

Print name and license number of  
surveyor and mapper verifying experience



Signature of licensed surveyor and mapper  
verifying experience

Date

4/21/26

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.





Emanuel "Manny" Donate, P.S.M.  
County Surveyor  
Orange County Public Works Survey Section  
4200 S. John Young Parkway  
Orlando, FL 32839  
(407) 836-8672 office  
[Emanuel.DonatePerez@ocfl.net](mailto:Emanuel.DonatePerez@ocfl.net)  
[www.orangecountyfl.net](http://www.orangecountyfl.net)

April 21, 2026

To Whom It May Concern,

I am pleased to provide this letter of recommendation in support of **William Samalot** and his request to sit for the Florida Professional Surveyor and Mapper (PSM) licensing examination.

I currently serve as County Surveyor for Orange County Public Works, where William has worked under my supervision as a **Surveyor Mapper I** for approximately the past year. During this time, I have had the opportunity to closely observe his technical abilities, work ethic, and professional growth within the surveying and mapping field.

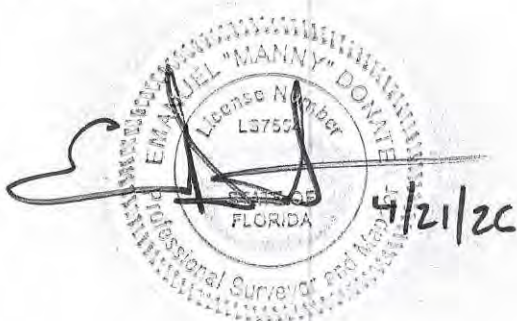
William has consistently demonstrated a strong understanding of fundamental surveying principles, including boundary analysis, field data collection, and mapping practices. He has shown initiative in both field and office tasks, and he approaches his work with a level of diligence and attention to detail that reflects well on our profession. He is receptive to feedback, eager to learn, and continuously seeks to improve his knowledge of applicable standards, including Florida Statutes Chapter 472 and Rule 5J-17, F.A.C.

In addition to his technical capabilities, William is a dependable team member who communicates effectively and contributes positively to project coordination efforts. He has been exposed to a variety of surveying assignments within Orange County, including boundary surveys, topographic surveys, and control-related work, all of which have helped build a solid foundation toward professional licensure.

Based on his performance, dedication, and commitment to the profession, I fully support William's pursuit of licensure and believe he is well-prepared to sit for the PSM examination. I am confident he will continue to grow into a competent and responsible Professional Surveyor and Mapper.

Please feel free to contact me if you require any additional information.

Sincerely,  
Emanuel Donate, P.S.M.  
County Surveyor  
Orange County Public Works



Florida Department of Agriculture and Consumer Services

Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

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A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

**Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

|                                                                                                                              |                          |                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>William A Samalot-Roman                                                                            |                          | <b>Title:</b><br>Survey Technician III                                      |  |
| <b>Employer / Company Name:</b><br>Dewberry Engineering Inc.                                                                 |                          | <b>Employer / Company Address:</b><br>800 North Magnolia Avenue, Suite 1000 |  |
| <b>City:</b><br>Orlando                                                                                                      | <b>State:</b><br>Florida | <b>Zip Code:</b><br>32803 - 3251                                            |  |
| <b>Employer Contact Name:</b><br>William P. Hinkle                                                                           |                          | <b>Contact Number:</b><br>863-412-7413                                      |  |
| <b>Dates of Employment:</b><br>From: 01/2017 To*: 01/2025                                                                    |                          | <b>Number of Hours Per Week:</b><br>40                                      |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          | <b>Number of Hours Per Week:</b>                                            |  |
| From: _____                                                                                                                  | To: _____                | _____                                                                       |  |
| From: _____                                                                                                                  | To: _____                | _____                                                                       |  |
| From: _____                                                                                                                  | To: _____                | _____                                                                       |  |

**Total Months of Experience:**

Routine (in months): 48 + Responsible Charge (in months): 48 = **Total Months of Experience** 96  
If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

6. William would prepare plats, boundary surveys, ALTA Surveys, sketch & descriptions, and topo

William P. Hinkle, PSM, LS4633

Print name and license number of  
surveyor and mapper verifying experience

Sealed

William P. Hinkle

Signature of licensed surveyor and mapper  
verifying experience

Digitally signed by William P Hinkle  
Date: 2025.07.02 06:55:13 -0400

07/02/25

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

Verify Surveyor: Please provide a summary of experience and duties performed by the applicant.

William would:

- Prepared Plats, Boundary Surveys, ALTA Surveys, Sketches and Descriptions, and Topographic Surveys using Engineering Plans, Field Data, Deeds, and Public Records.
- Conducted QA/QC reviews and addressed comments from reviewers.
- Assembled field packets for survey crews and met with them to discuss project scope and execution.
- Coordinated project efforts with clients, engineers, and government agencies.



# Application Summary

## Application

Name: **SARRIO, ERIC**

DTN: **4264875**

Address: **1215 COMMONWEALTH CIR APT D106, NAPLES, FL 34116**

Type: **BPSM - Individual New - Initial License**

Received: **05/19/2026**

Fees Paid:

**\$255.00**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA USA** **2026**  
 Degree: **BACHELORS** Major: **GEOMATICS**  
 Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 24**

**Responsible: 112**

1. Employer: **BENCHMARK LAND SERVICES 1807 J & C BOULEVARD NAPLES, FLORIDA 34109**  
 Phone: **Unknown** From: **07/01/2014** To: **01/22/2026**  
 Reference: **KENNETH SARRIO, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **24** Qualified Mths: **112** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u> |
|-----------------------------------------|----------------------|----------------------|----------------|
| Online App Recd. Data Updated by System | 05/26/2026           | REGENIA LEE          |                |
| New Documents Received. Please look.    | 05/26/2026           | REGENIA LEE          |                |
| Fees Validated Correctly                | 05/22/2026           | SYSTEM CSTRACK       |                |
| Fees Cashiered                          | 05/22/2026           | FINANCE & ACCOUNTING |                |
| Letter - LS Complete                    | 05/19/2026           | REGENIA LEE          |                |
| Letter - LS Individual Deficiency       | 05/19/2026           | REGENIA LEE          |                |
| Application Received                    | 05/19/2026           | REGENIA LEE          |                |
| Enter/Update Person Details             | 05/19/2026           | REGENIA LEE          |                |
| Experience Verified                     | 05/19/2026           | REGENIA LEE          |                |
| Education Verified                      | 05/19/2026           | REGENIA LEE          |                |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

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Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

|                       |                               |
|-----------------------|-------------------------------|
| Application Type      | <b>Initial Examination</b>    |
| Highest Degree        | <b>College 4 Years</b>        |
| Document Tracking No# | <b>4264875</b>                |
| Application Date      | <b>05/19/2026 07:45:56 AM</b> |

**APPLICANT INFORMATION**

|                        |                                                                    |
|------------------------|--------------------------------------------------------------------|
| First Name             | <b>Eric</b>                                                        |
| Middle Initial         |                                                                    |
| Last Name              | <b>Sarrio</b>                                                      |
| Date of Birth          | <b>5/16/1993</b>                                                   |
| Race                   | <b>White or Caucasian</b>                                          |
| Social Security Number | <b>[REDACTED]</b>                                                  |
| Home Address           | <b>1215 Commonwealth Cir APT D106<br/>Naples,Florida,34116,USA</b> |
| Mailing Address        | <b>1215 Commonwealth Cir APT D106<br/>Naples,Florida,34116,USA</b> |
| Email address          | <b>eric.sarrio@gmail.com</b>                                       |
| Home Phone             |                                                                    |
| Cellular Phone         | <b>239-682-5366</b>                                                |
| Business Phone         |                                                                    |
| Fax                    |                                                                    |

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

- |                            |                                           |
|----------------------------|-------------------------------------------|
| 1. InstitutionName:        | <b>University of Florida</b>              |
| Degree:                    | <b>Bachelors of Science</b>               |
| GraduationYear:            | <b>2026</b>                               |
| Location:                  | <b>Gainesville, Florida, USA</b>          |
| CurrentlyEnrolled:         | <b>NO</b>                                 |
| AnticipatedGraduationDate: |                                           |
| 2. InstitutionName:        | <b>Florida Southwestern State College</b> |
| Degree:                    | <b>Associates in Arts</b>                 |
| GraduationYear:            | <b>2023</b>                               |

Location: **Naples, Florida, USA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No** FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other **No** pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing **No** authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## EMPLOYMENT HISTORY

1. Title: **Survey Manager**  
Company Name: **Benchmark Land Services**  
Company Address: **1807 J & C Blvd.**  
**Naples, Florida, 34116, USA**  
Employment From Date: **07/01/2014**  
Employment To Date: **05/19/2026**  
Hours Per Week: **40**



Total Work Experience (in Months) : **154**  
Responsible Charge Exp (in Months) : **116**

ExperienceSummary: **For the past 12 years, Eric Sarrio has been a valuable employee with Benchmark Land Services, Inc.. He started as a CAD Technician learning the survey industry through reading field notes and completing boundary and ALTA surveys for mortgage and construction surveys. Seven years ago, Eric began working in the field, gaining additional experience and eventually training new field personnel. He has become the CAD Manager and has managed working as a drafter as well as in the field, as needed.**

#### EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **esarrio**

Signature Date: **5/19/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

Florida Department of Agriculture and Consumer Services

Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax



**WILTON SIMPSON  
COMMISSIONER**

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                              |                     |                                                        |  |
|------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Eric Sarrio                                                                                        |                     | <b>Title:</b><br>Field & CAD Manager                   |  |
| <b>Employer / Company Name:</b><br>Benchmark Land Services                                                                   |                     | <b>Employer / Company Address:</b><br>1807 J & C Blvd. |  |
| <b>City:</b><br>Naples                                                                                                       | <b>State:</b><br>FL | <b>Zip Code:</b><br>34109 -                            |  |
| <b>Employer Contact Name:</b><br>Kenneth Sarrio                                                                              |                     | <b>Contact Number:</b><br>239-229-2192                 |  |
| <b>Dates of Employment:</b><br>From: July 2014 To*: Present                                                                  |                     | <b>Number of Hours Per Week:</b><br>40                 |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                     | <b>Number of Hours Per Week:</b>                       |  |
| From: _____                                                                                                                  | To: _____           | _____                                                  |  |
| From: _____                                                                                                                  | To: _____           | _____                                                  |  |
| From: _____                                                                                                                  | To: _____           | _____                                                  |  |

**Total Months of Experience:**

Routine (in months): 24 + Responsible Charge (in months): 112 = **Total Months of Experience** 150

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

For the past 12 years, Eric Sarrio has been a valuable employee with Benchmark Land Services,

Kenneth Sarrio PSM 6348

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Kenneth Sarrio

Signature of licensed surveyor and mapper  
verifying experience

Digitally signed by Kenneth Sarrio  
Date: 2026.01.22 10:39:15 -0500

01/22/2026

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.





NCEES

## VERIFICATION OF EXAMINATION

Sarrio, Eric  
(26-843-51)

eric.sarrio@gmail.com  
DOB: 05/16/1993

### EXAMS

| Exam     | Hours | Exam Date | Verification                                            |
|----------|-------|-----------|---------------------------------------------------------|
| NCEES FS | 6     | June 2026 | Verified by NCEES on behalf of Florida LS on 07/08/2026 |

# Application Summary

## Application

Name: **SCHREINER, CHARLES**

DTN: **4159580**

Address: **3937 MARIANNA RD, JACKSONVILLE, FL 32217-3653**

Type: **BPSM - Individual New - Initial License**

Received: **09/09/2025**

Fees Paid:

**\$255.00**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA** **2026**  
 Degree: **BACHELORS** Major: **GEOMATICS**  
 Foreign: **No** Enrolled: **No** **Verified**
2. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA** **2018**  
 Degree: **CERTIFICATE** Major: **MAPPING WITH SMALL UNMANNED AERIAL**  
 Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 10**

**Responsible: 48**

1. Employer: **ETM SURVEYING & MAPPIUNG INC. 14775 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FLORIDA 32258**  
 Phone: **904-627-0048** From: **10/13/2020** To: **08/04/2025**  
 Reference: **SCOTT GRAHAM, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **10** Qualified Mths: **48** **Verified**

## Checklist

| <u>Items Required</u>             | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete              | 05/20/2026           | REGENIA LEE         |                |
| Education Verified                | 12/01/2025           | REGENIA LEE         |                |
| Experience Verified               | 10/14/2025           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency | 09/16/2025           | REGENIA LEE         |                |
| Fees Validated Correctly          | 09/16/2025           | REGENIA LEE         |                |
| Application Received              | 09/16/2025           | REGENIA LEE         |                |
| Enter/Update Person Details       | 09/16/2025           | REGENIA LEE         |                |
| Fees Cashiered                    | 09/09/2025           |                     |                |



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE  
BY EXAMINATION OR ENDORSEMENT**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Submit and Pay Online at:

www.FDACS.gov

- or -

Check or Money Order payable to  
FDACS and remit with application to:

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

☒ Initial Exam

☐ Temporary Certificate

☐ Endorsement Application

Name:

Charles Schreiner

Suffix:

Date of Birth:

11 / 24 / 1995

\*\*Social Security Number:

Home Address (if applicable please include suite, apartment and/or unit numbers):

3937 Marianna Rd

City:

Jacksonville

State:

FL

Zip Code:

32217

County (if address is in Florida):

Duval

Country:

USA

☒ Please check if mailing address is the same as home address. If not:

Mailing Address (if applicable please include suite, apartment and/or unit numbers):

City:

State:

Zip Code:

County (if address is in Florida):

Country:

Email Address:

\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.

F & A Use Only

DEPT OF AGRICULTURE  
AND CONSUMER SERVICES

SEP 09 2025

BUREAU OF FINANCE  
AND ACCOUNTING

Org Code: 42 10 08 01 000

EO: A2

Object Code: 001266

\$125

Object Code: 002230

\$125

42100802000 / 001256

\$5

DTN/FAID: 4159580

26-07615183-0001

255.00 09/09/2025

Dep#1291487



**Contact Number(s):**( ) -  
Home Phone( 407 ) 921 - 4459  
Cellular Phone( ) -  
Business Phone( ) -  
Facsimile**PRIOR NAME INFORMATION**

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☒ No

If you answered yes, please provide name(s) below:

Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

**EDUCATION HISTORY****Highest Grade Completed (Please check one):**

High School:

☐1 ☐2 ☐3 ☐4

College:

☐1 ☐2 ☐3 ☒4

Graduate School:

☐1 ☐2

| Name and Address of Schools, Colleges, or Universities Attended | Year of Graduation | Degree and Major | Currently enrolled?<br>If Yes*, date of anticipated graduation.            | Foreign School<br>Was your school located overseas?                 |
|-----------------------------------------------------------------|--------------------|------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------|
| University of Florida                                           | 2019               | Geomatics        | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                                                 |                    |                  | <input type="checkbox"/> Yes* <input type="checkbox"/> No ____*            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                                                                 |                    |                  | <input type="checkbox"/> Yes* <input type="checkbox"/> No ____*            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                                                                 |                    |                  | <input type="checkbox"/> Yes* <input type="checkbox"/> No ____*            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

**BACKGROUND INFORMATION**

Please select either yes or no to the questions below. If you answered yes to any of the following, please explain your answer below (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. ☐ Yes ☒ No
- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No

- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

**State / Governmental agency which brought the action:**

**Nature of conviction, judgment, order, or action:**

**Date of Action**

**Docket Number:**

**Have all sanctions been satisfied?**

☐ Yes ☐ No

**Description:**

### OUT OF STATE LICENSES

Please list all your out of state licenses (attach additional sheets if necessary).

|         |                                                                                                                                                                                                                                                                                                                                                                                        |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| State 1 | a. Issuing State: _____ License Number: <del>185546</del> _____ Expiration Date: _____<br>Original Issue Date: _____                                                                                                                                                                                                                                                                   |
|         | b. License obtained by:<br><input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____                                                                                                                                                                                     |
|         | c. Was a licensure exam taken?<br><input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                                                                                                                                                                                                            |
|         | * If Yes:<br>Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?<br>If so, please select the examination(s) completed:<br><input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II)<br>Please select if the examination(s) was a state exam: <input type="checkbox"/> |
|         | d. Is the license in good standing?<br><input type="checkbox"/> Yes <input type="checkbox"/> No*<br>* If No, please provide explanation: _____                                                                                                                                                                                                                                         |



a. Issuing State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Original Issue Date: \_\_\_\_\_

b. License obtained by:  
☐ Examination ☐ Grandfather Clause ☐ Reciprocity/Endorsement ☐ Other: \_\_\_\_\_

c. Was a licensure exam taken?  
☐ Yes\* ☐ No  
 \* If Yes:  
 Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?  
 If so, please select the examination(s) completed:  
☐ Fundamentals of Land Surveying (Part I) ☐ Principles and Practice (Part II)  
 Please select if the examination(s) was a state exam: ☐

d. Is the license in good standing?  
☐ Yes ☐ No\*  
 \* If No, please provide explanation: \_\_\_\_\_

### EMPLOYMENT HISTORY

A specific experience record is required for licensure as a surveyor and mapper. The experience must be as a subordinate to a licensed surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term **"responsible charge"** means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list all your previous employers where you have gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                                    |                                                                    |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------|----------------------------------------|
| Employer 1                                                                                                                                                                                                                                                                                                                                             | <b>Employer / Company Name:</b><br>ETM Surveying & Mapping                                                         |                                    | <b>Employer / Company Address:</b><br>14785 Old St. Augustine Road |                                        |
|                                                                                                                                                                                                                                                                                                                                                        | <b>City:</b><br>Jacksonville                                                                                       |                                    | <b>State:</b><br>FL                                                | <b>Zip Code:</b><br>32217 -            |
|                                                                                                                                                                                                                                                                                                                                                        | <b>Supervisor's Name:</b><br>Scott A. Graham                                                                       |                                    | <b>License Number:</b><br>LS5546                                   | <b>Contact Number:</b><br>904-627-0048 |
|                                                                                                                                                                                                                                                                                                                                                        | <b>Dates of Employment:</b><br>From: October 13, 2020                                                              |                                    | To: August 1, 2025 (Current)                                       | <b>Number of Hours Per Week:</b><br>40 |
|                                                                                                                                                                                                                                                                                                                                                        | <b>Did you ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                                                                    |                                        |
|                                                                                                                                                                                                                                                                                                                                                        | From: _____                                                                                                        |                                    | To: _____                                                          | <b>Number of Hours Per Week:</b>       |
|                                                                                                                                                                                                                                                                                                                                                        | From: _____                                                                                                        |                                    | To: _____                                                          |                                        |
|                                                                                                                                                                                                                                                                                                                                                        | From: _____                                                                                                        |                                    | To: _____                                                          |                                        |
| <b>Total Months of Experience:</b><br>Routine (in months): 10                                                                                                                                                                                                                                                                                          |                                                                                                                    | Responsible Charge (in months): 47 |                                                                    |                                        |
| <b>Summary of Experience</b><br>Extensive experience as a Crew Chief, Survey Technician, and Project Manager. Work included small and large tract boundaries, topographic surveys, control surveys, terrestrial lidar, aerial lidar, mobile (SLAM) lidar, hydrographic surveys. Clients include public (FDOT/minicipalities) and Private cooperations. |                                                                                                                    |                                    |                                                                    |                                        |



Employer / Company Name:

Employer / Company Address:

City:

State:

Zip Code:

Supervisor's Name:

License Number:

Contact Number:

Dates of Employment:

From:

To:

Number of Hours Per Week:

Did you ever work on a part-time basis?

☐ Yes

☐ No

From:

To:

Number of Hours Per Week:

From:

To:

From:

To:

Total Months of Experience:

Routine (in months):

Responsible Charge (in months):

Summary of Experience

Employer 2

EXAMINATION INFORMATION

Please complete the following:

NCEES Fundamentals of Land Surveying (Part I).

Have you passed this exam?

☒ Yes ☐ No

State Board:

Florida Board of Professional Surveyors and Mappers

Year Passed:

2024

NCEES Principles and Practice (Part II)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

Florida Jurisdictional 100 Item Multiple Choice (Part III)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

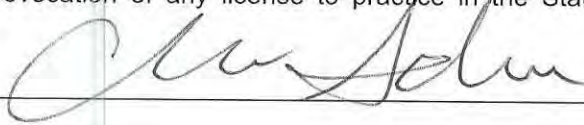
☐ Yes\*\* ☒ No

\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services immediately at 1-800-HELP-FLA (435-7352) or 850-410-3800.

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature: \_\_\_\_\_



Date: \_\_\_\_\_

8-15-25

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.





WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

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www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

**Applicant Name:**

Charles Schreiner

**Title:**

Project Manager

**Employer / Company Name:**

ETM Surveying & Mapping, Inc.

**Employer / Company Address:**

14775 Old St Augustine Road

**City:**

Jacksonville

**State:**

FL

**Zip Code:**

32258

**Employer Contact Name:**

Scott A. Graham

**Contact Number:**

904-627-0048

**Dates of Employment:**

From: October 13, 2020

To\*: September 29, 2025 (Present)

**Number of Hours Per Week:**

40

Did the applicant ever work on a part-time basis? ☐ Yes ☒ No

**Number of Hours Per Week:**

From:

To:

From:

To:

From:

To:

**Total Months of Experience:**

Routine (in months): 10 + Responsible Charge (in months): 48 = Total Months of Experience 58

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor:** Please provide a summary of experience and duties performed by the applicant

See Attached

Scott A. Graham

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

September 29, 2025

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

Charlie was a crew chief for 12 months in responsible charge in the field for conducting Boundary, ALTA, Topographic, Terrestrial and Aerial Lidar surveys. In the office he spent 10 months doing routine computer work and learning our survey software utilized in our practice such as AutoCAD, MicroStation, Cyclone, Infinity, Applanix, Riegl, and TerraSolid. He has spent 36 months in responsible charge of projects where he was responsible for creating maps and reports for my review and final signature. These projects included Boundary and Right of Way determinations, analysis of vertical data, traverse data, point cloud data, project control layout, QC of surveys, and supervised the work of other technicians in the office.



# NCEES

## VERIFICATION OF EXAMINATION

Schreiner, Charles  
(21-918-64)

charles@compbiz.net  
DOB: 11/24/1995

### EXAMS

| Exam     | Hours | Exam Date      | Verification                                                   |
|----------|-------|----------------|----------------------------------------------------------------|
| NCEES FS | 6.0   | September 2022 | Verified by NCEES on behalf of Florida LS on 10/05/2022<br>367 |
|          |       | 9/28/22        | PASS RL                                                        |



# Application Summary

## Application

Name: **SERLETIC, ALLISON**

DTN: **4279456**

Address: **3249 ENCLAVE BLVD, MULBERRY, FL 33860-5535**

Type: **BPSM - Individual New - Initial License**

Received: **06/24/2026**

Fees Paid:

**\$255.00**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA USA** 2026  
 Degree: **BACHELORS** Major: **GEOGRAPHY**  
 Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 0**

**Responsible: 84**

1. Employer: **QGS DEVELOPMENT, INC. 1450 EAST PARK ROAD PLANT CITY, FLORIDA 33566**  
 Phone: **813-634-3326** From: **04/01/2021** To: **05/22/2026**  
 Reference: **ROBERT F. THOMPSON, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **61** **Verified**

2. Employer: **POLK COUNTY BOARD OF COUNTY COMMISSIONERS 3000 SHEFFIELD ROAD WINTER HAVEN, FLORIDA 33880**  
 Phone: **863-535-2262** From: **08/01/2016** To: **12/04/2023**  
 Reference: **JOHN RICHARD NOLAND, JR., LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **23** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u> |
|-----------------------------------------|----------------------|----------------------|----------------|
| Online App Recd. Data Updated by System | 07/01/2026           | REGENIA LEE          |                |
| New Documents Received. Please look.    | 07/01/2026           | REGENIA LEE          |                |
| Fees Validated Correctly                | 06/29/2026           | SYSTEM CSTRACK       |                |
| Fees Cashiered                          | 06/29/2026           | FINANCE & ACCOUNTING |                |
| Letter - LS Complete                    | 06/25/2026           | REGENIA LEE          |                |
| Experience Verified                     | 06/25/2026           | REGENIA LEE          |                |
| Education Verified                      | 06/25/2026           | REGENIA LEE          |                |
| Letter - LS Individual Deficiency       | 06/24/2026           | REGENIA LEE          |                |
| Application Received                    | 06/24/2026           | REGENIA LEE          |                |
| Enter/Update Person Details             | 06/24/2026           | REGENIA LEE          |                |



WILTON SIMPSON

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE

Chapter 472, Florida Statutes

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

Mailing Address:  
Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700  
[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA (435-7352)  
FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

APPLICATION TYPE

|                       |                     |                  |                        |
|-----------------------|---------------------|------------------|------------------------|
| Application Type      | Initial Examination |                  |                        |
| Highest Degree        | College 4 Years     |                  |                        |
| Document Tracking No# | 4279456             | Application Date | 06/24/2026 12:16:17 PM |

APPLICANT INFORMATION

|                        |                                                    |
|------------------------|----------------------------------------------------|
| First Name             | Allison                                            |
| Middle Initial         |                                                    |
| Last Name              | Serletic                                           |
| Date of Birth          | 5/26/1987                                          |
| Race                   | White or Caucasian                                 |
| Social Security Number |                                                    |
| Home Address           | 3249 Enclave Blvd<br>Mulberry, Florida, 33860, USA |
| Mailing Address        | 3249 Enclave Blvd<br>Mulberry, Florida, 33860, USA |
| Email address          | allisonnicole87@gmail.com                          |
| Home Phone             | 863-632-6140                                       |
| Cellular Phone         |                                                    |
| Business Phone         |                                                    |
| Fax                    |                                                    |

PRIOR NAME INFORMATION

Has Prior Name : YES

|                |                 |         |
|----------------|-----------------|---------|
| 1. Prior Name: | Allison, Gibson | Suffix: |
|----------------|-----------------|---------|

EDUCATION HISTORY

|                            |                           |
|----------------------------|---------------------------|
| 1. InstitutionName:        | University of Florida     |
| Degree:                    | Bachelors                 |
| GraduationYear:            | 2026                      |
| Location:                  | Gainesville, Florida, USA |
| CurrentlyEnrolled:         | NO                        |
| AnticipatedGraduationDate: |                           |

CRIMINAL/CIVIL LETIGATION INFORMATION

Criminal And Litigation History



1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

Date of Action: 02/29/2020  
Docket Number: 53-2020-CT-001852-A000-BA  
Court or administrative agency rendering the decision, judgement or order: Polk County Municipal Court  
Governmental agency which brought the action: Polk County Sheriff's Office  
Details: DUI & property damage  
Details:

List of Uploaded Documents

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? No

LICENSURE HISTORY INFORMATION

Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. Yes

Date of Action: 02/29/2020  
Docket Number: 53-2020-CT-001852-A000-BA  
Court or administrative agency rendering the decision, judgment or order: Polk County Municipal Court  
Governmental agency which brought the action: Polk County Sheriff's Office  
Details: DUI & property damage  
Description: DUI and property damage - all requirements satisfied

List of Uploaded Documents

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? No

3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? No



1. Title: **Record Survey Coordinator**  
 CompanyName: **QGS Development**  
 CompanyAddress: **1450 Jim Johnson Rd**  
**Plant City,Florida,33566,USA**  
 EmploymentFromDate: **04/12/2001**  
 EmploymentToDate: **06/24/2026**  
 HoursPerWeek: **40**

Total Work Experience (in Months) : **61**  
 Responsible Charge Exp (in Months) : **61**

ExperienceSummary: **Perform volumetric surveys, topographic surveys, drainage and utility as-built surveys, legal d  
 escription and sketches, boundary surveys, verify and analyze field information for contractor  
 and municipality requirements, conduct quality reviews per standards, supervise as-built infor  
 mation compilation and delivery**

#### EXAMINATION INFORMATION

|                          |                             |                           |
|--------------------------|-----------------------------|---------------------------|
| Exam Passed : <b>YES</b> | StateBoard : <b>Florida</b> | Year Passed : <b>2025</b> |
| Exam Passed : <b>NO</b>  | StateBoard :                | Year Passed :             |
| Exam Passed : <b>NO</b>  | StateBoard :                | Year Passed :             |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Allison Serletic** Signature Date: **6/24/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

**Please list employment where the applicant has gained experience as a surveyor and mapper** (attach additional sheets as necessary):

|                                                                                                                              |     |                                                      |                           |
|------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------|---------------------------|
| <b>Applicant Name:</b><br>Allison Nicole Serletic                                                                            |     | <b>Title:</b><br>Record Survey Coordinator           |                           |
| <b>Employer / Company Name:</b><br>QGS Development                                                                           |     | <b>Employer / Company Address:</b><br>1450 S Park Rd |                           |
| <b>City:</b><br>Plant City                                                                                                   |     | <b>State:</b><br>FL                                  | <b>Zip Code:</b><br>33566 |
| <b>Employer Contact Name:</b><br>Tobie Williams                                                                              |     | <b>Contact Number:</b><br>(813)634-3326              |                           |
| <b>Dates of Employment:</b><br>From: 04/2021 To*: present                                                                    |     | <b>Number of Hours Per Week:</b><br>40               |                           |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     | <b>Number of Hours Per Week:</b>                     |                           |
| From:                                                                                                                        | To: |                                                      |                           |
| From:                                                                                                                        | To: |                                                      |                           |
| From:                                                                                                                        | To: |                                                      |                           |

**Total Months of Experience:**

Routine (in months): 0 + Responsible Charge (in months): 60 = **Total Months of Experience** 60  
If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor:** Please provide a summary of experience and duties performed by the applicant

SEE ATTACHMENT

DS.M.#7036  
ROBERT F. THOMPSON

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

Date

5/22/2026

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



## Experience Summary and Duties

Allison Serletic is a Florida Surveyor in Training who has successfully passed the Fundamentals of Surveying examination. She joined QGS Development with approximately five years of experience in surveying and mapping and currently serves in a position of responsible charge over the company's as-built and record survey operations under the supervision of a licensed Professional Surveyor and Mapper.

Her duties include directing and supervising field survey personnel, reviewing field data for accuracy and completeness, analyzing measurements to verify conformance with design plans and specifications, and preparing and reviewing as-built exhibits, as-built/record surveys, and deliverables. She also coordinates with project personnel to resolve discrepancies between design and constructed conditions and maintains quality control standards for survey deliverables.



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services  
**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

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2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                              |                     |                                                           |  |
|------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Allison Serletic                                                                                   |                     | <b>Title:</b><br>Survey & Mapping Technician              |  |
| <b>Employer / Company Name:</b><br>Polk County BOCC                                                                          |                     | <b>Employer / Company Address:</b><br>3000 Sheffield Road |  |
| <b>City:</b><br>Winter Haven                                                                                                 | <b>State:</b><br>FL | <b>Zip Code:</b><br>33880 -                               |  |
| <b>Employer Contact Name:</b><br>John Richard Noland Jr.                                                                     |                     | <b>Contact Number:</b><br>863-535-2262                    |  |
| <b>Dates of Employment:</b><br>From: 08/2016 To*: 04/2021                                                                    |                     | <b>Number of Hours Per Week:</b><br>40                    |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                     | <b>Number of Hours Per Week:</b><br>40                    |  |
| From: 05/2019 To: 04/2021                                                                                                    |                     |                                                           |  |
| From: To:                                                                                                                    |                     |                                                           |  |
| From: To:                                                                                                                    |                     |                                                           |  |

**Total Months of Experience:**

Routine (in months): 0 + Responsible Charge (in months): 23 = **Total Months of Experience** 23  
If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Allison was a drafting technician when I started at Polk County BOCC. She was an integral part of us completing topographic, boundary, and right-of-way surveys. Allison prepared descriptions and sketches, as well as made calculations on boundaries and right-of-way limits. She will be a valued asset to the surveying and mapping community.

John Richard Noland Jr. LS# 5923 LS 05923

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

Date

12/4/23

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



NCEES

## VERIFICATION OF EXAMINATION

Serletic, Allison  
(19-961-94)

allisonnicole87@gmail.com  
DOB: 05/26/1987

### EXAMS

| Exam     | Hours | Exam Date  | Verification                                            |
|----------|-------|------------|---------------------------------------------------------|
| NCEES FS | 6     | March 2025 | Verified by NCEES on behalf of Florida LS on 04/02/2025 |



# Application Summary

## Application

Name: **TURNER, ZACHERY**

DTN: **4265299**

Address: **690 NORTHCLIFF AVE, DELTONA, FL 32738-7311**

Type: **BPSM - Individual New - Initial License**

Received: **05/20/2026**

Fees Paid:

**\$255.00**

## Education

1. Institution: **EVERGLADES UNIVERSITY BOCA RATON, FLORIDA** **2024**  
 Degree: **BACHELORS** Major: **SURVEYING MANAGEMENT**  
 Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 5**

**Responsible: 60**

1. Employer: **LEADING EDGE LAND SERVICES, INC 8802 EXCHANGE DR ORLANDO, FLORIDA 32809**  
 Phone: **USA**  
 Reference: **Unknown** From: **01/18/2021** To: **05/22/2026**  
 Months Exp: **5** Qualified Mths: **60** Phone: **407-351-6730** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u> |
|-----------------------------------------|----------------------|----------------------|----------------|
| Letter - LS Complete                    | 05/27/2026           | REGENIA LEE          |                |
| Experience Verified                     | 05/27/2026           | REGENIA LEE          |                |
| Online App Recd. Data Updated by System | 05/26/2026           | REGENIA LEE          |                |
| New Documents Received. Please look.    | 05/26/2026           | REGENIA LEE          |                |
| Education Verified                      | 05/26/2026           | REGENIA LEE          |                |
| Fees Validated Correctly                | 05/25/2026           | SYSTEM CSTRACK       |                |
| Enter/Update Person Details             | 05/25/2026           | SYSTEM CSTRACK       |                |
| Fees Cashiered                          | 05/25/2026           | FINANCE & ACCOUNTING |                |
| Letter - LS Individual Deficiency       | 05/21/2026           | REGENIA LEE          |                |
| Exam Roster Created                     | 05/21/2026           | REGENIA LEE          |                |
| Generate Exam Roster                    | 05/21/2026           | REGENIA LEE          |                |
| Application Received                    | 05/21/2026           | REGENIA LEE          |                |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

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850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

|                       |                               |
|-----------------------|-------------------------------|
| Application Type      | <b>Initial Examination</b>    |
| Highest Degree        | <b>College 4 Years</b>        |
| Document Tracking No# | <b>4265299</b>                |
| Application Date      | <b>05/20/2026 11:59:38 AM</b> |

**APPLICANT INFORMATION**

|                        |                                                            |
|------------------------|------------------------------------------------------------|
| First Name             | <b>Zachery</b>                                             |
| Middle Initial         | <b>M</b>                                                   |
| Last Name              | <b>Turner</b>                                              |
| Date of Birth          | <b>9/3/1996</b>                                            |
| Race                   | <b>White or Caucasian</b>                                  |
| Social Security Number | <b>[REDACTED]</b>                                          |
| Home Address           | <b>690 Northcliff Avenue<br/>Deltona,Florida,32738,USA</b> |
| Mailing Address        | <b>690 Northcliff Avenue<br/>Deltona,Florida,32738,USA</b> |
| Email address          | <b>Zacherym.turner44@gmail.com</b>                         |
| Home Phone             |                                                            |
| Cellular Phone         | <b>386-215-4942</b>                                        |
| Business Phone         |                                                            |
| Fax                    |                                                            |

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

|                            |                               |
|----------------------------|-------------------------------|
| 1. InstitutionName:        | <b>Everglades University</b>  |
| Degree:                    | <b>Bachelor of Science</b>    |
| GraduationYear:            | <b>2024</b>                   |
| Location:                  | <b>Maitland, Florida, USA</b> |
| CurrentlyEnrolled:         | <b>NO</b>                     |
| AnticipatedGraduationDate: |                               |

**CRIMINAL/CIVIL LETIGATION INFORMATION**

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No** FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? **No**

## EMPLOYMENT HISTORY

1. Title: **Survey CAD Tech**  
Company Name: **Leading Edge Land Services, Inc**  
Company Address: **8802 Exchange Dr**  
**Orlando, Florida, 32809, USA**  
Employment From Date: **01/18/2021**  
Employment To Date: **05/20/2026**  
Hours Per Week: **40**

Total Work Experience (in Months) : **65**  
Responsible Charge Exp (in Months) : **60**

Experience Summary: **Survey Party Chief- Coordinating field operations on different construction and boundary projects to ensure accurate data collection; Cad Technician - Drafting ALTA/NSPS surveys, As-built ts of construction projects, Legal Sketch of Descriptions, FEMA Certificates, processing daily fi**



**EXAMINATION INFORMATION**

|                          |                             |                           |
|--------------------------|-----------------------------|---------------------------|
| Exam Passed : <b>YES</b> | StateBoard : <b>Florida</b> | Year Passed : <b>2026</b> |
| Exam Passed : <b>NO</b>  | StateBoard :                | Year Passed :             |
| Exam Passed : <b>NO</b>  | StateBoard :                | Year Passed :             |

**SPECIAL TESTING ACCOMMODATIONS**

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

**AUTHORIZATION**

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Zachery Turner**

Signature Date: **5/20/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services  
**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**



WILTON SIMPSON  
COMMISSIONER

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                            |                     |                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Zachery Turner                                                                                                                                                   |                     | <b>Title:</b><br>Survey Cad Tech                                  |  |
| <b>Employer / Company Name:</b><br>Leading Edge Land Services, Inc.                                                                                                                        |                     | <b>Employer / Company Address:</b><br>8802 Exchange Drive         |  |
| <b>City:</b><br>Orlando                                                                                                                                                                    | <b>State:</b><br>FL | <b>Zip Code:</b><br>32809 -                                       |  |
| <b>Employer Contact Name:</b><br>Mike Baerhold                                                                                                                                             |                     | <b>Contact Number:</b><br>(407) 351-6730                          |  |
| <b>Dates of Employment:</b><br>From: 01/18/2021 To*: Present                                                                                                                               |                     | <b>Number of Hours Per Week:</b><br>40                            |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                               |                     | <b>Number of Hours Per Week:</b>                                  |  |
| From: _____                                                                                                                                                                                | To: _____           | _____                                                             |  |
| From: _____                                                                                                                                                                                | To: _____           | _____                                                             |  |
| From: _____                                                                                                                                                                                | To: _____           | _____                                                             |  |
| <b>Total Months of Experience:</b>                                                                                                                                                         |                     |                                                                   |  |
| Routine (in months): 5 + Responsible Charge (in months): 60 = <b>Total Months of Experience</b> 65                                                                                         |                     |                                                                   |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above. |                     |                                                                   |  |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                    |                     |                                                                   |  |
| CREW CHIEF + SURVEY CAD TECH                                                                                                                                                               |                     |                                                                   |  |
| MIKE BAERHOLD PSM 5575                                                                                                                                                                     |                     | 5-22-26                                                           |  |
| Print name and license number of<br>surveyor and mapper verifying experience                                                                                                               |                     | Signature of licensed surveyor and mapper<br>verifying experience |  |
| Sealed                                                                                                                                                                                     |                     | Date                                                              |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.





EXAMS

| Exam     | Hours | Exam Date  | Verification                                            |
|----------|-------|------------|---------------------------------------------------------|
| NCEES FS | 6     | April 2026 | Verified by NCEES on behalf of Florida LS on 05/06/2026 |

# Application Summary

## Application

Name: **VAZQUEZ-MARQUEZ, JOEL**

DTN: **4125040**

Address: **7873 WYOMING STREET, JACKSONVILLE, FL 32220**

Type: **BPSM - Individual New - Initial License**

Received: **07/07/2025**

Fees Paid:

**\$255.00**

## Education

1. Institution: **POLYTECHNIC UNIVERSITY OF PUERTO RICO SAN JUAN CAMPUS SAN JUAN,** 2019  
 Degree: **PUERTO RICO USA**  
 Foreign: **BACHELORS** Major: **LAND SURVEYING AND MAPPING**  
**No** Enrolled: **No** **Verified**

## Experience

**Total: 0**

**Responsible: 48**

1. Employer: **SOUTHEASTERN SURVEYING AND MAPPING CORP 8641 BAYPINE ROAD, SUITE #5**  
 Phone: **JACKSONVILLE, FLORIDA 32256**  
 Reference: **904-415-0744** From: **05/02/2022** To: **05/07/2026**  
 Months Exp: **THOMAS F. FERGUSON, LICENSED SURVEYOR** Phone: **Unknown**  
**0** Qualified Mths: **48** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u> |
|-----------------------------------------|----------------------|----------------------|----------------|
| Letter - LS Complete                    | 05/14/2026           | REGENIA LEE          |                |
| Experience Verified                     | 05/14/2026           | REGENIA LEE          |                |
| Online App Recd. Data Updated by System | 03/05/2026           | REGENIA LEE          |                |
| New Documents Received. Please look.    | 03/05/2026           | REGENIA LEE          |                |
| Fees Validated Correctly                | 07/10/2025           | SYSTEM CSTRACK       |                |
| Fees Cashiered                          | 07/10/2025           | FINANCE & ACCOUNTING |                |
| Letter - LS Individual Deficiency       | 07/09/2025           | REGENIA LEE          |                |
| Application Received                    | 07/09/2025           | REGENIA LEE          |                |
| Enter/Update Person Details             | 07/09/2025           | REGENIA LEE          |                |
| Education Verified                      | 07/09/2025           | REGENIA LEE          |                |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700  
[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA (435-7352)  
FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

|                       |                               |
|-----------------------|-------------------------------|
| Application Type      | <b>Initial Examination</b>    |
| Highest Degree        | <b>College 4 Years</b>        |
| Document Tracking No# | <b>4125040</b>                |
| Application Date      | <b>07/07/2025 12:45:15 PM</b> |

**APPLICANT INFORMATION**

|                        |                                                               |
|------------------------|---------------------------------------------------------------|
| First Name             | <b>Joel</b>                                                   |
| Middle Initial         | <b>L</b>                                                      |
| Last Name              | <b>Vazquez-Marquez</b>                                        |
| Date of Birth          | <b>2/14/1996</b>                                              |
| Race                   | <b>Spanish, Hispanic or Latino</b>                            |
| Social Security Number | <b>[REDACTED]</b>                                             |
| Home Address           | <b>7873 Wyoming Street<br/>Jacksonville,Florida,32220,USA</b> |
| Mailing Address        | <b>7873 Wyoming Street<br/>Jacksonville,Florida,32220,USA</b> |
| Email address          | <b>levijoel68@gmail.com</b>                                   |
| Home Phone             | <b>939-940-7603</b>                                           |
| Cellular Phone         |                                                               |
| Business Phone         |                                                               |
| Fax                    |                                                               |

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

|                            |                                                              |
|----------------------------|--------------------------------------------------------------|
| 1. InstitutionName:        | <b>Polytechnic University of Puerto Rico San Juan Campus</b> |
| Degree:                    | <b>Science</b>                                               |
| GraduationYear:            | <b>2019</b>                                                  |
| Location:                  | <b>San Juan, Puerto Rico, USA</b>                            |
| CurrentlyEnrolled:         | <b>NO</b>                                                    |
| AnticipatedGraduationDate: |                                                              |

**CRIMINAL/CIVIL LETIGATION INFORMATION**



## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No**
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. **No**
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? **No**

## EMPLOYMENT HISTORY

1. Title: **Project Manager**  
Company Name: **SSMC**  
Company Address: **8641 Baypine Road Suite #5**  
**Jacksonville, Florida, 32256, USA**  
Employment From Date: **05/02/2022**  
Employment To Date: **06/17/2025**  
Hours Per Week: **40**

Total Work Experience (in Months) : **84**  
Responsible Charge Exp (in Months) : **36**

Experience Summary: **The Project Manager will provide overall management and direction for projects. Responsibilities include customer interface, client development, project scoping, scheduling, procurement, cost and progress monitoring, management, and reporting. Responsible for supervision and man**

agement of all survey activities related to conventional, GPS, and Laser Scanning surveys. Ensure that all bids and estimates for work are established based on the profit and growth objectives of SSMC. Create a scope of work for all projects through client negotiation and knowledge of the project, which will define all the project details and be used as a communication tool between the Project Manager, the Field Teams, and the CAD Technicians. Ensure that all letters and proposals sent out to a client or a potential client are in the form of routine correspondence for SSMC. Ensure that the final product's technical and QA/QC is being implemented before being submitted to a client. Ensure that all RFPs are submitted on time and that all bids and estimates for work are established based on the profit and growth objectives of SSMC. Ensure that a comprehensive job packet consists of research materials, the scope of work, the work order, and all necessary forms to complete the project. Develop comprehensive schedules for long-term projects that reflect the estimated time frame for completion of work based on the scope of work negotiation with the client. Prepare cost and time estimates for survey proposals. Provide day-to-day guidance and direction to field personnel, including feedback on performance. As necessary, provide proper training and support to field staff in survey procedures. Verify that proper research is performed on all projects before being released to the field team. Organize and document a post-project meeting that will highlight any project phases that could have been improved through organizational structure, communication with the field and/or client, estimated schedule, and a review of the job cost (estimated to actual, including a variance report). Organize project folders under your direction to be purged and ready for scanned. Generate new business leads using various marketing strategies. Engage and assist in client marketing. Strengthen existing client relationships. Participates in and supports the development of long-term goals and objectives. Ability to read and interpret engineering plans and construction documents. Accommodate client and job site needs by responding to all inquiries in a timely and professional manner. Occasionally work in the field performing surveying tasks. May perform light office duties including but not limited to filing, making copies, and scanning. May carry out other duties as assigned by management.

#### EXAMINATION INFORMATION

|                          |                             |                           |
|--------------------------|-----------------------------|---------------------------|
| Exam Passed : <b>YES</b> | StateBoard : <b>Florida</b> | Year Passed : <b>2025</b> |
| Exam Passed : <b>NO</b>  | StateBoard :                | Year Passed :             |
| Exam Passed : <b>NO</b>  | StateBoard :                | Year Passed :             |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **levijoel68**

Signature Date: **6/17/2025**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.





WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services  
**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
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Please return this form to:

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Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

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**472.005(6), Florida Statutes** The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

**Please list employment where the applicant has gained experience as a surveyor and mapper** (attach additional sheets as necessary):

|                                                                                                                              |                     |                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Joel L. Vazquez-Marquez                                                                            |                     | <b>Title:</b><br>Office Manager / Survey Project Manager         |  |
| <b>Employer / Company Name:</b><br>Southeastern Surveying and Mapping Corp.                                                  |                     | <b>Employer / Company Address:</b><br>8641 Baypine Road Suite #5 |  |
| <b>City:</b><br>Jacksonville                                                                                                 | <b>State:</b><br>FL | <b>Zip Code:</b><br>32256 -                                      |  |
| <b>Employer Contact Name:</b><br>Thomas F. Ferguson                                                                          |                     | <b>Contact Number:</b><br>904-415-0744                           |  |
| <b>Dates of Employment:</b><br>From: 05/02/2022 To*: Present                                                                 |                     | <b>Number of Hours Per Week:</b><br>40+ hours                    |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                     | <b>Number of Hours Per Week:</b>                                 |  |
| From: _____                                                                                                                  | To: _____           | _____                                                            |  |
| From: _____                                                                                                                  | To: _____           | _____                                                            |  |
| From: _____                                                                                                                  | To: _____           | _____                                                            |  |

**Total Months of Experience:**

Routine (in months): \_\_\_\_\_ + Responsible Charge (in months): 48 = **Total Months of Experience** 48  
If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

The employee's responsibilities include managing and supervising all surveying activities associated with the project.

Thomas F Ferguson LS 5970

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Thomas F Ferguson

Signature of licensed surveyor and mapper  
verifying experience

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



NCEES

## VERIFICATION OF EXAMINATION

Vazquez Marquez, Joel  
(20-004-50)

levijoel68@gmail.com  
DOB: 02/14/1996

### EXAMS

| Exam     | Hours | Exam Date  | Verification                                            |
|----------|-------|------------|---------------------------------------------------------|
| NCEES FS | 6     | March 2025 | Verified by NCEES on behalf of Florida LS on 03/26/2025 |

# Application Summary

## Application

Name: **WHIDDEN, TAYLOR**

DTN: **4256147**

Address: **13967 73RD ST N, WEST PALM BEACH, FL 33412-2156**

Type: **BPSM - Individual New - Initial License**

Received: **04/27/2026**

Fees Paid:

**\$255.00**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA USA** **2022**  
 Degree: **BACHELOR'S** Major: **GEOMATICS**  
 Foreign: **No** Enrolled: **No** **Verified**
2. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA USA** **2021**  
 Degree: **CERTIFICATE** Major: **MAPPING WITH SMALL UAS**  
 Foreign: **No** Enrolled: **Yes** **Verified**

## Experience

**Total: 10**

**Responsible: 52**

1. Employer: **WHIDDEN SURVEYING & MAPPING, INC. 9200 BELVEDERE ROAD ROYAL PALM BEACH, FLORIDA 33411 USA**  
 Phone: **Unknown** From: **02/01/2023** To: **04/29/2026**  
 Reference: **THOMAS WHIDDEN, LICENSED SURVEYOR** Phone: **561-722-4619**  
 Months Exp: **0** Qualified Mths: **29** **Verified**
2. Employer: **GPI GEOSPATIAL 3051 LIVINGSTON ST. ORLANDO, FLORIDA 32803 USA**  
 Phone: **Unknown** From: **02/01/2024** To: **08/30/2024**  
 Reference: **MICHAEL ZOLTEK, LICENSED SURVEYOR** Phone: **585-754-6500**  
 Months Exp: **10** Qualified Mths: **0** **Verified**
3. Employer: **BOWMAN CONSULTING 301 SE OCEAN BLVD STUART, FLORIDA 34994 USA**  
 Phone: **Unknown** From: **05/01/2021** To: **08/01/2021**  
 Reference: **STEVE BRICKLEY, LICENSED SURVEYOR** Phone: **772-214-4865**  
 Months Exp: **0** Qualified Mths: **4** **Verified**
4. Employer: **WHIDDEN SURVEYING & MAPPING, INC. 9200 BELVEDERE ROAD ROYAL PALM BEACH, FLORIDA 33411 USA**  
 Phone: **Unknown** From: **03/17/2020** To: **09/01/2020**  
 Reference: **THOMAS WHIDDEN, LICENSED SURVEYOR** Phone: **561-722-4619**  
 Months Exp: **0** Qualified Mths: **19** **Verified**



# Application Summary

## Application

Name: **WHIDDEN, TAYLOR**

DTN: **4256147**

Address: **13967 73RD ST N, WEST PALM BEACH, FL 33412-2156**

Type: **BPSM - Individual New - Initial License**

Received: **04/27/2026**

Fees Paid: **\$255.00**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u> |
|-----------------------------------------|----------------------|----------------------|----------------|
| Letter - LS Complete                    | 05/05/2026           | REGENIA LEE          |                |
| Experience Verified                     | 05/05/2026           | REGENIA LEE          |                |
| Online App Recd. Data Updated by System | 05/04/2026           | REGENIA LEE          |                |
| New Documents Received. Please look.    | 05/04/2026           | REGENIA LEE          |                |
| Education Verified                      | 05/04/2026           | REGENIA LEE          |                |
| Fees Validated Correctly                | 04/30/2026           | SYSTEM CSTRACK       |                |
| Fees Cashiered                          | 04/30/2026           | FINANCE & ACCOUNTING |                |
| Letter - LS Individual Deficiency       | 04/27/2026           | REGENIA LEE          |                |
| Application Received                    | 04/27/2026           | REGENIA LEE          |                |
| Enter/Update Person Details             | 04/27/2026           | REGENIA LEE          |                |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

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FL Only

850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

**APPLICATION TYPE**

|                       |                               |
|-----------------------|-------------------------------|
| Application Type      | <b>Initial Examination</b>    |
| Highest Degree        | <b>College 4 Years</b>        |
| Document Tracking No# | <b>4256147</b>                |
| Application Date      | <b>04/27/2026 02:02:07 PM</b> |

**APPLICANT INFORMATION**

|                        |                                                                         |
|------------------------|-------------------------------------------------------------------------|
| First Name             | <b>Taylor</b>                                                           |
| Middle Initial         | <b>M</b>                                                                |
| Last Name              | <b>Whidden</b>                                                          |
| Date of Birth          | <b>4/10/1999</b>                                                        |
| Race                   | <b>White or Caucasian</b>                                               |
| Social Security Number | <b>[REDACTED]</b>                                                       |
| Home Address           | <b>13967 73rd Street North<br/>West Palm Beach, Florida, 33412, USA</b> |
| Mailing Address        | <b>13967 73rd Street North<br/>West Palm Beach, Florida, 33412, USA</b> |
| Email address          | <b>taylormwhidden@gmail.com</b>                                         |
| Home Phone             |                                                                         |
| Cellular Phone         | <b>561-315-8688</b>                                                     |
| Business Phone         |                                                                         |
| Fax                    |                                                                         |

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

|                            |                                  |
|----------------------------|----------------------------------|
| 1. InstitutionName:        | <b>Santa Fe College</b>          |
| Degree:                    | <b>Associate's</b>               |
| GraduationYear:            | <b>2020</b>                      |
| Location:                  | <b>Gainesville, Florida, USA</b> |
| CurrentlyEnrolled:         | <b>NO</b>                        |
| AnticipatedGraduationDate: |                                  |
| 2. InstitutionName:        | <b>University of Florida</b>     |
| Degree:                    | <b>Bachelor's</b>                |
| GraduationYear:            | <b>2022</b>                      |



Location: Gainesville, Florida, USA  
CurrentlyEnrolled: NO  
AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were No placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? No

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. No
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other No pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing No authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## EMPLOYMENT HISTORY

1. Title: Survey Tech  
Company Name: Bowman Consulting  
Company Address: 301 SE Ocean Blvd  
Stuart, Florida, 34994, USA  
Employment From Date: 05/01/2021  
Employment To Date: 09/01/2021  
Hours Per Week: 40

Total Work Experience (in Months) : 4  
Responsible Charge Exp (in Months) : 4

ExperienceSummary: **During my employment with Bowman, I gained foundational experience in land surveying while progressively assuming responsibility for different components of survey projects under the supervision of licensed professionals. Through this experience, I developed the confidence and ability to exercise independent judgment in both field and office tasks, contributing to the completion of a variety of surveying assignments.**

2. Title: **Survey Tech**  
Company Name: **Whidden Surveying & Mapping, Inc.**  
Company Address: **9200 Belvedere Road**  
**Royal Palm Beach, Florida, 33411, USA**  
Employment From Date: **03/17/2020**  
Employment To Date: **09/01/2020**  
Hours Per Week: **40**

Part Time: **YES**

| Part Time From Date | Part Time To Date | Part Time Week Hours |
|---------------------|-------------------|----------------------|
| <b>5/17/2017</b>    | <b>8/17/2017</b>  | <b>40</b>            |
| <b>5/20/2018</b>    | <b>8/20/2018</b>  | <b>40</b>            |
| <b>5/15/2019</b>    | <b>8/15/2019</b>  | <b>40</b>            |

Total Work Experience (in Months) : **19**  
Responsible Charge Exp (in Months) : **19**

ExperienceSummary: **I assisted in drafting plats, topographic maps, and construction layouts, applying survey principles and standards to ensure accuracy and compliance with project requirements. I reviewed field data for completeness and consistency, identifying discrepancies and coordinating with field crews to resolve issues. As my experience progressed, I took on increased responsibility in coordinating field activities, organizing data workflows, and supporting project timelines. I exercised independent judgment in routine decision making. This experience provided the foundation for my continued growth into roles with greater responsibility**

3. Title: **Survey Tech**  
Company Name: **GPI, Geospatial**  
Company Address: **3051 Livingston St.**  
**Orlando, Florida, 32803, USA**  
Employment From Date: **02/01/2023**  
Employment To Date: **04/30/2023**  
Hours Per Week: **40**

Total Work Experience (in Months) : **3**  
Responsible Charge Exp (in Months) : **3**

ExperienceSummary: **I processed and analyzed LiDAR datasets and conventional survey data. This included trajectory evaluation, point cloud classification, surface generation, and integration with CAD and GIS environments. I performed coordinate system transformations like horizontal and vertical datum adjustments. I exercised confident judgment in evaluating the accuracy and reliability of LiDAR derived products, including cross-sections, contours, and digital terrain models.**



4. Title: **Survey Tech**  
Company Name: **Whidden Surveying & Mapping, Inc.**  
Company Address: **9200 Belvedere Road**  
**Royal Palm Beach, Florida, 33411, USA**  
Employment From Date: **04/30/2023**  
Employment To Date: **02/14/2024**  
Hours Per Week: **40**

Total Work Experience (in Months) : **11**

Responsible Charge Exp (in Months) : **11**

Experience Summary: **In this role, I was responsible for planning, coordinating, and overseeing field and office operations for various types of surveys, including boundary, topographic, construction, and ALTA/NSPS Land Title Surveys. My duties included establishing project control, selecting appropriate survey methodologies, and ensuring compliance with applicable standards, regulations, and client requirements. I routinely directed field crews by providing clear instructions, reviewing data collection procedures, and ensuring proper execution of fieldwork. I evaluated field data for accuracy and completeness, applying quality control measures and resolving discrepancies as needed.**

5. Title: **Survey Tech**  
Company Name: **GPI, Geospatial**  
Company Address: **3051 Livingston St.**  
**Orlando, Florida, 32803, USA**  
Employment From Date: **02/01/2024**  
Employment To Date: **08/30/2024**  
Hours Per Week: **40**

Total Work Experience (in Months) : **7**

Responsible Charge Exp (in Months) : **7**

Experience Summary: **I processed and analyzed survey data, performed coordinate transformations, and helped prepare final deliverables such as plats, maps, and legal descriptions.**

6. Title: **Geomatics Engineer**  
Company Name: **FPL Air**  
Company Address: **6001 Village Blvd**  
**West Palm Beach, Florida, 33407, USA**  
Employment From Date: **08/15/2024**  
Employment To Date: **01/01/2026**  
Hours Per Week: **40**

Total Work Experience (in Months) : **18**

Responsible Charge Exp (in Months) : **18**

Experience Summary: **I provided direction to field crews and UAS/LiDAR operators, ensuring proper execution of GNSS observations, traversing, leveling, and aerial data acquisition. I oversaw the establishment and verification of ground control points and checkpoints to support LiDAR accuracy requirements. I reviewed field and sensor data for completeness and quality, identifying and resolving discrepancies through appropriate adjustments and reprocessing as needed. In the office, I processed and analyzed LiDAR datasets and conventional survey data using industry-standard software. This includes trajectory evaluation, point cloud classification, surface generation, and in**

tegration with CAD and GIS environments. I performed coordinate system transformations including horizontal and vertical datum adjustments. I exercised independent judgment in evaluating the accuracy and reliability of LiDAR derived products. I was responsible for quality control procedures, including comparison to control and validation of deliverables against project tolerances and regulatory standards. I also prepared and reviewed final deliverables, including maps, plats, and legal descriptions.

7. Title: **Survey Tech**  
Company Name: **Whidden Surveying & Mapping, Inc.**  
Company Address: **9200 Belvedere Road**  
**Royal Palm Beach, Florida, 33411, USA**  
Employment From Date: **01/01/2026**  
Employment To Date: **04/27/2026**  
Hours Per Week: **40**

Total Work Experience (in Months) : **5**

Responsible Charge Exp (in Months) : **5**

Experience Summary: **While at Whidden Surveying & Mapping, Inc., I have progressively assumed responsible charge over a wide range of surveying projects, demonstrating independent judgment and professional accountability. In this role, I have been responsible for planning, coordinating, and overseeing field and office operations for many different types of surveys. My responsibilities include establishing project control, selecting appropriate survey methodologies, and ensuring compliance with applicable standards, regulations, and client requirements. I routinely direct field crews by providing clear instructions, reviewing data collection procedures, and ensuring proper execution of fieldwork. I evaluate field data for accuracy and completeness, applying quality control measurements and resolving discrepancies as needed. I process and analyze LiDAR datasets. This includes trajectory evaluation, point cloud classification, surface generation, and integration with CAD and GIS. I perform coordinate system transformations, including horizontal and vertical datum adjustments, ensuring proper application of geoid models and alignment with project requirements. I prepare final deliverables such as plats, maps, and legal descriptions. I ensure that all work products meet professional standards and regulatory requirements, exercising independent judgment in the interpretation of evidence and resolution of boundary issues. I communicate directly with clients addressing project requirements, timelines, and technical concerns. I take responsibility for the final survey product, ensuring accuracy, reliability, and adherence to professional and ethical standards.**

#### EXAMINATION INFORMATION

|                          |                              |                           |
|--------------------------|------------------------------|---------------------------|
| Exam Passed : <b>YES</b> | State Board : <b>Florida</b> | Year Passed : <b>2026</b> |
| Exam Passed : <b>NO</b>  | State Board :                | Year Passed :             |
| Exam Passed : <b>NO</b>  | State Board :                | Year Passed :             |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.



Florida Department of Agriculture and Consumer Services

Division of Consumer Services

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EMPLOYMENT VERIFICATION

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

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WILTON SIMPSON  
COMMISSIONER

Please return this form to:

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Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                              |                     |                                                           |   |
|------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------|---|
| <b>Applicant Name:</b><br>Taylor Whidden                                                                                     |                     | <b>Title:</b><br>Survey Tech                              |   |
| <b>Employer / Company Name:</b><br>Whidden Surveying & Mapping, Inc.                                                         |                     | <b>Employer / Company Address:</b><br>9200 Belvedere Road |   |
| <b>City:</b><br>Royal Palm Beach                                                                                             | <b>State:</b><br>FL | <b>Zip Code:</b><br>33412                                 | - |
| <b>Employer Contact Name:</b><br>Thomas Whidden                                                                              |                     | <b>Contact Number:</b><br>561-722-4619                    |   |
| <b>Dates of Employment:</b><br>From: February 2023                                                                           |                     | <b>Number of Hours Per Week:</b><br>40                    |   |
| To*: CURRENTLY EMPLOYED                                                                                                      |                     |                                                           |   |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                     | <b>Number of Hours Per Week:</b>                          |   |
| From:                                                                                                                        | To:                 |                                                           |   |
| From:                                                                                                                        | To:                 |                                                           |   |
| From:                                                                                                                        | To:                 |                                                           |   |

**Total Months of Experience:**

Routine (in months): \_\_\_\_\_ + Responsible Charge (in months): 29 = **Total Months of Experience** 29  
If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Taylor has progressively assumed responsible charge over a wide range of surveying projects, demonstrating independent judgment and professional accountability. In this role, she has been responsible for planning, coordinating, and overseeing field and office operations for many different types of surveys. She routinely directs field crews by providing clear instructions, reviewing data collection procedures, and ensuring proper execution of fieldwork. She evaluates field data for accuracy and completeness, applying quality control measurements and resolving discrepancies as needed. She processes and analyzes LiDAR datasets. This includes trajectory evaluation, point cloud classification, surface generation, and integration with CAD and GIS. She prepares final deliverables such as plats, maps, and legal descriptions. She ensures all work products meet professional standards and regulatory requirements, exercising independent judgment when interpreting evidence and resolving boundary issues. She communicates directly with clients addressing project requirements, timelines, and technical concerns. She takes responsibility for the final survey product, ensuring its accuracy, reliability, and adherence to professional and ethical standards.

Thomas Whidden  
Print name and license number of  
surveyor and mapper verifying experience

Sealed

[Signature]  
Signature of licensed surveyor and mapper  
verifying experience

20 APR 26  
Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



Florida Department of Agriculture and Consumer Services

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Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                              |                     |                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Taylor Whidden                                                                                     |                     | <b>Title:</b>                                                     |  |
| <b>Employer / Company Name:</b><br>GPI, Geospatial                                                                           |                     | <b>Employer / Company Address:</b><br>3051 Livingston Street #300 |  |
| <b>City:</b><br>Orlando                                                                                                      | <b>State:</b><br>FL | <b>Zip Code:</b><br>32803                                         |  |
| <b>Employer Contact Name:</b><br>Michael Zoltek                                                                              |                     | <b>Contact Number:</b>                                            |  |
| <b>Dates of Employment:</b><br>From: February 2024 To*: August 2024                                                          |                     | <b>Number of Hours Per Week:</b><br>40                            |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                     | <b>Number of Hours Per Week:</b><br>40                            |  |
| From: February 2023 To: April 2023                                                                                           |                     |                                                                   |  |
| From: <u>Please note that the 2023 time</u> To: <u>represents full time employment over a different time period</u>          |                     |                                                                   |  |
| From: To:                                                                                                                    |                     |                                                                   |  |

**Total Months of Experience:**

Routine (in months): 10 + Responsible Charge (in months): 0 = Total Months of Experience 10

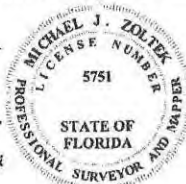
If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Taylor processed and analyzed LiDAR datasets and conventional survey data. This included trajectory evaluation, point cloud classification, surface generation, and integration with CAD and GIS. She evaluated the accuracy and reliability of LiDAR derived products, including cross-sections, contours, and digital terrain models. Under the supervision of a licensed surveyor she prepared final deliverables, plats, and legal descriptions.

Michael J. Zoltek

Print name and license number of  
surveyor and mapper verifying experience



Digitally signed by Michael J.  
Zoltek  
Date: 2026.04.28-10:55:31  
-04'00'  
Signature of licensed surveyor and mapper  
verifying experience

04/28/2026

Date

\* If you indicate to "present," the time will be current

this form is signed and sealed.



Florida Department of Agriculture and Consumer Services

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Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                              |                     |                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Taylor Whidden                                                                                     |                     | <b>Title:</b><br>Surveyor's Assistant                              |  |
| <b>Employer / Company Name:</b><br>Bowman Consulting Group                                                                   |                     | <b>Employer / Company Address:</b><br>301 SE Ocean Blvd, Suite 301 |  |
| <b>City:</b><br>Stuart                                                                                                       | <b>State:</b><br>FL | <b>Zip Code:</b><br>34994 -                                        |  |
| <b>Employer Contact Name:</b><br>Steve Brickley, P.S.M.                                                                      |                     | <b>Contact Number:</b><br>772-214-4865                             |  |
| <b>Dates of Employment:</b><br>From: May 2021 To*: August 2021                                                               |                     | <b>Number of Hours Per Week:</b><br>40                             |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                     | <b>Number of Hours Per Week:</b>                                   |  |
| From: _____                                                                                                                  | To: _____           | _____                                                              |  |
| From: _____                                                                                                                  | To: _____           | _____                                                              |  |
| From: _____                                                                                                                  | To: _____           | _____                                                              |  |

**Total Months of Experience:**

Routine (in months): 0 + Responsible Charge (in months): 4 = **Total Months of Experience** 4  
If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Taylor worked on various public and private sector projects using a broad range of technology to complete her scope. Tasks included setting control, searching for Boundary evidence, collecting field data and mapping all the information under the direct supervision of a PSM.

Steven Brickley, LS6841

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

4/28/2026

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



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Tallahassee, FL 32399-6500

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Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                                                                                                                                                                                                                                                                                   |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Applicant Name:</b><br>Taylor Whidden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            | <b>Title:</b><br>Survey Tech                                                                                                                                                                                                                                                                      |                   |
| <b>Employer / Company Name:</b><br>Whidden Surveying & Mapping, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            | <b>Employer / Company Address:</b><br>9200 Belvedere Road                                                                                                                                                                                                                                         |                   |
| <b>City:</b><br>Royal Palm Beach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>State:</b><br>FL        | <b>Zip Code:</b><br>33412                                                                                                                                                                                                                                                                         |                   |
| <b>Employer Contact Name:</b><br>Thomas Whidden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            | <b>Contact Number:</b><br>561-722-4619                                                                                                                                                                                                                                                            |                   |
| <b>Dates of Employment:</b><br>From: March 2020 To*: September 2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | <b>Number of Hours Per Week:</b><br>40                                                                                                                                                                                                                                                            |                   |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | <b>Number of Hours Per Week:</b>                                                                                                                                                                                                                                                                  |                   |
| From: May 2017 To: August 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            | 40                                                                                                                                                                                                                                                                                                |                   |
| From: May 2018 To: August 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            | 40                                                                                                                                                                                                                                                                                                |                   |
| From: May 2019 To: August 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            | 40                                                                                                                                                                                                                                                                                                |                   |
| <b>Total Months of Experience:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            | Routine (in months): 19 + Responsible Charge (in months): 19 = <b>Total Months of Experience</b> 19<br>If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above. |                   |
| <b>Verifying Surveyor:</b> Please provide a summary of experience and duties performed by the applicant<br><br>Taylor assisted in drafting plats, topographic maps, and construction layouts, applying survey principles and standards to ensure accuracy and compliance with project requirements. She reviewed field data for completeness and consistency, identifying discrepancies and coordinating with field crews to resolve issues. As her experience progressed, she took on increased responsibility in coordinating field activities, organizing data workflows, and supporting project timelines. She exercised independent judgment in routine decision making. This experience provided the foundation for her continued growth into roles with greater responsibility. |                            |                                                                                                                                                                                                                                                                                                   |                   |
| Thomas Whidden PSM #6225<br>Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Thomas E Whidden<br>Sealed | Digitally signed by<br>Thomas E Whidden<br>Date: 2026.04.28<br>11:27:07 -0400<br>Signature of licensed surveyor and mapper<br>verifying experience                                                                                                                                                | 28 Apr 26<br>Date |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

## Examinee

**Name**

Taylor Whidden

**NCEES ID**

23-064-37

## Latest Photo



## Exam

**FS Fundamentals of Surveying**

**Date:** 04/17/2026

**Result:** Pass

**Board:** Florida LS

## Verifiable Link

<https://account.ncees.org/rn/2306437-1913275-c3ae19b>

## Sharing your exam result

Copy and paste the unique verifiable link shown above to allow others to verify this exam result in a secure environment.

## Licensure requirements in the United States

Licensure for the engineering and surveying professions is regulated by each individual U.S. state and territory. All candidates for licensure must meet specific requirements in education, experience, and exams. Passing an NCEES exam is only part of the licensure process.

Examinees interested in pursuing licensure are encouraged to check the requirements of the state or territory where they plan to practice, as the requirements vary. <sup>412</sup>

[View state requirements.](#)

# Application Summary

## Application

Name: **WILSON, BENJAMIN**

DTN: **4276658**

Address: **PO BOX 7090, LAKE LAND, FL 33807-7090**

Address: **1629 DOOLEY LN, LAKE LAND, FL 33813-2305**

Type: **BPSM - Individual New - Initial License**

Received: **06/18/2026**

Fees Paid:

**\$255.00**

## Education

- |                                                                                         |                                          |
|-----------------------------------------------------------------------------------------|------------------------------------------|
| 1. Institution: <b>POLK STATE COLLEGE 999 AVENUE H.N.E. WINTER HAVEN, FLORIDA 33881</b> | <b>2026</b>                              |
| Degree: <b>BACHELORS</b>                                                                | Major: <b>SUPERVISION AND MANAGEMENT</b> |
| Foreign: <b>No</b>                                                                      | Enrolled: <b>No</b> <b>Verified</b>      |
| 2. Institution: <b>UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA 32611</b>                 | <b>2024</b>                              |
| Degree: <b>CERTIFICATE</b>                                                              | Major: <b>GEOMATICS</b>                  |
| Foreign: <b>No</b>                                                                      | Enrolled: <b>No</b> <b>Verified</b>      |

## Experience

**Total: 0**

**Responsible: 192**

- |                                                                                           |                                               |
|-------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1. Employer: <b>CIVILSURV DESIGN GROUP 2525 DRANE FIELD ROAD LAKE LAND, FLORIDA 33811</b> |                                               |
| Phone: <b>863-646-4771</b>                                                                | From: <b>01/01/2010</b> To: <b>06/11/2026</b> |
| Reference: <b>KENNETH GLASS, LICENSED SURVEYOR</b>                                        | Phone: <b>Unknown</b>                         |
| Months Exp: <b>0</b>                                                                      | Qualified Mths: <b>192</b> <b>Verified</b>    |

## Checklist

| <u>Items Required</u>             | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete              | 07/01/2026           | REGENIA LEE         |                |
| Education Verified                | 07/01/2026           | REGENIA LEE         |                |
| Fees Validated Correctly          | 06/23/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency | 06/23/2026           | REGENIA LEE         |                |
| Application Received              | 06/23/2026           | REGENIA LEE         |                |
| Enter/Update Person Details       | 06/23/2026           | REGENIA LEE         |                |
| Experience Verified               | 06/23/2026           | REGENIA LEE         |                |
| Fees Cashiered                    | 06/18/2026           |                     |                |



Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE  
BY EXAMINATION OR ENDORSEMENT**

Submit and Pay Online at:

[www.FDACS.gov](http://www.FDACS.gov)

- or -

Check or Money Order payable to  
FDACS and remit with application to:

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700



**WILTON SIMPSON  
COMMISSIONER**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
[www.FDACS.gov](http://www.FDACS.gov) • 850-410-3804 Fax

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

☒ Initial Exam

☐ Temporary Certificate

☐ Endorsement Application

**Name:**

Benjamin Robert Wilson

**Suffix:**

**Date of Birth:**

08 / 15 / 1966

**\*\*Social Security Number:**

**Home Address** (if applicable please include suite, apartment and/or unit numbers):

1629 Dooley Lane

**City:**

Lakeland

**State:**

FL

**Zip Code:**

33813

**County** (if address is in Florida):

Polk

**Country:**

USA

☐ Please check if mailing address is the same as home address. If not:

**Mailing Address** (if applicable please include suite, apartment and/or unit numbers):

PO BOX 7090

**City:**

Lakeland

**State:**

FL

**Zip Code:**

33807

**County** (if address is in Florida):

Polk

**Country:**

USA

**Email Address:**

robwilson.hd@gmail.com

\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472.015, Florida Statutes. Social Security numbers are not a public record under Florida law.

F & A Use Only

DEPT OF AGRICULTURE  
AND CONSUMER SERVICES

JUN 18 2026

BUREAU OF FINANCE  
AND ACCOUNTING

Org Code: 42 10 08 01 000

EO: A2

Object Code: 001266

\$125

Object Code: 002230

\$125

42100802000 / 001256

\$5

DTN/FAID: 4276658

26-07936197-0001

255.00 06/18/2026

Dep#991314

Rec'd from F&A  
on 6/23/26

**Contact Number(s):**(       )       -        
Home Phone( 863 ) 510 - 1510  
Cellular Phone( 863 ) 646 - 4771  
Business Phone(       )       -        
Facsimile**PRIOR NAME INFORMATION**

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes    ☒ No

If you answered yes, please provide name(s) below:

Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

**EDUCATION HISTORY****Highest Grade Completed (Please check one):**

High School:

College:

Graduate School:

☐1 ☐2 ☐3 ☐4

☐1 ☐2 ☐3 ☒4

☐1 ☐2

| Name and Address of Schools, Colleges, or Universities Attended | Year of Graduation | Degree and Major | Currently enrolled?<br>If Yes*, date of anticipated graduation.            | Foreign School<br>Was your school located overseas?      |
|-----------------------------------------------------------------|--------------------|------------------|----------------------------------------------------------------------------|----------------------------------------------------------|
| Polk State College                                              | 2026               | BAS              | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| University of Florida                                           | 2024               | Geomatic Cert.   | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                 |                    |                  | <input type="checkbox"/> Yes* <input type="checkbox"/> No ____*            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                 |                    |                  | <input type="checkbox"/> Yes* <input type="checkbox"/> No ____*            | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**BACKGROUND INFORMATION**

Please select either yes or no to the questions below. If you answered yes to any of the following, please explain your answer below (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. ☐ Yes ☒ No
- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No



- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

N/A

**State / Governmental agency which brought the action:**

**Nature of conviction, judgment, order, or action:**

**Date of Action**

**Docket Number:**

**Have all sanctions been satisfied?**

☐ Yes ☐ No

**Description:**

## OUT OF STATE LICENSES

Please list all your out of state licenses (attach additional sheets if necessary).

|                                                                                                                             |                                                                                                                                                                         |  |  |                       |  |                        |  |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------|--|------------------------|--|
| <b>State 1</b>                                                                                                              | a. Issuing State: N/A                                                                                                                                                   |  |  | License Number: _____ |  | Expiration Date: _____ |  |
|                                                                                                                             | Original Issue Date: _____                                                                                                                                              |  |  |                       |  |                        |  |
|                                                                                                                             | b. License obtained by:                                                                                                                                                 |  |  |                       |  |                        |  |
|                                                                                                                             | <input type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____ |  |  |                       |  |                        |  |
|                                                                                                                             | c. Was a licensure exam taken?                                                                                                                                          |  |  |                       |  |                        |  |
|                                                                                                                             | <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                               |  |  |                       |  |                        |  |
| * If Yes:                                                                                                                   |                                                                                                                                                                         |  |  |                       |  |                        |  |
| Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?                          |                                                                                                                                                                         |  |  |                       |  |                        |  |
| If so, please select the examination(s) completed:                                                                          |                                                                                                                                                                         |  |  |                       |  |                        |  |
| <input type="checkbox"/> Fundamentals of Land Surveying (Part I) <input type="checkbox"/> Principles and Practice (Part II) |                                                                                                                                                                         |  |  |                       |  |                        |  |
| Please select if the examination(s) was a state exam: <input type="checkbox"/>                                              |                                                                                                                                                                         |  |  |                       |  |                        |  |
| d. Is the license in good standing?                                                                                         |                                                                                                                                                                         |  |  |                       |  |                        |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No*                                                                   |                                                                                                                                                                         |  |  |                       |  |                        |  |
| * If No, please provide explanation:                                                                                        |                                                                                                                                                                         |  |  |                       |  |                        |  |



State 2

a. Issuing State: N/A

License Number:

Expiration Date:

Original Issue Date:

b. License obtained by:

☐ Examination

☐ Grandfather Clause

☐ Reciprocity/Endorsement

☐ Other:

c. Was a licensure exam taken?

☐ Yes\*

☐ No

\* If Yes:

Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?

If so, please select the examination(s) completed:

☐ Fundamentals of Land Surveying (Part I)

☐ Principles and Practice (Part II)

Please select if the examination(s) was a state exam:

☐

d. Is the license in good standing?

☐ Yes

☐ No\*

\* If No, please provide explanation:

EMPLOYMENT HISTORY

A specific experience record is required for licensure as a surveyor and mapper. The experience must be as a subordinate to a licensed surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

472.005(6), Florida Statutes The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list all your previous employers where you have gained experience as a surveyor and mapper (attach additional sheets as necessary):

Employer 1

Employer / Company Name:

CivilSurv Design Group

Employer / Company Address:

2525 Drane Field Road

City:

Lakeland

State:

FL

Zip Code:

33814

Supervisor's Name:

Kenneth Glass

License Number:

Contact Number:

863-646-4771

Dates of Employment:

From: 2010

To: Current

Number of Hours Per Week:

40

Did you ever work on a part-time basis?

☐ Yes ☒ No

Number of Hours Per Week:

From:

To:

From:

To:

From:

To:

Total Months of Experience:

Routine (in months): 192

Responsible Charge (in months): 192

Summary of Experience

Horizontal and vertical network surveys, boundary surveys, legal description interpretation, topographic surveys, 3-dimensional route surveys for road design/improvements, route surveys for utility design/replacement, storm drainage surveys for local municipalities, waste water treatment design surveys, commercial/residential construction layout.

☐ Yes\*\* ☒ No

\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services immediately at 1-800-HELP-FLA (435-7352) or 850-410-3800.

**Employer / Company Name:**

Keith and Schnars

**Employer / Company Address:**

Company no longer operating under original ownership

**City:**

Lakeland

**State:**

FL

**Zip Code:**

33811 -

**Supervisor's Name:**

Kenneth Glass

**License Number:**

5713

**Contact Number:**

863-646-4771

**Dates of Employment:**

From: 1990

To: 2010

**Number of Hours Per Week:**

40

Did you ever work on a part-time basis? ☐ Yes ☒ No**Number of Hours Per Week:**

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

**Total Months of Experience:**

Routine (in months): 240

Responsible Charge (in months): 120

**Summary of Experience**

This text box is limited. See experience listed in Employer #1

**EXAMINATION INFORMATION**

Please complete the following:

**NCEES Fundamentals of Land Surveying (Part I).**

Have you passed this exam?

State Board: \_\_\_\_\_

Year Passed: \_\_\_\_\_

☐ Yes ☒ No**NCEES Principles and Practice (Part II)**

Have you passed this exam?

State Board: \_\_\_\_\_

Year Passed: \_\_\_\_\_

☐ Yes ☒ No**Florida Jurisdictional 100 Item Multiple Choice (Part III)**

Have you passed this exam?

State Board: \_\_\_\_\_

Year Passed: \_\_\_\_\_

☐ Yes ☒ No**SPECIAL TESTING ACCOMMODATIONS**

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services immediately at 1-800-HELP-FLA (435-7352) or 850-410-3800.



I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature: Begun R. Klein Date: 6/12/2026



## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                             |                     |                                                                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Benjamin Robert Wilson                                                                                                                                                                            |                     | <b>Title:</b><br>_____                                                                       |  |
| <b>Employer / Company Name:</b><br>CivilSurv Design Group                                                                                                                                                                   |                     | <b>Employer / Company Address:</b><br>2525 Drane Field Rd.                                   |  |
| <b>City:</b><br>Lakeland                                                                                                                                                                                                    | <b>State:</b><br>FL | <b>Zip Code:</b><br>33811 -                                                                  |  |
| <b>Employer Contact Name:</b><br>Kenneth Glass                                                                                                                                                                              |                     | <b>Contact Number:</b><br>863-646-4771                                                       |  |
| <b>Dates of Employment:</b><br>From: <u>2010</u> To: <u>CURRENT</u>                                                                                                                                                         |                     | <b>Number of Hours Per Week:</b><br><u>40</u>                                                |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                |                     | <b>Number of Hours Per Week:</b><br>_____                                                    |  |
| From: _____ To: _____                                                                                                                                                                                                       |                     | _____                                                                                        |  |
| From: _____ To: _____                                                                                                                                                                                                       |                     | _____                                                                                        |  |
| <b>Total Months of Experience:</b><br>Routine (in months): <u>0</u> + Responsible Charge (in months): <u>192</u> = Total Months of Experience <u>192</u>                                                                    |                     |                                                                                              |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                                  |                     |                                                                                              |  |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                                                     |                     |                                                                                              |  |
| <u>Mr. Wilson was in responsible charge under my direction for the time period listed. In that time he reduced, processed and prepared horizontal control, vertical control, topographic boundary, right of way survey.</u> |                     |                                                                                              |  |
| <u>Kenneth T. Glass</u><br>Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                     |                     | <u>Kenneth T. Glass</u><br>Signature of licensed surveyor and mapper<br>verifying experience |  |
|                                                                                                                                                                                                                             |                     | <u>June 11, 2026</u><br>Date                                                                 |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

Products for a variety of clients & projects.

# Application Summary

## Application

Name: **BERGER, JAMES**

DTN: **4270811**

Address: **1448 CARRIAGE LN, BOLINGBROOK, IL 60490-1442**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **06/03/2026** Fees Paid: **\$255.00**

## Education

|    |                                                                                           |                 |
|----|-------------------------------------------------------------------------------------------|-----------------|
| 1. | Institution: <b>UNIVERSITY OF WYOMING 1000 EAST UNIVERSITY AVENUE LARAMIE, WYOMING</b>    | <b>2023</b>     |
|    | Degree: <b>82071</b>                                                                      |                 |
|    | Foreign: <b>NONE</b>                                                                      |                 |
|    | Major: <b>SURVEYING COURSE (1)</b>                                                        |                 |
|    | Enrolled: <b>No</b>                                                                       | <b>Verified</b> |
| 2. | Institution: <b>DEVRY UNIVERSITY 1200 EAST DIEHL ROAD NAPERVILLE, ILLINOIS 60563</b>      | <b>2009</b>     |
|    | Degree: <b>BACHELORS</b>                                                                  |                 |
|    | Foreign: <b>No</b>                                                                        |                 |
|    | Major: <b>TECHNICAL MANAGEMENT/SMALL BUSINES</b>                                          |                 |
|    | Enrolled: <b>No</b>                                                                       | <b>Verified</b> |
| 3. | Institution: <b>COLLEGE OF DUPAGE 425 FAWELL BOULEVARD GLEN ELYN, ILLINOIS 30137-6599</b> | <b>2003</b>     |
|    | Degree: <b>ASSOCIATES</b>                                                                 |                 |
|    | Foreign: <b>No</b>                                                                        |                 |
|    | Major: <b>APPLIED SCIENCE MANAGEMENT</b>                                                  |                 |
|    | Enrolled: <b>No</b>                                                                       | <b>Verified</b> |
| 4. | Institution: <b>PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE, INDIANA 47906</b>       | <b>2001</b>     |
|    | Degree: <b>NONE</b>                                                                       |                 |
|    | Foreign: <b>No</b>                                                                        |                 |
|    | Major: <b>GENERAL STUDIES</b>                                                             |                 |
|    | Enrolled: <b>No</b>                                                                       | <b>Verified</b> |
| 5. | Institution: <b>SOUTHERN ILLINOIS UNIVERSITY 1263 LINCOLN DRIVE CARBONDALE, ILLINOIS</b>  | <b>2001</b>     |
|    | Degree: <b>62901</b>                                                                      |                 |
|    | Foreign: <b>NONE</b>                                                                      |                 |
|    | Major: <b>SURVEYING COURSES (3)</b>                                                       |                 |
|    | Enrolled: <b>No</b>                                                                       | <b>Verified</b> |
| 6. | Institution: <b>VALPARAISO UNIVERSITY 1700 CHAPEL DRIVE VALPARAISO, INDIANA 46383</b>     | <b>2000</b>     |
|    | Degree: <b>NONE</b>                                                                       |                 |
|    | Foreign: <b>No</b>                                                                        |                 |
|    | Major: <b>ENGINEERING COURSES</b>                                                         |                 |
|    | Enrolled: <b>No</b>                                                                       | <b>Verified</b> |

## Out-of-State Licenses

|    |                               |                               |                                 |
|----|-------------------------------|-------------------------------|---------------------------------|
| 1. | License: <b>LSPLS 0038894</b> | Issued On: <b>08/19/2024</b>  | Issuing State: <b>Colorado</b>  |
|    | Laws/Rules: <b>No</b>         | Expires On: <b>10/31/2027</b> | Obtained By: <b>Reciprocity</b> |
|    | Good Standing: <b>Yes</b>     |                               | <b>Verified</b>                 |
| 2. | License: <b>LSP28803</b>      | Issued On: <b>03/28/2024</b>  | Issuing State: <b>Iowa</b>      |
|    | Laws/Rules: <b>No</b>         | Expires On: <b>12/31/2026</b> | Obtained By: <b>Reciprocity</b> |
|    | Good Standing: <b>Yes</b>     |                               | <b>Verified</b>                 |
| 3. | License: <b>LS4566</b>        | Issued On: <b>05/24/2023</b>  | Issuing State: <b>Kentucky</b>  |
|    | Laws/Rules: <b>No</b>         | Expires On: <b>06/30/2027</b> | Obtained By: <b>Reciprocity</b> |
|    | Good Standing: <b>Yes</b>     |                               | <b>Verified</b>                 |
| 4. | License: <b>LSLS22300009</b>  | Issued On: <b>05/01/2023</b>  | Issuing State: <b>Indiana</b>   |
|    | Laws/Rules: <b>No</b>         | Expires On: <b>07/31/2026</b> | Obtained By: <b>Reciprocity</b> |
|    | Good Standing: <b>Yes</b>     |                               | <b>Verified</b>                 |
| 5. | License: <b>LS3279-8</b>      | Issued On: <b>03/30/2023</b>  | Issuing State: <b>Wisconsin</b> |
|    | Laws/Rules: <b>No</b>         | Expires On: <b>01/31/2028</b> | Obtained By: <b>Examination</b> |
|    | Good Standing: <b>Yes</b>     |                               | <b>Verified</b>                 |



# Application Summary

## Application

Name: **BERGER, JAMES**

DTN: **4270811**

Address: **1448 CARRIAGE LN, BOLINGBROOK, IL 60490-1442**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **06/03/2026** Fees Paid: **\$255.00**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u>                          |
|-----------------------------------------|----------------------|----------------------|-----------------------------------------|
| Letter - LS Complete                    | 06/11/2026           | REGENIA LEE          |                                         |
| Online App Recd. Data Updated by System | 06/11/2026           | REGENIA LEE          |                                         |
| New Documents Received. Please look.    | 06/11/2026           | REGENIA LEE          |                                         |
| Out of State License Verified           | 06/11/2026           | REGENIA LEE          | OUT OF STATE LICENSES VERIFIED BY NCEES |
| Experience Verified                     | 06/11/2026           | REGENIA LEE          | EXPERIENCE VERIFIED BY NCEES            |
| Fees Validated Correctly                | 06/08/2026           | SYSTEM CSTRACK       |                                         |
| Fees Cashiered                          | 06/08/2026           | FINANCE & ACCOUNTING |                                         |
| Letter - LS Individual Deficiency       | 06/03/2026           | REGENIA LEE          |                                         |
| Application Received                    | 06/03/2026           | REGENIA LEE          |                                         |
| Enter/Update Person Details             | 06/03/2026           | REGENIA LEE          |                                         |
| Education Verified                      | 06/03/2026           | REGENIA LEE          | TRANSCRIPTS VERIFIED BY NCEES           |

**WILTON SIMPSON****Florida Department of Agriculture and Consumer Services  
Division of Consumer Services****BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*Florida Department of  
Agriculture and  
Consumer Services2005 Apalachee Parkway  
Tallahassee, FL 32399-6700[www.800helpfla.com](http://www.800helpfla.com)1-800-HELP-FLA (435-7352)  
FL Only850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

|                       |                 |                                         |
|-----------------------|-----------------|-----------------------------------------|
| Application Type      | Endorsement     |                                         |
| Highest Degree        | College 4 Years |                                         |
| Document Tracking No# | 4270811         | Application Date 06/03/2026 01:37:31 PM |

**APPLICANT INFORMATION**

|                        |                                                         |
|------------------------|---------------------------------------------------------|
| First Name             | James                                                   |
| Middle Initial         | T                                                       |
| Last Name              | Berger                                                  |
| Date of Birth          | 3/27/1979                                               |
| Race                   | White or Caucasian                                      |
| Social Security Number | [REDACTED]                                              |
| Home Address           | 1448 Carriage Lane<br>Bolingbrook, Illinois, 60490, USA |
| Mailing Address        | 1448 Carriage Lane<br>Bolingbrook, Illinois, 60490, USA |
| Email address          | jberger79@outlook.com                                   |
| Home Phone             |                                                         |
| Cellular Phone         | 630-802-3960                                            |
| Business Phone         |                                                         |
| Fax                    |                                                         |

**PRIOR NAME INFORMATION**Has Prior Name : **NO****EDUCATION HISTORY**

|                            |                            |
|----------------------------|----------------------------|
| 1. InstitutionName:        | DeVry University           |
| Degree:                    | BS                         |
| GraduationYear:            | 2009                       |
| Location:                  | Tinley Park, Illinois, USA |
| CurrentlyEnrolled:         | NO                         |
| AnticipatedGraduationDate: |                            |

**CRIMINAL/CIVIL LITIGATION INFORMATION****Criminal And Litigation History**

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. **No**

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**

3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? **No**

## OUT OF STATE LICENSES

- |                                                   |                                   |
|---------------------------------------------------|-----------------------------------|
| 1. IssuingState: <b>Wisconsin</b>                 | LicenseNumber: <b>3279-8</b>      |
| OriginalIssueDate: <b>03/30/2023</b>              | ExpirationDate: <b>01/31/2028</b> |
| LicenseObtainedBy: <b>Examination</b>             | LicenseInGoodStanding: <b>YES</b> |
| Explanation:                                      |                                   |
| 2. IssuingState: <b>Illinois</b>                  | LicenseNumber: <b>035004137</b>   |
| OriginalIssueDate: <b>06/04/2025</b>              | ExpirationDate: <b>11/30/2026</b> |
| LicenseObtainedBy: <b>Reciprocity/Endorsement</b> | LicenseInGoodStanding: <b>YES</b> |
| Explanation:                                      |                                   |
| 3. IssuingState: <b>Indiana</b>                   | LicenseNumber: <b>LS22300009</b>  |
| OriginalIssueDate: <b>05/03/2023</b>              | ExpirationDate: <b>07/31/2026</b> |
| LicenseObtainedBy: <b>Reciprocity/Endorsement</b> | LicenseInGoodStanding: <b>YES</b> |
| Explanation:                                      |                                   |
| 4. IssuingState: <b>Iowa</b>                      | LicenseNumber: <b>P28803</b>      |
| OriginalIssueDate: <b>03/28/2024</b>              | ExpirationDate: <b>12/31/2026</b> |
| LicenseObtainedBy: <b>Reciprocity/Endorsement</b> | LicenseInGoodStanding: <b>YES</b> |



Explanation:

5. IssuingState: **Kentucky**  
OriginalIssueDate: **05/24/2023**  
LicenseObtainedBy: **Reciprocity/Endorsement**  
Explanation:

LicenseNumber: **4566**  
ExpirationDate: **06/30/2027**  
LicenseInGoodStanding: **YES**

6. IssuingState: **Colorado**  
OriginalIssueDate: **08/19/2024**  
LicenseObtainedBy: **Reciprocity/Endorsement**  
Explanation:

LicenseNumber: **PLS 0038894**  
ExpirationDate: **10/31/2027**  
LicenseInGoodStanding: **YES**

7. IssuingState: **North Dakota**  
OriginalIssueDate: **03/16/2026**  
LicenseObtainedBy: **Reciprocity/Endorsement**  
Explanation:

LicenseNumber: **LS-42127**  
ExpirationDate: **12/31/2026**  
LicenseInGoodStanding: **YES**

8. IssuingState: **South Dakota**  
OriginalIssueDate: **03/27/2026**  
LicenseObtainedBy: **Reciprocity/Endorsement**  
Explanation:

LicenseNumber: **20282**  
ExpirationDate: **03/31/2028**  
LicenseInGoodStanding: **YES**

#### EMPLOYMENT HISTORY

1. Title: **Director of Land Surveying**  
CompanyName: **IngenAE LLC**  
CompanyAddress: **620 N River Road, Suite 106**  
**Naperville, Illinois, 60563, USA**  
EmploymentFromDate: **06/01/2026**  
EmploymentToDate: **06/03/2026**  
HoursPerWeek: **40**

Total Work Experience (in Months) : **1**  
Responsible Charge Exp (in Months) : **0**

ExperienceSummary: **Just started a new position with the company as Director of Land Surveying. The total work experience section would not allow me to enter a 0 to proceed.**

2. Title: **Senior Project Manager**  
CompanyName: **Weaver Consultants Group**  
CompanyAddress: **1316 Bond Street, Suite 108**  
**Naperville, Illinois, 60563, USA**  
EmploymentFromDate: **04/13/2012**  
EmploymentToDate: **05/29/2026**  
HoursPerWeek: **40**

Total Work Experience (in Months) : **166**  
Responsible Charge Exp (in Months) : **36**

ExperienceSummary: **Worked for many years under the direction of M.Bytner. Was asked to seek licensure, and start ed that path in 2022 with initial licensure in 2023.**

## EXAMINATION INFORMATION

|                          |                               |                           |
|--------------------------|-------------------------------|---------------------------|
| Exam Passed : <b>YES</b> | StateBoard : <b>Illinois</b>  | Year Passed : <b>2022</b> |
| Exam Passed : <b>YES</b> | StateBoard : <b>Wisconsin</b> | Year Passed : <b>2022</b> |
| Exam Passed : <b>NO</b>  | StateBoard :                  | Year Passed :             |

## SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

## AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **James Berger**

Signature Date: **6/3/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.



**WORK EXPERIENCE**

Weaver Consultants Group  
Illinois (United States)  
Project Manager  
April 2012—February 2026

Verified by  
**Michael D Bytner**  
mbytner@wcgrp.com

Experience Summary  
**Full-Time**  
**Surveying: 13 years, 10 months**  
**Experience under licensed surveyor:**  
**13 years, 10 months**

 **TASKS**

Drafting, field preparation, calculations, project management, billing, crew coordination, field scheduling, communicating with clients, writing proposals, working with other Surveyor's on boundary resolution, work with Surveyor's to resolve issues with title. Over the course of my career here, I have worked in all aspects from both field and office for houseline surveying, sectional surveys, subdivision plats, resubdivision platting, topography's, ADA surveys, Boundary survey's, ALTA surveys. I communicate more directly with client's to understand and accomplish their goals. I will schedule the crew for their field visit, assuring they have all the information that i can gather for them to do their job as efficiently as possible. I handle the majority of field calls when in the field for troubleshooting ideas and techniques in relation to point layout or monument recovery.

When I started here, I was more of a redline draftsman, who was given the opportunity to develop in my knowledge and complexity of the survey world. I was given the opportunity to solve boundaries, then review them with a surveyor and sometimes that would lead to a difference of opinion and one would be decided based on the facts that led to that resolution. I've been given the opportunity to read through title commitments and make comments on whether the subject property has encumbrances and then depict them if they affect the subject property. I've been given the opportunity to write legal descriptions in many different formats. Since being at Weaver I have worked on Right of Way dedications, Easement platting, Subdivision platting, Boundary, Topo, ALTA, Construction layout, houseline, land development, retracing sections, commercial building layout, etc.

 **REPRESENTATIVE PROJECTS**

1. Misc ALTA, Topo, and Construction Layout projects. (2012-2014) Many smaller ALTA's and ALTA's with topography managed from office and field perspectives. I did much of the research, field work, and drafting for many of these smaller sites.

2. Ace Properties ATLA (18 parcels) Milwaukee WI-2014

I was the draftsman under supervision of the surveyor to draw an ALTA survey for an 18 parcel survey. I used previous surveys, vesting deeds, right of way documents and VAL maps to help pre calculate boundary points for field use to search for additional monuments. I also used monument records to help build in lines that were built of those lines. Each parcel had a separate commitment in which I read through and either made comments, or drafted to show the encumbrance on the property.

3. Misc ALTA, Topo, and Construction Layout projects. (2015-2016) Many smaller ALTA's and ALTA's with topography managed from office and field perspectives. I did much of the research, field work, and drafting for many of these smaller sites.

4. ML Realty—ALTA Irving TX-2017

I was the draftsman under the supervision of the surveyor to provide and ALTA survey for a 16.8 acre parcel of land that had 5 tracts of land. Upon research of the provided documents and also researching further for existing surveys, right of way documents, and monument records, I calculated a boundary for our field guy to use for monument reconnaissance. Once monuments were found, I worked with the surveyor to solve a boundary. I also prepared an as surveyed metes and bounds description for the client.

5. Misc ALTA, Topo, and Construction Layout projects. (2018) Many smaller ALTA's and ALTA's with topography managed from office and field perspectives. I did much of the research, field work, and drafting for many of these smaller sites.

6. VCNA—Boundary Survey—Mooresville, IN—2019

I was the draftsman for the surveyor, and I worked on the boundary using monument records to solve some sections. Once that was completed, I gathered as much right of way documents as possible, and pulled all vesting deeds that also surrounded the property. The property had some significant differences in occupation lines versus monumentation, but ultimately did not impact the new owner.

1. Misc ALTA, Topo, and Construction Layout projects. (2020-2021) Many smaller ALTA's and ALTA's with topography managed

from office and field perspectives. I did much of the research, field work, and drafting for many of these smaller sites.

#### 4. Lake County Department of Transportation—Lake Zurich, IL Miller road Highway Dedication 2016 2022

I am the draftsman under the surveyor preparing right of way plats for a future widening. Using documents provided and also doing research I created calculated parcels and rights of way for field use while gathering data. After receiving the field data, the surveyor and I worked on an existing right of way for the client. They then provided us with a new alignment, the additional right of way, and easements. I then prepared a multiple sheet plan set for the surveyor to review and approve.

#### 7. Herald News—Bloomington, IN—ALTA w/Topo—2022

I was the project manager under the surveyor of record for this ALTA. The original legal description was written only using distance offsets, and bearing distances these were multiple parcels written at different times, creating many gaps and overlaps. After a thorough and extensive document search and field reconnaissance, I then created a new legal description based on neighboring deeds, previous surveys, and row of way documents to describe the land using metes and bounds and providing line calls to those deeds. The client gave a new title commitment and then proceeded to document via depiction or by statement any encumbrances to the property based on the commitment and also made surveyor notes to include further encumbrances found while doing research.

#### 8. 2023-Current, Managed projects of varying size including boundary's, topo's, and ALTA's. I reviewed and signed plats, in Indiana and Wisconsin

## VERIFICATION

### Work Experience

Weaver Consultants Group  
Illinois (United States)  
Apr. 2012 — Feb. 2026

### Verifier

Michael D Bytner  
MBYTNER@WCGRP.COM  
(630) 291-8452

### Verification Date

02/25/2026 10:15am EST



## VERIFIER INFO

### Position in firm

Director of Surveying

### Relationship

Supervisor

### Licensed engineer

No

### Known applicant

13 years 10 months

### Related to applicant

No

### Licensed surveyor

#### Board

Illinois LS

#### License Number

035-003326

#### Date of Licensure

07/15/1999



## EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



## COMMENTS



**WORK EXPERIENCE**

Midwest Technical Consultants  
Illinois (United States)  
Survey Technician  
May 2001—April 2012

Verified by  
**Steven Arthur Popp**  
spopp@wcgrp.com

Experience Summary  
**Full-Time**  
**Surveying: 10 years, 11 months**  
**Experience under licensed surveyor:**  
**10 years, 11 months**

**TASKS**

I started Midwest Tech as a rodman, moved up to instrument man, and eventually became a one man party chief as time went on and survey crews downsized. I was also brought in to learn AutoCAD and helped take care of filing Mylars, vellums and plats in general. I helped convert Pacsoft users to AutoCAD users. In my later years there, I was put outside and inside on any given day to help either the field or the office in whatever duties needed to be performed.

As previously stated my career expanded as my knowledge grew. From being a rodman to a one man party chief by demonstrating my abilities and gaining the confidence of the surveyors who had to trust that I was doing my job to the best of my abilities and communicating any complications that may have arose. My drafting career began there, however did not develop much from houseline, land development, subdivision platting. All ALTA, Boundary survey's were constructed by the Surveyor and then given to the drafting team to recreate using AutoCAD. I often had the ability to sit down with the many Surveyors there to learn about surveying as I was taking my surveying classes. This helped not only give me a better understanding of what it was I was doing while out in the field, but also assisted me in understanding what it was I was drafting and the outcomes of who the plat would go to and what they would use the plat for. I learned different techniques and uses as equipment progressed with time from levels and total stations, to primarily robotic/GPS with little use of older equipment, unless running a level circuit or double checking the accuracy and precision of measurements while conducting retracement surveys.

**REPRESENTATIVE PROJECTS**

- 1) Pasquinelli - Grande Reserve Land development and houseline - Yorkville IL 2005-2009. Rodman in a 3 man crew to obtain data utilized in the preparation of topographic surveys, and boundary resolution. Finding section corners and recovery ties to solve sections. Replace and file monument records where needed. Utilize Right of way documents to help establish property boundaries. Find and obtain elevation benchmarks then set control with elevation by running a level.
- 2) Town and Country homes - Waukegan, IL 2006-2009  
Rodman in a 3 man crew doing mainly houseline work, including foundation staking, shooting existing elevations, staking finish grade and shooting final as-built surveys.
- 3) Del Webb - Sun City - Hunley, IL 2001-2009.  
Instrument Man in a 2 man crew. This was mainly a houseline job, where we provided construction layout services. I was an instrument man that would often help the crew chief layout foundations, shoot existing foundations, stake finish grade, and then perform a final as-built survey. I would often times, have to stand behind the instrument to obtain difficult data that an auto lock would not obtain. I would also typically run the level while my chief held the rod.
4. Kimball Hill - Plainfield, IL  
I assisted the surveyor of record solve boundaries, using previous plats of survey, right of way documents, and any other record documents that provided useful information. This information was provided to another surveyor to subdivide with the use of engineer design. I mainly assisted afterward creating plats of subdivision for multiple units in the development.
5. Pasquinelli - Grande Park - Plainfield, IL 2001-2009  
Crew Chief in a 1 man crew. Calculate and layout curb and gutter, wet and dry utility staking.
6. IDOT - Route 59 - 2007-2013  
I would often collect data, come into the office and using previous plats of survey calculate boundary lines, and existing Rights of Way. I would then go in the field and try to locate as many monuments as possible and field calculate search points to obtain more monuments. Then shoot all improvements for right of way plans. Then come back to the office and under direct supervision help solve boundaries, and draft the Right of way plats for IDOT.
7. Woodfield Mall - 2005 ALTA Survey  
I helped draft this ALTA. I did not help with the boundary resolution on this one, but did however get to read through the title and analyze documents. Then draft any encumbrances they may have had on the property, otherwise detail out and discuss with the signing survey an appropriate statement on whether it impacted the land or didn't.

VERIFICATION

**Work Experience**  
Midwest Technical Consultants  
Illinois (United States)  
May, 2001 — Apr. 2012

**Verifier**  
Steven Arthur Popp  
spopp@wcgrp.com  
(630) 484-7050

**Verification Date**  
11/22/2022 10:57am EST



VERIFIER INFO

**Position in firm**  
Senior PM/PLS

**Relationship**  
Supervisor

**Licensed engineer**  
No

**Known applicant**  
25 years

**Related to applicant**  
No

**Licensed surveyor**

|                          |             |
|--------------------------|-------------|
| <b>Board</b>             | Illinois LS |
| <b>License Number</b>    | 035.003010  |
| <b>Date of Licensure</b> | 06/15/1992  |



EXPERIENCE DESCRIPTION

|                                                                                                 |     |
|-------------------------------------------------------------------------------------------------|-----|
| <b>Knowledge of the applicant's work during the time covered by this endorsement</b>            | Yes |
| <b>The description above accurately reflects the work personally performed by the applicant</b> | Yes |
| <b>The time claimed by the applicant for this experience accurate</b>                           | Yes |



COMMENTS

☐ None



# STATE OF WISCONSIN

Department of Safety and Professional Services

4822 Madison Yards Way

Madison WI 53705

Governor Tony Evers

Dan Hereth

Mail to:  
PO Box 8935  
Madison WI 53703-8935

Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Web: <http://dsps.wi.gov>  
Phone: 608-266-2112

## CERTIFICATION

DATE: 06/11/2026

I, Beth Cramton, do hereby certify that I am the Record Custodian in the Department of Safety and Professional Services, a department of the government of the State of Wisconsin; that I am the custodian of the records relating to Professional Land Surveyor and its seal; and that a standard search of the available records of this office indicates the following:

THIS IS TO CERTIFY THAT: JAMES T. BERGER  
WAS ISSUED LICENSE NO: 3279 - 8  
ON: 03/30/2023  
CREDENTIAL TYPE: PROFESSIONAL LAND SURVEYOR  
STATUS: CREDENTIAL LICENSE IS CURRENT (ACTIVE)  
LICENSE EXPIRATION DATE: 01/31/2028

### Credential Holder History

| Date | Code | Description |
|------|------|-------------|
|------|------|-------------|

According to our records, this credential holder has not been disciplined.

The information above is the official certification information provided by this Department. This information is accurate as of the date on this letter. **We strongly encourage you to verify the license status of this individual by checking the DSDPS online license look-up at <http://app.wi.gov/licensesearch>.** To expedite the certification process, the above format is the standard format used for all professions regulated by this Department.



Beth Cramton  
Record Custodian  
Department of Safety and Professional Services

Section has adopted the passing score recommended by NCEES and does not give additional points for experience or veteran status.

| <u>EXAMINATIONS</u>      | <u>#HOURS</u> | <u>1ST NCEES EXAM*</u> | <u>ABBREVAITION</u> |
|--------------------------|---------------|------------------------|---------------------|
| Fundamentals             | 8             | August, 1973           | FS                  |
| Principles & Practice    | 8             | April, 1974            | PN or PP            |
| Wisconsin Jurisdictional | 2             | WI Exam Only           | PJ                  |

\*Prior to these dates, Wisconsin exams were administered.





VERIFICATION OF LICENSURE OR EXAMINATION

Berger, James  
(17-879-37)

jberger79@outlook.com  
DOB: 03/27/1979

LICENSES

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | P28803 | March 2024 | December 2026   |

EXAMS

| Exam               | Hours | Exam Date | Additional Information             |
|--------------------|-------|-----------|------------------------------------|
| Non-NCEES State PS | 2     | June 2024 | Iowa State Specific Land Surveying |

ADDITIONAL INFORMATION

|                     |                                                                            |
|---------------------|----------------------------------------------------------------------------|
| Disciplinary Action | None                                                                       |
| Notes               | Licensure by verification<br>FS taken in Illinois<br>PS taken in Wisconsin |

VERIFICATION

|                                                    |                                                                     |
|----------------------------------------------------|---------------------------------------------------------------------|
| <b>Verifier</b><br>Lori SchraderBachar             | <b>Board</b><br>Iowa Engineering and Land Surveying Examining Board |
| <b>Verification Date</b><br>01/08/2025 01:46pm EST | 451                                                                 |



**Berger, James**  
(17-879-37)

jberger79@outlook.com  
DOB: 03/27/1979

### LICENSES

| Initial/Comity | Type | Number     | Issue Date | Expiration Date |
|----------------|------|------------|------------|-----------------|
| Comity         | PS   | LS22300009 | May 2023   | July 2026       |

### EXAMS

| Exam                                                           | Hours | Exam Date | Additional Information |
|----------------------------------------------------------------|-------|-----------|------------------------|
| <input checked="" type="radio"/> No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |                                          |
|---------------------|------------------------------------------|
| Disciplinary Action | None                                     |
| Notes               | <input checked="" type="radio"/> Not Set |

### VERIFICATION

**Verifier**  
Hadley Branham

**Verification Date**  
12/31/2024 11:42am EST

**Board**  
Indiana State Board of Registration for Professional Land  
Surveyors

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DSPS Site Guest User ▼

**Credential/License Summary for 3279 - 8**

As of June 11, 2026 9:53:39 AM

**Name :** James T Berger**Credential/License Number :** 3279 - 8**Professions :** Professional Land Surveyor**Location :** Bolingbrook, Illinois - 60490**Credential/License Type :** Regular**Status :** License is current (Active)**Eligible To Practice :** Eligible**Credential Expiration Date :** 2028-01-31**Granted Date :** 2023-03-30**Multi-State :** N**Orders :** 0**Specialities :****Other Names :**

Orders for 3279 - 8

No Orders Found

PS EXAM Verifier See Next Page

Relationships for 3279 - 8

Individual





# VERIFICATION OF LICENSURE OR EXAMINATION

**Berger, James**  
(17-879-37)

jberger79@outlook.com  
DOB: 03/27/1979

## LICENSES

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | 4566   | May 2023   | June 2027       |

## EXAMS

| Exam                            | Hours | Exam Date | Additional Information |
|---------------------------------|-------|-----------|------------------------|
| ⊘ No exams in this jurisdiction |       |           |                        |

## ADDITIONAL INFORMATION

|                     |                                |
|---------------------|--------------------------------|
| Disciplinary Action | None                           |
| Notes               | endorsement jurisdiction is IL |

## VERIFICATION

**Verifier**  
Sarah Uzzle

**Verification Date**  
06/04/2026 08:43am EDT

**Board**  
Kentucky State Board of Licensure for Professional Engineers and  
Land Surveyors



Berger, James  
(17-879-37)

jberger79@outlook.com  
DOB: 03/27/1979

### LICENSES

| Initial/Comity | Type | Number | Issue Date  | Expiration Date |
|----------------|------|--------|-------------|-----------------|
| Comity         | PS   | 38894  | August 2024 | October 2027    |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |                                   |
|---------------------|-----------------------------------|
| Disciplinary Action | None                              |
| Notes               | PLS - License Method -Endorsement |

### VERIFICATION

**Verifier**  
Patricia Lopez

**Verification Date**  
06/03/2026 06:38pm EDT

**Board**  
Colorado State Board of Licensure for Architects, Professional  
Engineers, and Professional Land Surveyors

# Application Summary

## Application

Name: **CASTILLE, LANCE**

DTN: **4268435**

Address: **110 EVE RD, CHURCH POINT, LA 70525-3900**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **05/28/2026** Fees Paid: **\$255.00**

## Education

|    |                                                                                |                                           |
|----|--------------------------------------------------------------------------------|-------------------------------------------|
| 1. | Institution: <b>SOUTH LOUISIANA COMMUNITY COLLEGE LAFAYETTE, LOUISIANA USA</b> | <b>2021</b>                               |
|    | Degree: <b>NON-DEGREE</b>                                                      | Major: <b>CIVIL SURVEYING AND MAPPING</b> |
|    | Foreign: <b>No</b>                                                             | Enrolled: <b>No</b> <b>Verified</b>       |
| 2. | Institution: <b>SOUTHERN NEW HAMPSHIRE UNIVERSITY 2500 NORTH RIVER ROAD</b>    | <b>2019</b>                               |
|    | Degree: <b>MANCHESTER, NH 03106</b>                                            | Major: <b>INFORMATION TECHNOLOGY</b>      |
|    | Foreign: <b>BACHELORS</b>                                                      | Enrolled: <b>No</b> <b>Verified</b>       |
| 3. | Institution: <b>ACADIANA TECH COLLEGE OPELOUSAS, LOUISIANA USA</b>             | <b>2009</b>                               |
|    | Degree: <b>NON-DEGREE</b>                                                      | Major: <b>CIVIL SURVEYING AND MAPPING</b> |
|    | Foreign: <b>No</b>                                                             | Enrolled: <b>No</b> <b>Verified</b>       |

## Out-of-State Licenses

|    |                           |                               |                                   |
|----|---------------------------|-------------------------------|-----------------------------------|
| 1. | License: <b>LS37823</b>   | Issued On: <b>05/01/2026</b>  | Issuing State: <b>Mississippi</b> |
|    | Laws/Rules: <b>No</b>     | Expires On: <b>12/31/2026</b> | Obtained By: <b>Reciprocity</b>   |
|    | Good Standing: <b>Yes</b> |                               | <b>Verified</b>                   |
| 2. | License: <b>LS5296</b>    | Issued On: <b>11/01/2022</b>  | Issuing State: <b>Louisiana</b>   |
|    | Laws/Rules: <b>No</b>     | Expires On: <b>03/31/2027</b> | Obtained By: <b>Examination</b>   |
|    | Good Standing: <b>Yes</b> |                               | <b>Verified</b>                   |

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u>                          |
|-----------------------------------------|----------------------|----------------------|-----------------------------------------|
| Online App Recd. Data Updated by System | 06/03/2026           | REGENIA LEE          |                                         |
| New Documents Received. Please look.    | 06/03/2026           | REGENIA LEE          |                                         |
| Fees Validated Correctly                | 06/02/2026           | SYSTEM CSTRACK       |                                         |
| Fees Cashiered                          | 06/02/2026           | FINANCE & ACCOUNTING |                                         |
| Letter - LS Complete                    | 05/29/2026           | REGENIA LEE          |                                         |
| Application Received                    | 05/29/2026           | REGENIA LEE          |                                         |
| Enter/Update Person Details             | 05/29/2026           | REGENIA LEE          |                                         |
| Experience Verified                     | 05/29/2026           | REGENIA LEE          | EXPERIENCE VERIFIED BY NCEES            |
| Out of State License Verified           | 05/29/2026           | REGENIA LEE          | OUT OF STATE LICENSES VERIFIED BY NCEES |
| Education Verified                      | 05/29/2026           | REGENIA LEE          | TRANSCRIPTS VERIFIED BY NCEES           |





**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*  
Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700  
[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA (435-7352)  
FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

|                       |                        |                  |                               |
|-----------------------|------------------------|------------------|-------------------------------|
| Application Type      | <b>Endorsement</b>     |                  |                               |
| Highest Degree        | <b>College 4 Years</b> |                  |                               |
| Document Tracking No# | <b>4268435</b>         | Application Date | <b>05/28/2026 04:29:21 PM</b> |

**APPLICANT INFORMATION**

|                        |                                                             |
|------------------------|-------------------------------------------------------------|
| First Name             | <b>Lance</b>                                                |
| Middle Initial         |                                                             |
| Last Name              | <b>Castille</b>                                             |
| Date of Birth          | <b>6/14/1983</b>                                            |
| Race                   | <b>White or Caucasian</b>                                   |
| Social Security Number | <b>[REDACTED]</b>                                           |
| Home Address           | <b>110 Eve Road<br/>Church Point, Louisiana, 70525, USA</b> |
| Mailing Address        | <b>110 Eve Road<br/>Church Point, Louisiana, 70525, USA</b> |
| Email address          | <b>ljcastille@gmail.com</b>                                 |
| Home Phone             |                                                             |
| Cellular Phone         | <b>337-781-8375</b>                                         |
| Business Phone         |                                                             |
| Fax                    |                                                             |

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

1. InstitutionName: **Southern New Hampshire University**  
Degree: **BS**  
GraduationYear: **2019**  
Location: **Manchester, New Hampshire, USA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:
2. InstitutionName: **Acadiana Tech College**  
Degree: **non-degree**  
GraduationYear: **2009**  
Location: **Opelousas, Louisiana, USA**

CurrentlyEnrolled: **NO**

AnticipatedGraduationDate:

3. InstitutionName: **SLCC**Degree: **non-degree**GraduationYear: **2021**Location: **Lafayette, Louisiana, USA**CurrentlyEnrolled: **NO**

AnticipatedGraduationDate:

**CRIMINAL/CIVIL LETIGATION INFORMATION****Criminal And Litigation History**

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

**LICENSURE HISTORY INFORMATION****Background History**

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.** **No**

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**

3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

**OUT OF STATE LICENSES**

1. IssuingState: **Louisiana**  
OriginalIssueDate: **11/14/2022**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **5295**  
ExpirationDate: **03/31/2027**  
LicenseInGoodStanding: **YES**

2. IssuingState: **Mississippi**

LicenseNumber: **37823**



OriginalIssueDate: 5/22/2026  
LicenseObtainedBy: Examination  
Explanation:

ExpirationDate: 12/31/2026  
LicenseInGoodStanding: YES

### EMPLOYMENT HISTORY

1. Title: **Data and Deliverable Manager**  
Company Name: **Fugro**  
Company Address: **226 Dulles Drive**  
**Lafayette, Louisiana, 70506, USA**  
Employment From Date: **11/09/2009**  
Employment To Date: **05/28/2026**  
Hours Per Week: **40**

Total Work Experience (in Months) : **156**

Responsible Charge Exp (in Months) : **42**

Experience Summary: Please see NCEES record for full description Tasks and Duties 1. I develop and maintain quantitative operational metrics that evaluate departmental and staff performance. I use these metrics to identify cycle time reduction opportunities, improve productivity, and establish a clear link between operational efficiency and company profitability. 2. I implement and monitor quality control procedures to ensure that survey data is processed accurately and delivered in compliance with project standards. I review outputs, verify data accuracy, and confirm that deliverables meet client requirements. 3. I serve as a technical liaison between internal and external processing teams to clarify specifications, resolve data discrepancies, and ensure that all deliverables align with client expectations and project requirements. 4. I organize, maintain, and secure job related data repositories. I ensure consistent file structure, proper revision control, appropriate backups, and accurate archival procedures to maintain long term data integrity. 5. I track project schedules and monitor personnel hours to determine appropriate resource allocation. I confirm that technical tasks can be completed within established timelines and identify adjustments needed to maintain schedule performance. 6. I analyze production workloads, internal capabilities, and subcontractor throughput to optimize resource utilization. I identify bottlenecks, evaluate capacity constraints, and recommend changes to maintain efficient operational output. 7. I identify technical, schedule, cost, resource, and performance risks that may impact project outcomes. I promptly elevate issues to leadership to ensure timely mitigation and protect deliverable quality. 8. I support the Survey Supervisor in developing and maintaining a high performing, client focused team. I provide leadership, mentor staff, and reinforce expectations related to quality, budget adherence, and operational excellence. 9. I recommend workflow improvements and develop or refine software tools to automate tasks, improve processing efficiency, and reduce operational bottlenecks. 2. Representative Projects 2024 – Proposed Easement – Jefferson County, Texas – Linde Engineering – I used boundary information gathered in the field in conjunction with research to place an easement within a plant for proposed machinery locations. I wrote a legal description to supplement the easement plat. 2025 – Ground Control Survey – Tampa, Florida – FDOT – I developed the field and office workflow for the project. I also post processed the field data for both the project control for Lidar/conventional survey operations and ground control points for lidar adjustment and quality control. I wrote the report outlining the process for collecting and processing the data for the final deliverable.

### EXAMINATION INFORMATION

|                   |                         |                    |
|-------------------|-------------------------|--------------------|
| Exam Passed : YES | State Board : Louisiana | Year Passed : 2020 |
| Exam Passed : YES | State Board : Louisiana | Year Passed : 2022 |
| Exam Passed : NO  | State Board :           | Year Passed :      |

### SPECIAL TESTING ACCOMMODATIONS



Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **ljcastille**

Signature Date: **5/28/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

## WORK EXPERIENCE

*Fugro*  
*Louisiana (United States)*  
*Data and Deliverable Manager*  
**October 2022—February 2026**

*Verified by*  
**Mark Keith Buhrke**  
mbuhrke@fugro.com

*Experience Summary*  
**Full-Time**  
**Surveying: 3 years, 4 months**  
**Experience under licensed surveyor:**  
**3 years, 4 months**



## TASKS

1. I develop and maintain quantitative operational metrics that evaluate departmental and staff performance. I use these metrics to identify cycle time reduction opportunities, improve productivity, and establish a clear link between operational efficiency and company profitability.
2. I implement and monitor quality control procedures to ensure that survey data is processed accurately and delivered in compliance with project standards. I review outputs, verify data accuracy, and confirm that deliverables meet client requirements.
3. I serve as a technical liaison between internal and external processing teams to clarify specifications, resolve data discrepancies, and ensure that all deliverables align with client expectations and project requirements.
4. I organize, maintain, and secure job related data repositories. I ensure consistent file structure, proper revision control, appropriate backups, and accurate archival procedures to maintain long term data integrity.
5. I track project schedules and monitor personnel hours to determine appropriate resource allocation. I confirm that technical tasks can be completed within established timelines and identify adjustments needed to maintain schedule performance.
6. I analyze production workloads, internal capabilities, and subcontractor throughput to optimize resource utilization. I identify bottlenecks, evaluate capacity constraints, and recommend changes to maintain efficient operational output.
7. I identify technical, schedule, cost, resource, and performance risks that may impact project outcomes. I promptly elevate issues to leadership to ensure timely mitigation and protect deliverable quality.
8. I support the Survey Supervisor in developing and maintaining a high performing, client focused team. I provide leadership, mentor staff, and reinforce expectations related to quality, budget adherence, and operational excellence.
9. I recommend workflow improvements and develop or refine software tools to automate tasks, improve processing efficiency, and reduce operational bottlenecks.



## REPRESENTATIVE PROJECTS

2024 – Proposed Easement – Jefferson County, Texas – Linde Engineering – I used boundary information gathered in the field in conjunction with research to place an easement within a plant for proposed machinery locations. I wrote a legal description to supplement the easement plat.

2025 – Ground Control Survey – Tampa, Florida – FDOT – I developed the field and office workflow for the project. I also post processed the field data for both the project control for Lidar/conventional survey operations and ground control points for lidar adjustment and quality control. I wrote the report outlining the process for collecting and processing the data for the final deliverable.



## VERIFICATION

## Work Experience

Fugro  
Louisiana (United States)  
Sep. 2021 — Oct. 2022

## Verifier

Mark Keith Buhrke  
mbuhrke@fugro.com  
(713) 346-3659

## Verification Date

02/24/2026 10:49am EST



## VERIFIER INFO

## Position in firm

Chief Surveyor

## Relationship

Supervisor

## Licensed engineer

No

## Verifier qualifications

**Graduation Date** May. 1989

**Institution** University of Florida

**Degree** Geomatics

**Years of experience** 37

**Primary engineering discipline** Geomatics

**Professional Credentials** PLS in AL, AK, CA, FL, GA, KY, LA, ME, MS, MT, NJ, NM, NY, RI, SC, VA & WA; Certified Hydrographer (CH) #202

## Known applicant

9 years

## Related to applicant

No

## Licensed surveyor

**Board** Texas

**License Number** 5092

**Date of Licensure** 06/03/1994



## EXPERIENCE DESCRIPTION

**Knowledge of the applicant's work during the time covered by this endorsement**

Yes

**The description above accurately reflects the work personally performed by the applicant**

Yes

**The time claimed by the applicant for this experience accurate**

Yes



## COMMENTS

Additional degrees:

MS in Civil Engineering, University of Florida, December 1991

MBA in Management, University of Houston (Victoria), December 2005

## WORK EXPERIENCE

Fugro

Louisiana (United States)

Project Manager

September 2021—October 2022

Verified by

Mark Keith Buhrke

mbuhrke@fugro.com

Experience Summary

Full-Time

Surveying: 1 year, 1 month

Experience under licensed surveyor:  
1 year, 1 month



## TASKS

1. I created technical and cost proposals for potential company projects by evaluating project requirements, defining scopes of work, estimating labor and material needs, and preparing documentation to support competitive and accurate bidding.
2. I managed projects through their full life cycle, including initiation, planning, execution, monitoring, and closeout. I tracked progress, updated schedules, resolved technical and operational issues, and ensured deliverables met client expectations and contractual obligations.
3. I developed structured workflows and task sequences for team members to promote consistent processing, efficient task allocation, and adherence to technical requirements. I documented these workflows to improve repeatability and reduce variability.
4. I managed project financials by monitoring budgets, reviewing and processing invoices, and tracking labor and resource expenditures. I ensured financial performance aligned with project goals and addressed deviations that could affect profitability.
5. I interacted with clients and third-party contractors to clarify technical requirements, exchange project information, resolve issues, and maintain alignment between internal operations and external expectations. I ensured communication remained consistent to support timely and accurate project delivery.



## REPRESENTATIVE PROJECTS

2021 – Permanent 10-foot Utility Easement, Nueces County, Texas – Equistar Chemicals – I set up field instructions to direct the field crew to recover boundary monumentation of the parent tract. Using the recovered monumentation, I established the requested easement for the client. I also prepared the legal description of the easement to accompany the plat.

## VERIFICATION

### Work Experience

Fugro  
Louisiana (United States)  
Sep. 2021 — Oct. 2022

### Verifier

Mark Keith Buhrke  
mbuhrke@fugro.com  
(713) 346-3659

### Verification Date

02/24/2026 10:49am EST



## VERIFIER INFO

### Position in firm

Chief Surveyor

### Relationship

Supervisor

### Licensed engineer

No

### Verifier qualifications

**Graduation Date** May. 1989

**Institution** University of Florida

**Degree** Geomatics

**Years of experience** 37

**Primary engineering discipline** Geomatics

**Professional Credentials** PLS in AL, AK, CA, FL, GA, KY, LA, ME, MS, MT, NJ, NM, NY, RI, SC, VA & WA; Certified Hydrographer (CH) #202

### Known applicant

9 years

### Related to applicant

No

### Licensed surveyor

**Board** Texas

**License Number** 5092

**Date of Licensure** 06/03/1994



## EXPERIENCE DESCRIPTION

**Knowledge of the applicant's work during the time covered by this endorsement**

Yes

**The description above accurately reflects the work personally performed by the applicant**

Yes

**The time claimed by the applicant for this experience accurate**

Yes



## COMMENTS

Additional degrees:

MS in Civil Engineering, University of Florida, December 1999

MBA in Management, University of Houston (Victoria), December 2005



## WORK EXPERIENCE

*Fugro*

*Louisiana (United States)*

*Survey Technician*

**November 2009—January 2014**

*Verified by*

**Robert Alan Price**

*rprice@gotech-inc.com*

*Experience Summary*

**Full-Time**

**Surveying: 4 years, 2 months**

**Experience under licensed surveyor:**

**4 years, 2 months**



## TASKS

1. locate property corners – searched for monuments in the field using retracement practices of following previous surveys.
2. establish property monuments – set property corners using total stations and/or gps equipment.
3. stakeout out and set ROW and easement boundaries - use property lines and existing information to setup and place new ROWs and easements.
4. route pipelines – utilize existing boundaries and ROWs to determine the placement of new pipelines and structures.
5. locate pipelines and ROW – research historical documentation to locate and identify pipeline operators and locations.



## REPRESENTATIVE PROJECTS

2009 - Acadian Haynesville Extension, Natchitoches Parish, Louisiana - Enterprise Pipeline Company - I conducted Boundary Surveys of parcels for a pipeline route in the field. I placed the pipeline route using property boundaries to make the most efficient use of the land along the pipeline route. I collected as-built data on the pipeline to provide survey data for the pipeline operator and landowner.

2010 – Well Location and Unit Establishment, Sabine Parish, Louisiana – Chesapeake Operating, Inc. – I conducted Boundary Surveys of parcels for unitization. I placed well locations in the field based on evidence found in the field for section corners, property corners, and property lines.

2011 – Proposed Temporary Limestone Parking Lot, Lafayette Parish, Louisiana – Fugro Chance, Inc. – I conducted a boundary survey of the tract where a temporary limestone parking lot was to be placed. I located the property corners and placed the parking lot within the boundary of the track.

2012 – Retained Acreage Lease Survey, St. Mary Parish, Louisiana – EnergyQuest II, LLC. – I conducted a boundary survey to establish a lease within the boundaries of two separate landowners.

2013 – Proposed Easement, Jefferson Davis Parish, Louisiana – Angelle & Donohue – I conducted a boundary survey within a subdivision to stake out an easement.

## VERIFICATION

### Work Experience

Fugro  
Louisiana (United States)  
Nov. 2009 — Jan. 2014

### Verifier

Robert Alan Price  
rprice@gotech-inc.com  
(225) 766-5358

### Verification Date

01/14/2026 04:06pm EST



## VERIFIER INFO

### Position in firm

VP Operations

### Relationship

Supervisor

### Licensed engineer

No

### Known applicant

Approx. 15 years

### Related to applicant

No

### Licensed surveyor

|       |           |
|-------|-----------|
| Board | Louisiana |
|-------|-----------|

|                |          |
|----------------|----------|
| License Number | PLS 4889 |
|----------------|----------|

|                   |            |
|-------------------|------------|
| Date of Licensure | 12/19/2001 |
|-------------------|------------|



## EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



## COMMENTS

☐ None



### LICENSES

| Initial/Comity | Type | Number | Issue Date    | Expiration Date |
|----------------|------|--------|---------------|-----------------|
| Initial        | PS   | 5295   | November 2022 | March 2027      |

### EXAMS

| Exam     | Hours | Exam Date     | Additional Information |
|----------|-------|---------------|------------------------|
| NCEES FS | 6     | November 2020 | —                      |
| NCEES PS | 7     | March 2022    | —                      |

### ADDITIONAL INFORMATION

|                     |                                                                        |
|---------------------|------------------------------------------------------------------------|
| Disciplinary Action | None                                                                   |
| Notes               | LSI certificate #732 issued on 01/20/2022, upgraded to PLS 11/14/2022. |

### VERIFICATION

**Verifier**  
Delphia Duncan

**Verification Date**  
01/08/2026 05:08pm EST

**Board**  
Louisiana Professional Engineering and Land Surveying Board





VERIFICATION OF LICENSURE OR EXAMINATION

Castille, Lance  
(20-629-99)

ljcastille@gmail.com  
DOB: 06/14/1983

LICENSES

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | 37823  | May 2026   | December 2026   |

EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

ADDITIONAL INFORMATION

|                     |         |
|---------------------|---------|
| Disciplinary Action | None    |
| Notes               | Not Set |

VERIFICATION

|                                                    |                                                                                         |
|----------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>Verifier</b><br>Joshua Smith                    | <b>Board</b><br>Mississippi Board of Licensure for Professional Engineers and Surveyors |
| <b>Verification Date</b><br>05/26/2026 12:04pm EDT | 474                                                                                     |

# Application Summary

## Application

Name: **FOGLEMAN, DANIEL**

DTN: **4274019**

Address: **516 N ASPEN ST, LINCOLNTON, NC 28092-2106**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **06/11/2026** Fees Paid: **\$255.00**

## Education

1. Institution: **NORTH CAROLINA A & T UNIVERSITY 1601 EAST MARKET STREET** 2020  
Degree: **GREENSBORO, NORTH CAROLINA 27411**  
Foreign: **BACHELORS** Major: **GEOMATICS**  
**No** Enrolled: **No** **Verified**
2. Institution: **APPALACHIAN STATE UNIVERSITY 287 RIVERS STREET BOONE, NORTH** 2016  
Degree: **CAROLINA 28607**  
Foreign: **BACHELORS** Major: **APPROPRIATE TECHNOLOGY**  
**No** Enrolled: **No** **Verified**

## Out-of-State Licenses

1. License: **LS4834** Issued On: **05/13/2026** Issuing State: **Kentucky**  
Laws/Rules: **No** Expires On: **06/30/2027** Obtained By: **Reciprocity**  
Good Standing: **Yes** **Verified**
2. License: **LS4350800** Issued On: **12/03/2025** Issuing State: **New Jersey**  
Laws/Rules: **No** Expires On: **04/30/2028** Obtained By: **Examination**  
Good Standing: **Yes** **Verified**
3. License: **LS2508** Issued On: **12/01/2025** Issuing State: **West Virginia**  
Laws/Rules: **No** Expires On: **06/30/2026** Obtained By: **Reciprocity**  
Good Standing: **Yes** **Verified**
4. License: **LS3692** Issued On: **10/01/2025** Issuing State: **Tennessee**  
Laws/Rules: **No** Expires On: **12/31/2027** Obtained By: **Reciprocity**  
Good Standing: **Yes** **Verified**
5. License: **LS0070565** Issued On: **10/01/2024** Issuing State: **Connecticut**  
Laws/Rules: **No** Expires On: **01/31/2027** Obtained By: **Reciprocity**  
Good Standing: **Yes** **Verified**
6. License: **LS50403** Issued On: **07/01/2023** Issuing State: **Alabama**  
Laws/Rules: **No** Expires On: **12/31/2027** Obtained By: **Examination**  
Good Standing: **Yes** **Verified**
7. License: **LSL-5414** Issued On: **04/01/2021** Issuing State: **North Carolina**  
Laws/Rules: **No** Expires On: **12/31/2026** Obtained By: **Examination**  
Good Standing: **Yes** **Verified**

# Application Summary

## Application

Name: **FOGLEMAN, DANIEL**

DTN: **4274019**

Address: **516 N ASPEN ST, LINCOLNTON, NC 28092-2106**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **06/11/2026** Fees Paid: **\$255.00**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u>                          |
|-----------------------------------------|----------------------|---------------------|-----------------------------------------|
| Online App Recd. Data Updated by System | 06/17/2026           | REGENIA LEE         |                                         |
| New Documents Received. Please look.    | 06/17/2026           | REGENIA LEE         |                                         |
| Fees Validated Correctly                | 06/16/2026           | SYSTEM CSTRACK      |                                         |
| Fees Cashiered                          | 06/16/2026           |                     |                                         |
| Letter - LS Complete                    | 06/12/2026           | REGENIA LEE         |                                         |
| Experience Verified                     | 06/12/2026           | REGENIA LEE         | EMPLOYMENT VERIFIED BY NCEES            |
| Letter - LS Individual Deficiency       | 06/11/2026           | REGENIA LEE         |                                         |
| Application Received                    | 06/11/2026           | REGENIA LEE         |                                         |
| Enter/Update Person Details             | 06/11/2026           | REGENIA LEE         |                                         |
| Out of State License Verified           | 06/11/2026           | REGENIA LEE         | OUT OF STATE LICENSES VERIFIED BY NCEES |
| Education Verified                      | 06/11/2026           | REGENIA LEE         | TRANSCRIPTS VERIFIED BY NCEES           |



**WILTON SIMPSON****Florida Department of Agriculture and Consumer Services  
Division of Consumer Services****BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

*Mailing Address:*Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700[www.800helpfla.com](http://www.800helpfla.com)1-800-HELP-FLA (435-7352)  
FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804**APPLICATION TYPE**

|                       |                 |                  |                        |
|-----------------------|-----------------|------------------|------------------------|
| Application Type      | Endorsement     |                  |                        |
| Highest Degree        | College 4 Years |                  |                        |
| Document Tracking No# | 4274019         | Application Date | 06/11/2026 10:44:26 AM |

**APPLICANT INFORMATION**

|                        |                                                          |
|------------------------|----------------------------------------------------------|
| First Name             | Daniel                                                   |
| Middle Initial         | J.                                                       |
| Last Name              | Fogleman                                                 |
| Date of Birth          | 3/20/1994                                                |
| Race                   | White or Caucasian                                       |
| Social Security Number | [REDACTED]                                               |
| Home Address           | 516 N Apsen St<br>LINCOLNTON, North Carolina, 28092, USA |
| Mailing Address        | 516 N Apsen St<br>LINCOLNTON, North Carolina, 28092, USA |
| Email address          | danieljfogleman@gmail.com                                |
| Home Phone             | 704-470-8247                                             |
| Cellular Phone         |                                                          |
| Business Phone         |                                                          |
| Fax                    |                                                          |

**PRIOR NAME INFORMATION**Has Prior Name : **NO****EDUCATION HISTORY**

|                            |                                 |
|----------------------------|---------------------------------|
| 1. InstitutionName:        | NC A&T State University         |
| Degree:                    | BS                              |
| GraduationYear:            | 2020                            |
| Location:                  | Greensboro, North Carolina, USA |
| CurrentlyEnrolled:         | NO                              |
| AnticipatedGraduationDate: |                                 |

**CRIMINAL/CIVIL LITIGATION INFORMATION****Criminal And Litigation History**

477

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were No placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, No possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of No another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other No pleading with any fraud or deceit, or is there any such case or investigation pending?

3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing No authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## OUT OF STATE LICENSES

- |                                        |                                   |
|----------------------------------------|-----------------------------------|
| 1. IssuingState: <b>Alabama</b>        | LicenseNumber: <b>50403</b>       |
| OriginalIssueDate: <b>07/01/2023</b>   | ExpirationDate: <b>12/31/2027</b> |
| LicenseObtainedBy: <b>Examination</b>  | LicenseInGoodStanding: <b>YES</b> |
| Explanation:                           |                                   |
| 2. IssuingState: <b>North Carolina</b> | LicenseNumber: <b>5414</b>        |
| OriginalIssueDate: <b>04/04/2021</b>   | ExpirationDate: <b>12/31/2026</b> |
| LicenseObtainedBy: <b>Examination</b>  | LicenseInGoodStanding: <b>YES</b> |
| Explanation:                           |                                   |
| 3. IssuingState: <b>Connecticut</b>    | LicenseNumber: <b>70565</b>       |
| OriginalIssueDate: <b>10/01/2024</b>   | ExpirationDate: <b>01/01/2027</b> |
| LicenseObtainedBy: <b>Examination</b>  | LicenseInGoodStanding: <b>YES</b> |
| Explanation:                           |                                   |
| 4. IssuingState: <b>Georgia</b>        | LicenseNumber: <b>003642</b>      |
| OriginalIssueDate: <b>11/10/2025</b>   | ExpirationDate: <b>12/31/2026</b> |
| LicenseObtainedBy: <b>Examination</b>  | LicenseInGoodStanding: <b>YES</b> |



## Explanation:

- |                                                                                                                                                |                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 5. IssuingState: <b>New Jersey</b><br>OriginalIssueDate: <b>12/03/2025</b><br>LicenseObtainedBy: <b>Examination</b><br>Explanation:            | LicenseNumber: <b>4350800</b><br>ExpirationDate: <b>04/30/2028</b><br>LicenseInGoodStanding: <b>YES</b>     |
| 6. IssuingState: <b>South Carolina</b><br>OriginalIssueDate: <b>11/04/2024</b><br>LicenseObtainedBy: <b>Examination</b><br>Explanation:        | LicenseNumber: <b>43377</b><br>ExpirationDate: <b>06/30/2026</b><br>LicenseInGoodStanding: <b>YES</b>       |
| 7. IssuingState: <b>Tennessee</b><br>OriginalIssueDate: <b>11/06/2025</b><br>LicenseObtainedBy: <b>Examination</b><br>Explanation:             | LicenseNumber: <b>3692</b><br>ExpirationDate: <b>12/31/2027</b><br>LicenseInGoodStanding: <b>YES</b>        |
| 8. IssuingState: <b>Vermont</b><br>OriginalIssueDate: <b>01/27/2026</b><br>LicenseObtainedBy: <b>Examination</b><br>Explanation:               | LicenseNumber: <b>024.0132723</b><br>ExpirationDate: <b>09/30/2026</b><br>LicenseInGoodStanding: <b>YES</b> |
| 9. IssuingState: <b>West Virginia</b><br>OriginalIssueDate: <b>12/22/2025</b><br>LicenseObtainedBy: <b>Examination</b><br>Explanation:         | LicenseNumber: <b>2508</b><br>ExpirationDate: <b>06/30/2026</b><br>LicenseInGoodStanding: <b>YES</b>        |
| 10. IssuingState: <b>Kentucky</b><br>OriginalIssueDate: <b>05/13/2026</b><br>LicenseObtainedBy: <b>Reciprocity/Endorsement</b><br>Explanation: | LicenseNumber: <b>4834</b><br>ExpirationDate: <b>06/30/2027</b><br>LicenseInGoodStanding: <b>YES</b>        |
| 11. IssuingState: <b>Virginia</b><br>OriginalIssueDate: <b>05/18/2026</b><br>LicenseObtainedBy: <b>Examination</b><br>Explanation:             | LicenseNumber: <b>0403003759</b><br>ExpirationDate: <b>05/31/2028</b><br>LicenseInGoodStanding: <b>YES</b>  |
| 12. IssuingState: <b>New York</b><br>OriginalIssueDate: <b>06/02/2026</b><br>LicenseObtainedBy: <b>Examination</b><br>Explanation:             | LicenseNumber: <b>051316</b><br>ExpirationDate: <b>05/31/2029</b><br>LicenseInGoodStanding: <b>YES</b>      |

## EMPLOYMENT HISTORY

1. Title: **Crew Cheif**  
Company Name: **TGS Engineers**  
Company Address: **201 W Marion St Ste 200**  
**Shelby, North Carolina, 28150, USA**  
Employment From Date: **05/01/2016**



EmploymentToDate: **02/01/2021**

HoursPerWeek: **40**

Total Work Experience (in Months) : **57**

Responsible Charge Exp (in Months) : **0**

ExperienceSummary: **I have held positions as a survey Rodman, instrument operator and Crew Chief. During each role I performed conventional surveying of highways, creeks, parcels of land, topography. I have been responsible for traversing, leveling, property location, hydrological location. I have been responsible for a 3 man crew and all work performed by said crew. I am a UAS pilot and have been in charge of mission planning, accuracy checks, 3D modeling and ortho imagery. I have been a survey cad tech who takes convention field data and processes it into usable maps for NCDOT and clients. I adjust differential level loops, perform least square adjustments of traverses, and post process GNSS data for control of surveying projects.**

2. Title: **Project Manager**

CompanyName: **SGC Surveying**

CompanyAddress: **156 Raceway Dr.  
Mooresville, North Carolina, 28117, USA**

EmploymentFromDate: **02/01/2021**

EmploymentToDate: **02/01/2022**

HoursPerWeek: **40**

Total Work Experience (in Months) : **12**

Responsible Charge Exp (in Months) : **10**

ExperienceSummary: **Our main work load is corridor mapping and linear infrastructure. We also do ALTA, boundary, topo surveys for site development companies. I oversee linear infrastructure projects. Scheduling, billing, proposals, processing data, qa/qc data, drafting plats and CAD files. Planning and produce ALTA surveys. Physical surveys small land owners. Right of way compilations from plans and other instruments within multiple different states for energy companies. Deed research and boundary compilations, review of monumentation, evidence of possession. Prepare stakeout points for construction staking of curb and gutter etc. I am a licensed surveyor in NC so I coordinate with field crews, process data and control, provide adjustments when necessary. I draft CAD base mapping, planimetric, topographic surveys, ALTA, boundary survey plats to the appropriate specifications. I oversee office staff to provide high quality work that is both accurate and precise. I run QA/QC for data brought from the field and on deliverable going out to the client. Project Management responsibilities such as proposals, invoicing, client management, scheduling, and employee oversight.**

3. Title: **Project Surveyor**

CompanyName: **Westwood Professional Services**

CompanyAddress: **9300 Harris Corner Parkway  
Charlotte, North Carolina, 28269, USA**

EmploymentFromDate: **02/01/2022**

EmploymentToDate: **04/01/2026**

HoursPerWeek: **40**

Total Work Experience (in Months) : **50**

Responsible Charge Exp (in Months) : **50**

ExperienceSummary: **My task typically include deed and record research and evaluation. I review ALTA standards to make sure we are following all regulations. I receive extensive title commitments for most project and I will sift through to determine what the project is based on the schedule A, all schedule b 2 exceptions, and deficiencies in title. I also assist in boundary line resolutions and decisions based on evidence found in the field and of record. I make survey calculations where necessary to reset obliterated corners and support field crews with necessary data. I review state requirements**

**ents to make sure our maps are following all required protocol and certification. I support and review drafted cad files and plotted maps to be delivered.**

#### EXAMINATION INFORMATION

|                          |                                    |                           |
|--------------------------|------------------------------------|---------------------------|
| Exam Passed : <b>YES</b> | StateBoard : <b>North Carolina</b> | Year Passed : <b>2020</b> |
| Exam Passed : <b>YES</b> | StateBoard : <b>North Carolina</b> | Year Passed : <b>2020</b> |
| Exam Passed : <b>NO</b>  | StateBoard :                       | Year Passed :             |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Daniel Fogleman**

Signature Date: **6/11/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.



## WORK EXPERIENCE

Westwood Professional Services  
North Carolina (United States)  
Project Surveyor  
March 2022—April 2026

Verified by  
**Joel Brandon Hicks**  
brandon.hicks@westwoodps.com

Experience Summary  
**Full-Time**  
**Surveying: 4 years, 1 month**  
**Post ASAC degree: 4 years, 1 month**  
**Experience under licensed surveyor:**  
**4 years, 1 month**



### TASKS

My task typically include deed and record research and evaluation. I review ALTA standards to make sure we are following all regulations. I receive extensive title commitments for most project and I will sift through to determine what the project is based on the schedule A, all schedule b 2 exceptions, and deficiencies in title. I also assist in boundary line resolutions and decisions based on evidence found in the field and of record. I make survey calculations where necessary to reset obliterated corners and support field crews with necessary data. I review state requirements to make sure our maps are following all required protocol and certification. I support and review drafted cad files and plotted maps to be delivered.



### REPRESENTATIVE PROJECTS

March 2022-July 2022:

Raleigh Solar, Raleigh County West Virginia

This project is a proposed solar site in WV and is the impetus for my obtaining licensure in WV. Covering 18 parcels and approximately 2,100 acres, my role on this project has been collecting and reviewing record documents, establishing parcel lines and boundary resolution, guiding others on survey decisions, oversee production of the ALTA plat. I have worked to resolve boundary lines for all parcel affected by the project as well as easements. I have highlighted potential issues affecting the project boundary. I am also reviewing title deficiencies and conveying those issues directly to the title company. Our records research has been more extensive than that ordered from the title company in many instances.

April 2022-July 2022:

Rocky Ford Solar, Henry County Virginia

This solar site sits on approximately 2,700 acres over 25 parcels spread across 2 counties in VA. I have been involved in this project to assist with boundary resolution and decisions. This project has interesting challenges but is also, for the most part, fairly easy to resolve. There have been extensive title issues but through chain of title evaluations confident determinations have been made. I have assisted and provided oversight for the production of the ALTA plat deliverable.

August 2022-December 2022:

Derby to Ansonia Survey, New Haven County CT

This project was conducted for easement acquisition for a relocation of existing transmission line. My duties included planning and oversight of field collection of all features within the corridor, boundary recon, and current easement locations. During the field work I worked to correctly place the boundary lines crossing the current and future easement using monumentation and other evidence. Upon completion of field work I oversaw the drafting effort for individual exhibits for each parcel impacted. We produced the exhibits according to a schedule set by the client. These exhibits met CT state statute for easement exhibits.

December 2022-January 2024:

Prattsburgh Wind Project, Steuben County NY

This project is a large ALTA project for a client in NY. My duties consist of scheduling and managing crews in the field. QC of data processed. Boundary resolution for each parcel impacted by the project. Review of title commitments. Research for boundary and encumbrances. Review of NY state statutes for boundary retracement. I oversaw the drafting process of the published ALTA. Review of entire draft ALTA including boundary resolution, easements, utilities, and the pdf deliverable for accuracy and state minimum standards.

October 2023 - December 2023:

Lockport Storage ALTA & Topo, Niagara County, NY

This project consisted of an ALTA & Topography survey for an energy storage site. I performed QC of data processed for field data. Boundary resolution, review of title commitment, research for boundary and encumbrances. Review of NY state statutes for

boundary retracement. Review of site topography preformed conventual by field crew. Review of entire draft ALTA including boundary resolution, easements, utilities, and the pdf deliverable for accuracy and state minimum standards.

January 2024 - April 2026:

Shy Place Solar, GA, Silverline Solar, NY, North Allegheny Wind, PA, Sandy Run Solar, SC, Yum Yum Solar, TN, 4/5 Notch, AL: These projects consisted of either an ALTA or boundary survey. Task consist of crew scheduling, client contacts, boundary resolution, review of title commitments, research for boundary and encumbrances. Review of state statutes for boundary retracement. Review of entire draft ALTA including boundary resolution, easements, utilities, and the pdf deliverable for accuracy and state minimum standards. Many issues with chain of title and resolution for the client.

VERIFICATION

Work Experience

Westwood Professional Services  
North Carolina (United States)  
Mar. 2022 — Apr. 2026

Verifier

Joel Brandon Hicks  
brandon.hicks@westwoodps.com  
(336) 491-3687

Verification Date

04/22/2026 02:02pm EDT



VERIFIER INFO

Position in firm

Director, Land Survey

Known applicant

4 years 1 month

Relationship

Supervisor

Related to applicant

No

Licensed engineer

No

Licensed surveyor

Board

North Carolina

License Number

L-5219

Date of Licensure

07/14/2015



EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



COMMENTS

None



WORK EXPERIENCE

SGC Surveying  
North Carolina (United States)  
Project Manager  
February 2021 – February 2022

Verified by  
**William Andrew Eades**  
andy.eades@vysusgroup.com

Experience Summary  
**Full-Time**  
**Surveying: 1 year**  
**Post ASAC degree: 1 year**  
**Experience under licensed surveyor: 1 year**

TASKS

Our main work load is corridor mapping and linear infrastructure. We also do ALTA, boundary, topo surveys for site development companies.

I oversee linear infrastructure projects. Scheduling, billing, proposals, processing data, qa/qc data, drafting plats and CAD files. Planning and produce ALTA surveys. Physical surveys small land owners. Right of way compilations from plans and other instruments within multiple different states for energy companies. Deed research and boundary compilations, review of monumentation, evidence of possession. Prepare stakeout points for construction staking of curb and gutter etc. I am a licensed surveyor in NC so I coordinate with field crews, process data and control, provide adjustments when necessary. I draft CAD base mapping, planimetric, topographic surveys, ALTA, boundary survey plats to the appropriate specifications. I oversee office staff to provide high quality work that is both accurate and precise. I run QA/QC for data brought from the field and on deliverable going out to the client. Project Management responsibilities such as proposals, invoicing, client management, scheduling, and employee oversight.

REPRESENTATIVE PROJECTS

February 2021-October 2021:  
I managed office staff to produce survey data deliverables for Enbridge pipeline from New York to Texas. We utilize GPS and conventional survey practices. I Process and quality control of data received from the field. I Coordinate with the client for scheduling, deadlines, and quality of deliverables. I Drafted maps for client of existing conditions for site.

February 2021-February 2022: I conducted multiple field surveys for private clients located in subdivisions or standard metes and bounds parcels. I performed deed research for monumentation and easements. I set control, located monuments, potential encroachments, and verified adjoining parcel lines for gaps or overlaps. Proceeded data collected in the field. Drafted plat according to NC 1600 and GS 47-30. Set monumentation when necessary.

March-April 2021:  
Planning and surveying multiple sites using ALTA standards and topography for site development client Nest Homes, including establishing control network and provided adjustment. In the field collecting boundary evidence, and topo collection and precision verification. Deed and Title research to establish boundary based on found field evidence. Rotation and translation based on record deeds. I Sign and seal of finished deliverable, both hard copy and electronic transmittal.

March 2021-February 2022:  
Construction stake out for multiple construction companies. Creation of point layout, in the field stakeout of hub and tack for curb and gutter, structure and slope staking.

June 2021-February 2022: Plan, execute, processing, and deliver large topographic and planimetric surveys for multiple large energy clients. Private Boundary surveys for Clients. Alta Surveys for Clients

July 2021: Alta survey in Clinton NC, ROW research for corridor from Cary to Raleigh, Management of Deliverables for clients

August 2021-February 2022: Duke Energy Distribution and Transmission Easement Surveys for proposed and existing lines.

November 2021 - February 2022: Duke Energy construction staking for new utilities.

January 2022: Topographic and Boundary Surveys for Development Clients

February 2022: Utility Corridor mapping for preliminary design

VERIFICATION

Work Experience

SGC Surveying  
North Carolina (United States)  
Feb. 2021 — Feb. 2022

Verifier

William Andrew Eades  
andy.eades@vysusgroup.com  
(704) 622-4542

Verification Date

07/25/2022 01:20pm EDT



VERIFIER INFO

Position in firm

Southeast Region Operations Manager

Relationship

Supervisor

Licensed engineer

No

Known applicant

1 year

Related to applicant

No

Licensed surveyor

Board

North Carolina

License Number

L-3413

Date of Licensure

07/01/1991



EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



COMMENTS

Dan is a very knowledgeable in the areas of land surveying. I found Dan to be a very professional and skilled land surveyor.

## WORK EXPERIENCE

TGS Engineers  
North Carolina (United States)  
Crew Chief  
May 2016—February 2021

Verified by  
**Matthew Thomas Cornwell**  
mccornwell@tgsengineers.com

Experience Summary  
**Full-Time**  
**Surveying: 4 years, 9 months**  
**Post ASAC degree: 2 months**  
**Experience under licensed surveyor:**  
**4 years, 9 months**



### TASKS

I have held positions as a survey Rodman, instrument operator and Crew Chief. During each role I performed conventional surveying of highways, creeks, parcels of land, topography. I have been responsible for traversing, leveling, property location, hydrological location. I have been responsible for a 3 man crew and all work performed by said crew. I am a UAS pilot and have been in charge of mission planning, accuracy checks, 3D modeling and ortho imagery. I have been a survey cad tech who takes convention field data and processes it into usable maps for NCDOT and clients. I adjust differential level loops, perform least square adjustments of traverses, and post process GNSS data for control of surveying projects.



### REPRESENTATIVE PROJECTS

2016 - Low Impact Bridge Surveys for NCDOT, Private Boundary surveys, Boundary and Topo of Burnett Reservoir, Corridor Survey for I-26 and US74 at Columbus (Corridor Surveys include control, topo, planimetric, Hydro, utilities, boundary, storm and sanitary sewer)

2017 - Corridor survey of US 221 in Rutherford for NCDOT, ROW Staking for Highway 16, US 74 Alt photogrammetric control and boundary surveys, Corridor Survey at Tryon Equestrian Center,

2018 - Boundary Topo for Three Kings Casino in Kings Mountain NC, Boundary Topo for pre construction in SC and construction staking for building, Low Impact Bridge Surveys

2019 - ROW Staking for US 321, 20+ mile Corridor survey for I-85 conventional control and photogrammetric control, Residue Surveys for NCDOT, Hwy 18 Corridor survey at Morganton NC

2020 - ALTA survey for SHURTAPE 200 acres, 10+ individual Alta surveys around the Three Kings Casino, Constriction Staking for Three Kings Casino

2021 - I-85 Corridor survey, Constriction Staking for Three Kings Casino

When I started I assisted on bridge surveys for NCDOT, I acted as a Rodman physically collecting the 2d and 3D data necessary to represent existing conditions. I learned how to operate the instrument which gave more understanding of how conventional surveying is achieved. The more I worked with TGS the more projects I was a part of. I have worked on numerous Highway corridor projects for NCDOT across western NC from I-85, I-26, and countless others from start to finish. This included placing and collecting GNSS data for NCDOT photogrammetry. I assisted in post processing of GNSS data to obtain orthometric heights and localize if needed. I established control on said projects including placement of baseline points, traversing, and adjustment of said points. I also ran differential levels and assisted in the adjustment of level loops. I collected topographic data, pavement, sanitary and storm sewer, underground utility location, hydrologic features. I have participated in ALTA surveys performed by some of our PLS's. This included deed research, visiting register of deeds, property corner location and retrieval, and requirements for ALTA surveys such as accuracy and plat standards. As head of our UAS division I have planned and executed numerous flights for 2d and 3D data. Flight planning, ground control using GNSS, flying the sight, accuracy checks, 3D and contour creation and 2d planimetrics and orthoimagery. As a crew leader I also have staked Right of Way for man NCDOT projects such as US 321 in Hickory NC and US 221 in Rutherford NC. This included receiving plans from design engineers and placing monuments for future highway corridors. Property surveys include 80 acre boundary in 2016. I located property corners, performed deed research, I traversed the perimeter locating the property corners and other information. In 2020 I performed a least squares adjustment for the traverse, I drafted the plat for this piece of property. In 2018 I assisted on a 150 acre boundary. I placed a control 2 GNSS azimuth pairs to help control the outer boundary traverse. I performed the traverse and located all corners, encroachments, and other requirements for an ALTA. 2020 I performed property corner locations for multiple boundary's, laid out and performed the



traverse, adjusted said data. 2020 I performed construction staking for slopes, ditch locations, building pads, etc.

VERIFICATION

**Work Experience**  
TGS Engineers  
North Carolina (United States)  
May, 2016 — Feb. 2021

**Verifier**  
Matthew Thomas Cornwell  
mccornwell@tgsengineers.com  
(704) 692-7256

**Verification Date**  
08/09/2021 08:55pm EDT



VERIFIER INFO

**Position in firm**  
Project Survey Manager

**Relationship**  
Supervisor

**Licensed engineer**

**Board** North Carolina

**License Number** 042001

**Date of Licensure** 12/01/2015

**Discipline** Civil

**Known applicant**  
5 years

**Related to applicant**  
No

**Licensed surveyor**

**Board** North Carolina

**License Number** L-4775

**Date of Licensure** 05/01/2008



EXPERIENCE DESCRIPTION

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Knowledge of the applicant's work during the time covered by this endorsement            | Yes |
| The description above accurately reflects the work personally performed by the applicant | Yes |
| The time claimed by the applicant for this experience accurate                           | Yes |



COMMENTS

None

**Fogleman, Daniel**  
(20-801-19)danieljfogleman@gmail.com  
DOB: 03/20/1994**LICENSES**

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Initial        | PS   | L-5414 | April 2021 | December 2026   |

**EXAMS**

| Exam               | Hours | Exam Date   | Additional Information |
|--------------------|-------|-------------|------------------------|
| NCEES FS           | 6     | May 2020    | —                      |
| NCEES PS           | 7     | August 2020 | —                      |
| Non-NCEES State PS | 2     | April 2021  | NC State Specific      |

**ADDITIONAL INFORMATION**

|                     |                      |
|---------------------|----------------------|
| Disciplinary Action | None                 |
| Notes               | FS - CBT<br>PS - CBT |

**VERIFICATION****Verifier**  
Amy Bush**Board**  
North Carolina Board of Examiners for Engineers and Surveyors**Verification Date**  
01/09/2026 08:40am EST





**Fogleman, Daniel**  
(20-801-19)

danieljfogleman@gmail.com  
DOB: 03/20/1994

### LICENSES

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | 50403  | July 2023  | December 2027   |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |                                              |
|---------------------|----------------------------------------------|
| Disciplinary Action | None                                         |
| Notes               | 2 hrs. ALLS 7/27/23<br>FS and PS exams in NC |

### VERIFICATION

**Verifier**  
William Hamil

**Verification Date**  
01/09/2026 09:39am EST

**Board**  
Alabama State Board of Licensure for Professional Engineers and  
495 Surveyors



Fogleman, Daniel  
(20-801-19)

danieljfogleman@gmail.com  
DOB: 03/20/1994

### LICENSES

| Initial/Comity | Type | Number  | Issue Date   | Expiration Date |
|----------------|------|---------|--------------|-----------------|
| Comity         | PS   | 0070565 | October 2024 | January 2027    |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |                 |
|---------------------|-----------------|
| Disciplinary Action | None            |
| Notes               | FS & PS BOTH NC |

### VERIFICATION

**Verifier**  
Michael Elliott

**Verification Date**  
01/12/2026 11:56am EST

**Board**  
Connecticut Board of Examiners for Professional Engineers and  
Land Surveyors



**Fogleman, Daniel**  
(20-801-19)

danieljfogleman@gmail.com  
DOB: 03/20/1994

### LICENSES

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | 4834   | May 2026   | June 2027       |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |                                |
|---------------------|--------------------------------|
| Disciplinary Action | None                           |
| Notes               | endorsement jurisdiction is NC |

### VERIFICATION

**Verifier**  
Sarah Uzzle

**Verification Date**  
06/12/2026 10:15am EDT

#### Board

Kentucky State Board of Licensure for Professional Engineers and  
Land Surveyors



**Fogleman, Daniel**  
(20-801-19)

danieljfogleman@gmail.com  
DOB: 03/20/1994

### LICENSES

| Initial/Comity | Type | Number       | Issue Date    | Expiration Date |
|----------------|------|--------------|---------------|-----------------|
| Comity         | PS   | 24GS04350800 | December 2025 | April 2028      |

### EXAMS

| Exam                                                           | Hours | Exam Date | Additional Information |
|----------------------------------------------------------------|-------|-----------|------------------------|
| <input checked="" type="radio"/> No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |                                          |
|---------------------|------------------------------------------|
| Disciplinary Action | None                                     |
| Notes               | <input checked="" type="radio"/> Not Set |

### VERIFICATION

**Verifier**  
Halifa Bradford

**Verification Date**  
06/12/2026 08:42am EDT

**Board**  
New Jersey State Board of Professional Engineers and Land Surveyors





Fogleman, Daniel  
(20-801-19)

danieljfgogleman@gmail.com  
DOB: 03/20/1994

LICENSES

| Initial/Comity | Type | Number | Issue Date   | Expiration Date |
|----------------|------|--------|--------------|-----------------|
| Comity         | PS   | 3692   | October 2025 | December 2027   |

EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

ADDITIONAL INFORMATION

|                     |               |
|---------------------|---------------|
| Disciplinary Action | None          |
| Notes               | Comity via NC |

VERIFICATION

Verifier  
Philip Allocco

Verification Date  
01/09/2026 09:44am EST

Board  
Tennessee State Board of Examiners for Land Surveyors



**Fogleman, Daniel**  
(20-801-19)

danieljfogleman@gmail.com  
DOB: 03/20/1994

### LICENSES

| Initial/Comity | Type | Number | Issue Date    | Expiration Date |
|----------------|------|--------|---------------|-----------------|
| Comity         | PS   | 2508   | December 2025 | June 2026       |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |                                                 |
|---------------------|-------------------------------------------------|
| Disciplinary Action | None                                            |
| Notes               | Passed WV State-Specific Exam December 5, 2025. |

### VERIFICATION

**Verifier**  
Sara Short

**Verification Date**  
01/09/2026 09:39am EST

**Board**  
West Virginia Board of Professional Surveyors

# Application Summary

## Application

Name: **LAHNER, ELIZABETH**

DTN: **4255668**

Address: **115 MIMOSA DR, STOCKBRIDGE, GA 30281-3532**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **04/24/2026** Fees Paid: **\$255.00**

## Education

- |                                                                            |                                     |
|----------------------------------------------------------------------------|-------------------------------------|
| 1. Institution: <b>KENNESAW STATE UNIVERSITY KENNESAW, GEORGIA USA</b>     | <b>2024</b>                         |
| Degree: <b>CERTIFICATE</b>                                                 | Major: <b>LAND SURVEYING</b>        |
| Foreign: <b>No</b>                                                         | Enrolled: <b>No</b> <b>Verified</b> |
| 2. Institution: <b>UNIVERSITY OF WYOMING LARAMIE, WYOMING USA</b>          | <b>2019</b>                         |
| Degree: <b>CERTIFICATE</b>                                                 | Major: <b>CADASTRAL SURVEYING</b>   |
| Foreign: <b>No</b>                                                         | Enrolled: <b>No</b> <b>Verified</b> |
| 3. Institution: <b>THE UNIVERSITY OF VERMONT BURLINGTON, VERMONT 05405</b> | <b>2012</b>                         |
| Degree: <b>BACHELORS</b>                                                   | Major: <b>GEOGRAPHY</b>             |
| Foreign: <b>No</b>                                                         | Enrolled: <b>No</b> <b>Verified</b> |

## Out-of-State Licenses

- |                               |                               |                                 |
|-------------------------------|-------------------------------|---------------------------------|
| 1. License: <b>LSLS003625</b> | Issued On: <b>08/05/2025</b>  | Issuing State: <b>Georgia</b>   |
| Laws/Rules: <b>No</b>         | Expires On: <b>12/31/2026</b> | Obtained By: <b>Examination</b> |
| Good Standing: <b>Yes</b>     |                               | <b>Verified</b>                 |

## Checklist

| Items Required                          | Date Complete | Completed by         | Details                                    |
|-----------------------------------------|---------------|----------------------|--------------------------------------------|
| Letter - LS Complete                    | 05/04/2026    | REGENIA LEE          |                                            |
| Online App Recd. Data Updated by System | 05/04/2026    | REGENIA LEE          |                                            |
| New Documents Received. Please look.    | 05/04/2026    | REGENIA LEE          |                                            |
| Experience Verified                     | 05/04/2026    | REGENIA LEE          | EXPERIENCE VERIFIED BY NCEES               |
| Fees Validated Correctly                | 04/29/2026    | SYSTEM CSTRACK       |                                            |
| Fees Cashiered                          | 04/29/2026    | FINANCE & ACCOUNTING |                                            |
| Letter - LS Individual Deficiency       | 04/24/2026    | REGENIA LEE          |                                            |
| Enter/Update Person Details             | 04/24/2026    | REGENIA LEE          |                                            |
| Application Received                    | 04/24/2026    | REGENIA LEE          |                                            |
| Out of State License Verified           | 04/24/2026    | REGENIA LEE          | OUT OF STATE LICENSE VERIFICATION BY NCEES |
| Education Verified                      | 04/24/2026    | REGENIA LEE          |                                            |

**WILTON SIMPSON****Florida Department of Agriculture and Consumer Services  
Division of Consumer Services****BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

*Mailing Address:*Florida Department of  
Agriculture and  
Consumer Services2005 Apalachee Parkway  
Tallahassee, FL 32399-6700[www.800helpfla.com](http://www.800helpfla.com)1-800-HELP-FLA (435-7352)  
FL Only850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

**APPLICATION TYPE**

Application Type

Highest Degree

Document Tracking No#

**Endorsement****College 4 Years****4255668**

Application Date

**04/24/2026 10:14:36 AM****APPLICANT INFORMATION**

First Name

**Elizabeth**

Middle Initial

**A**

Last Name

**Lahner**

Date of Birth

**5/4/1990**

Race

**White or Caucasian**

Social Security Number

Home Address

**115 Mimosa Drive****Stockbridge, Georgia, 30281, USA**

Mailing Address

**115 Mimosa Drive****Stockbridge, Georgia, 30281, USA**

Email address

**llahner@p2pls.com**

Home Phone

Cellular Phone

Business Phone

Fax

**203-738-9709****PRIOR NAME INFORMATION**Has Prior Name : **NO****EDUCATION HISTORY**

1. InstitutionName:

**University of Vermont**

Degree:

**Bachelors**

Graduation Year:

**2011**

Location:

**Burlington, Vermont, USA**

Currently Enrolled:

**NO**

Anticipated Graduation Date:

2. InstitutionName:

**Kennesaw State University**

Degree:

**Certificate**

Graduation Year:

**2024**

Location:

**Kennesaw, Georgia, USA**



CurrentlyEnrolled:

NO

AnticipatedGraduationDate:

3. InstitutionName:

University of Wyoming

Degree:

Certificate

GraduationYear:

2019

Location:

Laramie, Wyoming, USA

CurrentlyEnrolled:

NO

AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were No placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? No

## LICENSURE HISTORY INFORMATION

## Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. No

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? No

3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? No

## OUT OF STATE LICENSES

1. IssuingState: Georgia

LicenseNumber: LS003625

OriginalIssueDate: 08/05/2025

ExpirationDate: 12/31/2026

LicenseObtainedBy: Examination

LicenseInGoodStanding: YES

Explanation:

## EMPLOYMENT HISTORY

1. Title: **Survey Manager**  
Company Name: **Point to Point Land Surveyors**  
Company Address: **100 Governors Trace, Suite 300**  
**Peachtree City, Georgia, 30269, USA**  
Employment From Date: **09/29/2014**  
Employment To Date: **04/24/2026**  
Hours Per Week: **40**

Total Work Experience (in Months) : **139**

Responsible Charge Exp (in Months) : **48**

Experience Summary: As a survey technician (2014-2018), I was responsible for drafting surveys, applying title and completing revisions. At this time, I began to learn boundary resolution. Later, I began helping to train new hires and compiled a training handbook for the company. As Training Supervisor (2018-2022), I continued to draft, but progressed to drafting boundary surveys and larger scale topographic surveys on top of the type of surveys I had drafted previously. This included doing research, communicating with crews, learning to create a DTM and learning how to do boundary resolution on a deeper level. At this time, I was responsible for training all new drafting hires and continued to create training content for the company. I also began reviewing junior drafters' work. As Training Supervisor, I worked with crew chiefs on a semi-regular basis, helping to resolve issues and with construction staking layout. This, of course, prepared me for my role as Assistant Survey Manager (2022-2025), where I was responsible for the management of junior drafters in the office and a team of 2 crew chiefs in the field. In the office, this consisted of assigning work, assisting in boundary resolution and layout and resolving problems. In managing crew chiefs, I would help with issues of access, layout/design and property evidence recon. I continue to train all new office hires, as well as being involved in the hiring process. I am a part of the team that completes technical review of all completed surveys. Once I became licensed, I was promoted to Survey Manager (2025-present). My role has remained largely the same, however I have been given additional responsibilities. The most significant of which is the managing of field work and drafting of an approximately 2,000 acre development. I've also taken on the role of adopting new technologies and bringing them to the rest of the team.

## EXAMINATION INFORMATION

|                          |                              |                           |
|--------------------------|------------------------------|---------------------------|
| Exam Passed : <b>YES</b> | State Board : <b>Georgia</b> | Year Passed : <b>2025</b> |
| Exam Passed : <b>YES</b> | State Board : <b>Georgia</b> | Year Passed : <b>2025</b> |
| Exam Passed : <b>NO</b>  | State Board :                | Year Passed :             |

## SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

## AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Elizabeth Lahner**

Signature Date: **4/24/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

## VERIFICATION

### Work Experience

Point to Point Land Surveyors  
Georgia (United States)  
Sep. 2014 — Apr. 2026

### Verifier

David Michael Miller  
dmiller@p2pls.com  
(410) 689-9093

### Verification Date

04/29/2026 06:43am EDT



### VERIFIER INFO

#### Position in firm

Chief Operations Officer

#### Relationship

Supervisor

#### Licensed engineer

No

#### Known applicant

11 yrs

#### Related to applicant

No

#### Licensed surveyor

|                   |             |
|-------------------|-------------|
| Board             | Maryland LS |
| License Number    | 21427       |
| Date of Licensure | 12/28/2008  |



### EXPERIENCE DESCRIPTION

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Knowledge of the applicant's work during the time covered by this endorsement            | Yes |
| The description above accurately reflects the work personally performed by the applicant | Yes |
| The time claimed by the applicant for this experience accurate                           | Yes |



### COMMENTS

Liz is a thorough and detail-oriented surveyor with solid technical skills. Her work is accurate, complete, and well-prepared, and she carries out her responsibilities in a professional and dependable manner.



**WORK EXPERIENCE**

*Point to Point Land Surveyors*  
*Georgia (United States)*  
*Survey Manager*  
**September 2014—April 2026**

*Verified by*  
**David Michael Miller**  
dmiller@pointtopointsurvey.com

*Experience Summary*  
**Full-Time**  
**Surveying: 11 years, 7 months**  
**Experience under licensed surveyor:**  
**11 years, 7 months**

**TASKS**

As a survey technician, I was responsible for drafting surveys, applying title and completing revisions. At this time, I began to learn boundary resolution. Later, I began helping to train new hires and compiled a training handbook for the company.

As Training Supervisor, I continued to draft, but progressed to drafting boundary surveys and larger scale topographic surveys on top of the type of surveys I had drafted previously. This included doing research, communicating with crews, learning to create a DTM and learning how to do boundary resolution on a deeper level.

At this time, I was responsible for training all new drafting hires and continued to create training content for the company. I also began reviewing junior drafters' work.

As Training Supervisor, I worked with crew chiefs on a semi-regular basis, helping to resolve issues and with construction staking layout. This, of course, prepared me for my current role as Assistant Survey Manager, where I am responsible for the management of junior drafters in the office and a team of 2 crew chiefs in the field. In the office, this consists of assigning work, assisting in boundary resolution and layout and resolving problems. In managing crew chiefs, I help with issues of access, layout/design and property evidence recon. I continue to train all new hires. I am a part of the team that completes technical review of all completed surveys.

**REPRESENTATIVE PROJECTS**

**Mayberry: Cell Tower Easement Survey**  
Montevallo AL  
November, 2014

I was responsible for the initial drafting of this job and the revisions based on client comments. It was one of the first projects I ever worked on and I had guidance at every step of the way.

**USM Caldwell: Cell Tower Easement Survey**  
Lenoir NC  
November 2015 – February 2016

I resolved the boundary for this site, created the desired layout, drafted the survey and completed the majority of the revisions after client comments. Because the job was in the mountains (which often present challenges), it required me to work closely with the RLS.

**Bitsy Grant Relo: Cell Tower Easement Survey**  
Atlanta GA  
April 2017- March 2018

I drafted this survey and was responsible for countless revisions due to the project being located at a golf course. I communicated with the internal project manager as well as the engineering firm that did the design work to come up with several exhibits, temporary easements and final drawings.

**South Oldtown: Boundary/Minor Subdivision (1.71 acres)**  
Winston-Salem NC  
May, 2021

For this job, I worked with the crew while on site to recover enough evidence to complete a boundary survey. I was responsible for determining that we needed to return to the site for additional field work and for guaranteeing that we fulfilled the proper requirements for recording in this county. I performed the final boundary resolution and drafted the job.

Banjo Sun City: Boundary/Combination Plat (5.2335 acres)  
Bluffton SC  
December, 2022

This client required a combination plat in order to meet county setback requirements for their intended construction. I worked with the crew, completed the boundary resolution, communicated with the project manager and client to determine what was required and drafted the final plat.

Winokur Fiber Hut: Boundary/Improvement Survey (0.2424 acres)  
Folkston GA  
January-February, 2023

While working on this site, I identified that there were serious title issues, which led to a full boundary/improvement survey. Ultimately, I was able to resolve the boundary, which entailed significant research, additional fieldwork and obtaining oral testimony from the property owners. Despite it being a small tract, this site proved to be one of the more difficult boundaries I have worked on.

Leeds: ALTA Survey (20.83 acres)  
Leeds AL  
August-October, 2023

Though this job was out of state, it was one of the first jobs I project managed both in the field and office. I calculated the search points and worked closely with the crew chief while he was in the field. I was solely responsible for the boundary resolution on this job, computing railroad right-of-way plats, compiling several old deeds and hunting down information from local surveyors and county officials. I then advised the drafter on what the final plat needed to contain.

Hampton Speedway: ALTA & Topographic (LiDAR) Survey (665.7861 acres)  
Hampton GA  
December 2023-February, 2024

I participated in the field work, resolved the boundary with approval and input from RLS, merged the field data with the LiDAR data and completed all the drafting for this job. I was responsible for quality checks as well as answering client questions and concerns.

Turin: Boundary Improvement Survey (172.7576 acres)  
Sharpsburg GA  
May-August, 2024

Though I did not draft this job, I managed it nearly from start to finish. I worked closely with the field crew, pulled research and right-of-way plans and was solely responsible for boundary resolution. This job took place during active highway construction, bordering the right-of-way, which required additional boundary resolution, extra field visits, and -luckily- plats from other local surveyors. Once I was happy with the boundary, I instructed the drafter on requirements, and continued to be involved with review and additional comments from the client.

Hwy 411: Route Survey (1.5 miles) & Topographic/LiDAR Survey  
White GA  
March-April, 2025

I participated in the field work, compiled research, determined the right-of-way, merged field run topo with LiDAR data and drafted this job. Completing this site led to my company doing additional work for this client in the area, which I also worked on.

**Lahner, Elizabeth**  
(24-823-90)e.a.lahner@gmail.com  
DOB: 05/04/1990**LICENSES**

| Initial/Comity | Type | Number   | Issue Date  | Expiration Date |
|----------------|------|----------|-------------|-----------------|
| Initial        | PS   | LS003625 | August 2025 | December 2026   |

**EXAMS**

| Exam     | Hours | Exam Date    | Additional Information |
|----------|-------|--------------|------------------------|
| NCEES FS | 6     | January 2025 | —                      |
| NCEES PS | 7     | March 2025   | —                      |

**ADDITIONAL INFORMATION**

|                     |                                                                                                                                                                                                           |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                                                                                                                                                      |
| Notes               | Land Surveyor In-Training License Number: LSIT001251<br>Land Surveyor In-Training Issue Date: 02/28/2025<br>Land Surveyor In-Training Expiration Date: Indefinite<br><br>Passed Part 3-Legal Aspects Exam |

**VERIFICATION****Verifier**  
Donteria Rome-Wright**Verification Date**  
04/27/2026 10:17am EDT**Board**  
Georgia State Board of Registration for Professional Engineers  
and Land Surveyors

# Application Summary

## Application

Name: **LESAK, TIMOTHY**

DTN: **4257872**

Address: **910 RIGEL DRIVE, FRIENDSWOOD, TX 77546**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **05/08/2026** Fees Paid: **\$255.00**

## Education

|    |                                                                                           |                                                  |
|----|-------------------------------------------------------------------------------------------|--------------------------------------------------|
| 1. | Institution: <b>TEXAS A&amp;M UNIVERSITY - CORPUS CHRISTI 6300 OCEAN DRIVE, UNIT 5768</b> | <b>2011</b>                                      |
|    | Degree: <b>CORPUS CHRISTI, TEXAS 78414</b>                                                |                                                  |
|    | Foreign: <b>NONE</b>                                                                      | Major: <b>ONE SURVEYING COURSE ON TRANSCRIPT</b> |
|    | <b>No</b>                                                                                 | Enrolled: <b>No</b> <b>Verified</b>              |
| 2. | Institution: <b>CONCORDIA UNIVERSITY TEXAS 11400 CONCORDIA UNIVERSITY DRIVE AUSTIN,</b>   | <b>2007</b>                                      |
|    | Degree: <b>TEXAS 78726</b>                                                                |                                                  |
|    | Foreign: <b>BACHELORS</b>                                                                 | Major: <b>BUSINESS</b>                           |
|    | <b>No</b>                                                                                 | Enrolled: <b>No</b> <b>Verified</b>              |
| 3. | Institution: <b>UNIVERSITY OF HOUSTON CLEAR LAKE 2700 BAY AREA BOULEVARD HOUSTON,</b>     | <b>2000</b>                                      |
|    | Degree: <b>TEXAS 77058</b>                                                                |                                                  |
|    | Foreign: <b>NONE</b>                                                                      | Major: <b>VARIOUS COURSES</b>                    |
|    | <b>No</b>                                                                                 | Enrolled: <b>No</b> <b>Verified</b>              |
| 4. | Institution: <b>ALVIN COMMUNITY COLLEGE 3110 MUSTANG ROAD ALVIN, TEXAS 77511</b>          | <b>1999</b>                                      |
|    | Degree: <b>NONE</b>                                                                       | Major: <b>VARIOUS COURSES</b>                    |
|    | Foreign: <b>No</b>                                                                        | Enrolled: <b>No</b> <b>Verified</b>              |
| 5. | Institution: <b>BLINN COLLEGE DISTRICT 902 COLLEGE AVENUE BRENHAM, TEXAS 77833</b>        | <b>1996</b>                                      |
|    | Degree: <b>NONE</b>                                                                       | Major: <b>VARIOUS COURSES</b>                    |
|    | Foreign: <b>No</b>                                                                        | Enrolled: <b>No</b> <b>Verified</b>              |

## Out-of-State Licenses

|    |                           |                               |                                  |
|----|---------------------------|-------------------------------|----------------------------------|
| 1. | License: <b>LS31217</b>   | Issued On: <b>10/01/2025</b>  | Issuing State: <b>New Mexico</b> |
|    | Laws/Rules: <b>No</b>     | Expires On: <b>12/03/2026</b> | Obtained By: <b>Reciprocity</b>  |
|    | Good Standing: <b>Yes</b> |                               | <b>Verified</b>                  |
| 2. | License: <b>LS6052</b>    | Issued On: <b>07/01/2008</b>  | Issuing State: <b>Texas</b>      |
|    | Laws/Rules: <b>No</b>     | Expires On: <b>12/31/2026</b> | Obtained By: <b>Examination</b>  |
|    | Good Standing: <b>Yes</b> |                               | <b>Verified</b>                  |



# Application Summary

## Application

Name: **LESAK, TIMOTHY**

DTN: **4257872**

Address: **910 RIGEL DRIVE, FRIENDSWOOD, TX 77546**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **05/08/2026** Fees Paid: **\$255.00**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u>                          |
|-----------------------------------------|----------------------|---------------------|-----------------------------------------|
| Online App Recd. Data Updated by System | 05/14/2026           | REGENIA LEE         |                                         |
| New Documents Received. Please look.    | 05/14/2026           | REGENIA LEE         |                                         |
| Fees Validated Correctly                | 05/13/2026           | SYSTEM CSTRACK      |                                         |
| Fees Cashiered                          | 05/13/2026           |                     |                                         |
| Letter - LS Complete                    | 05/12/2026           | REGENIA LEE         |                                         |
| Application Received                    | 05/12/2026           | REGENIA LEE         |                                         |
| Enter/Update Person Details             | 05/12/2026           | REGENIA LEE         |                                         |
| Experience Verified                     | 05/12/2026           | REGENIA LEE         | EMPLOYMENT EXPERIENCE VERIFIED BY NCEES |
| Out of State License Verified           | 05/12/2026           | REGENIA LEE         | OUT OF STATE LICENSES VERIFIED BY NCEES |
| Education Verified                      | 05/12/2026           | REGENIA LEE         | TRANSCRIPTS VERIFIED BY NCEES           |



WILTON SIMPSON

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE

Chapter 472, Florida Statutes

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

## Mailing Address:

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

[www.800helpfla.com](http://www.800helpfla.com)

1-800-HELP-FLA (435-7352)

FL Only

850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

## APPLICATION TYPE

Application Type

Highest Degree

Document Tracking No#

Endorsement

College 4 Years

4257872

Application Date

05/08/2026 05:11:17 PM

## APPLICANT INFORMATION

First Name

Middle Initial

Last Name

Date of Birth

Race

Social Security Number

Home Address

Mailing Address

Email address

Home Phone

Cellular Phone

Business Phone

Fax

Timothy

Lesak

7/7/1978

White or Caucasian

910 Rigel Drive

Friendswood, Texas, 77546, USA

910 Rigel Drive

Friendswood, Texas, 77546, USA

tim@prosurv.net

832-877-8387

281-996-1113

## PRIOR NAME INFORMATION

Has Prior Name : NO

## EDUCATION HISTORY

## CRIMINAL/CIVIL LITIGATION INFORMATION

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were No placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

LICENSURE HISTORY INFORMATION

Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. **No**

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**

3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? **No**

OUT OF STATE LICENSES

- |                    |                                |                        |                   |
|--------------------|--------------------------------|------------------------|-------------------|
| 1. IssuingState:   | <b>Texas</b>                   | LicenseNumber:         | <b>6052</b>       |
| OriginalIssueDate: | <b>07/01/2008</b>              | ExpirationDate:        | <b>12/31/2026</b> |
| LicenseObtainedBy: | <b>Examination</b>             | LicenseInGoodStanding: | <b>YES</b>        |
| Explanation:       |                                |                        |                   |
|                    |                                |                        |                   |
| 2. IssuingState:   | <b>New Mexico</b>              | LicenseNumber:         | <b>31217</b>      |
| OriginalIssueDate: | <b>10/01/2025</b>              | ExpirationDate:        | <b>12/31/2027</b> |
| LicenseObtainedBy: | <b>Reciprocity/Endorsement</b> | LicenseInGoodStanding: | <b>YES</b>        |
| Explanation:       |                                |                        |                   |

EMPLOYMENT HISTORY

- |                     |                                            |
|---------------------|--------------------------------------------|
| 1. Title:           | <b>President/RPLS</b>                      |
| CompanyName:        | <b>Pro-Surv</b>                            |
| CompanyAddress:     | <b>PO BOX 1366</b>                         |
|                     | <b>FRIENDSWOOD, Texas, 77549-1366, USA</b> |
| EmploymentFromDate: | <b>12/16/2005</b>                          |
| EmploymentToDate:   | <b>05/08/2026</b>                          |
| HoursPerWeek:       | <b>55</b>                                  |

Total Work Experience (in Months) : **28**  
Responsible Charge Exp (in Months) : **28**

ExperienceSummary: **I worked under an RPLS in Texas here at Pro-Surv from December 2005 until I obtained my registration as a professional survey in April 2008**



## EXAMINATION INFORMATION

|                          |                           |                           |
|--------------------------|---------------------------|---------------------------|
| Exam Passed : <b>YES</b> | StateBoard : <b>Texas</b> | Year Passed : <b>2005</b> |
| Exam Passed : <b>YES</b> | StateBoard : <b>Texas</b> | Year Passed : <b>2008</b> |
| Exam Passed : <b>NO</b>  | StateBoard :              | Year Passed :             |

## SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

## AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Timothy Lesak**

Signature Date: **5/8/2026**



## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

## WORK EXPERIENCE

*Pro-Surv, Surveying and Mapping  
Texas (United States)  
President, RPLS  
December 2005 – May 2026*

Verified by  
**TOBY P Couchman**  
tpcsurvey@gmail.com

*Experience Summary*  
**Full-Time**  
**Surveying: 20 years, 5 months**  
**Experience under licensed surveyor:**  
**20 years, 5 months**

## TASKS

As the owner, my duties and tasks are numerous. I handle all tasks from human resources, field crew operations, training for field crew and office personnel, to any other tasks a small business owner encounters. I handle all the project management on all construction and civil engineering support projects.

I oversee all daily operations of field crew personnel and scheduling of field assignments

Writing descriptions of property boundaries

Researching legal documents, survey records, and land titles to clarify information about property boundaries used to resolve boundary calculations.

Business development using my technical knowledge as an advantage in client meetings to assist in the awarding of projects

Quality control and verify data and calculations from field crews

Recording results of surveys and assist in final review and coordinating with other staff RPLS in my office

## REPRESENTATIVE PROJECTS

FEMA buyout program

Hurricane Ike recovery project Galveston County

2009-2011

In September 2008, Hurricane Ike hit the Bolivar Peninsula in Galveston County, Texas. My company along with 4 others were asked to participate in a Texas General Land Office project to survey buyout properties between the government and private land owners. This project involved establishing 200 foot offset lines for state boundary lines from mean low water mark offset inland.

This also required re-establishing boundaries in areas properties had been completely wiped out by the hurricane. I handled all scheduling with the field crews and all calculations of the projects for submittal to the land buyout program. I handled final review of all drawings prior to submittal to client.

Land development surveying

Friendswood Trails

Boundary and topographic surveying for civil design. 2012-2024

In 2012 I was hired by a bank who foreclosed on an old golf Course called Sunmeadow Golf Course. A developer was buying it to convert the golf course into a subdivision. The project was 268 acres +/- . My role was to work with the developer and engineer on the initial boundary and coordinate with the engineer on the final layout and design of the subdivision. I handled all the project management of the field crews and on site data acquisition in coordination with multiple party chiefs. I performed boundary and topographic surveying work on the project to aid in use for civil engineering design. I was involved in helping to develop the land plan with the developer as well. I handled all the survey calculations for the boundary and topographic survey work also.

Land development surveying

Sterling Creek, Friendswood, Tx -boundary and topographic surveying for civil design. 2013-2024

Beginning in 2013, a client I had previously done work for acquired a 273 acre tract of land to develop into multi section subdivisions. The project was known as Sterling Creek in Friendswood, Texas. The project would end up being 7 total sections of approximately 360 lots. I handled all the project management of the field crews and on site data acquisition in coordination with multiple party chiefs. We performed boundary and topographic surveying work on the project to aid in use for civil engineering design. I was involved in helping to develop the land plan with the developer as well. I handled all the survey calculations for the boundary and topographic survey work also. I have overseen all construction survey work done for the builder/developer for all phases of construction.

## Afton lake Subdivision

2015-2017

I was lead on overseeing the boundary and topographic survey for Afton lake Subdivision, located in Pearland, Texas. I worked on this project from 2015 to 2017. This project was a 16.2 acre tract that consisted of 30 lots and 5 reserves. I handled all the project management of the field crews and on site data acquisition in coordination with my field crew. I performed boundary and topographic surveying work on the project to aid in use for civil engineering design. I handled all the survey calculations for the boundary and topographic survey and review and certification of the final plat.

## Land surveying

Houston, Tx and surrounding counties

2006-2024

Aside from the land development survey work work, I have overseen the calculations and final draft reviews on thousands of residential and commercial surveys ranging from standard land title surveys to ALTA/NSPS surveys. I have also completed hundreds of smaller "minor" plat projects for Houston and surrounding municipalities.

VERIFICATION

**Work Experience**  
Pro-Surv, Surveying and Mapping  
Texas (United States)  
Dec. 2005 — May. 2026

**Verifier**  
TOBY P Couchman  
tpcsurvey@gmail.com  
(832) 607-1405

**Verification Date**  
05/07/2026 02:33pm EDT



VERIFIER INFO

**Position in firm**  
R.P.L.S.

**Relationship**  
Supervisor

**Licensed engineer**  
No

**Known applicant**  
30 YEARS

**Related to applicant**  
No

|                          |            |
|--------------------------|------------|
| <b>Licensed surveyor</b> |            |
| <b>Board</b>             | Texas      |
| <b>License Number</b>    | 5565       |
| <b>Date of Licensure</b> | 06/01/2002 |



EXPERIENCE DESCRIPTION

|                                                                                                 |     |
|-------------------------------------------------------------------------------------------------|-----|
| <b>Knowledge of the applicant's work during the time covered by this endorsement</b>            | Yes |
| <b>The description above accurately reflects the work personally performed by the applicant</b> | Yes |
| <b>The time claimed by the applicant for this experience accurate</b>                           | Yes |



COMMENTS

⊘ None



**Lesak, Timothy**  
**(25-044-84)**tim@prosurv.net  
DOB: 07/07/1978**LICENSES**

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Initial        | PS   | 6052   | July 2008  | December 2026   |

**EXAMS**

| Exam     | Hours | Exam Date    | Additional Information |
|----------|-------|--------------|------------------------|
| NCEES FS | 8     | October 2005 | State Exam             |
| NCEES PS | 6     | April 2008   | State Exam             |

**ADDITIONAL INFORMATION**

|                     |                                                      |
|---------------------|------------------------------------------------------|
| Disciplinary Action | None                                                 |
| Notes               | The candidate does not have Texas SIT certification. |

**VERIFICATION****Verifier**  
Shannon Velazquez**Verification Date**  
04/30/2026 10:16am EDT**Board**  
Texas Board of Professional Engineers and Land Surveyors

Lesak, Timothy  
(25-044-84)

tim@prosurv.net  
DOB: 07/07/1978

LICENSES

| Initial/Comity | Type | Number | Issue Date   | Expiration Date |
|----------------|------|--------|--------------|-----------------|
| Comity         | PS   | 31217  | October 2025 | December 2027   |

EXAMS

| Exam                                                           | Hours | Exam Date | Additional Information |
|----------------------------------------------------------------|-------|-----------|------------------------|
| <input checked="" type="radio"/> No exams in this jurisdiction |       |           |                        |

ADDITIONAL INFORMATION

|                     |                                          |
|---------------------|------------------------------------------|
| Disciplinary Action | None                                     |
| Notes               | <input checked="" type="radio"/> Not Set |

VERIFICATION

|                                                    |                                                                                                     |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>Verifier</b><br>Dominique Trujillo              | <b>Board</b><br>New Mexico Board of Licensure for Professional Engineers and Professional Surveyors |
| <b>Verification Date</b><br>05/06/2026 12:34pm EDT | 530                                                                                                 |

# Application Summary

## Application

Name: **MICHAUD, CHRISTOPHER**

DTN: **4257060**

Address: **312 SOKOKIS AVE, LIMINGTON, ME 04049-3620**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **05/03/2026** Fees Paid: **\$255.00**

## Education

|    |                                                                      |                                               |
|----|----------------------------------------------------------------------|-----------------------------------------------|
| 1. | Institution: <b>UNIVERSITY OF MAINE ORONO, MAINE USA</b>             | 2014                                          |
|    | Degree: <b>MASTERS</b>                                               | Major: <b>SURVEYING ENGINEERING</b>           |
|    | Foreign: <b>No</b>                                                   | Enrolled: <b>No</b> <b>Verified</b>           |
| 2. | Institution: <b>UNIVERSITY OF SOUTHERN MAINE PORTLAND, MAINE USA</b> | 2002                                          |
|    | Degree: <b>NONE</b>                                                  | Major: <b>GENERAL COURSES</b>                 |
|    | Foreign: <b>No</b>                                                   | Enrolled: <b>No</b> <b>Verified</b>           |
| 3. | Institution: <b>UNIVERSITY OF MAINE ORONO, MAINE USA</b>             | 2002                                          |
|    | Degree: <b>BACHELORS</b>                                             | Major: <b>SPATIAL INFORMATION ENGINEERING</b> |
|    | Foreign: <b>No</b>                                                   | Enrolled: <b>No</b> <b>Verified</b>           |

## Out-of-State Licenses

|    |                                 |                               |                                 |
|----|---------------------------------|-------------------------------|---------------------------------|
| 1. | License: <b>LS034584</b>        | Issued On: <b>09/01/2025</b>  | Issuing State: <b>Nevada</b>    |
|    | Laws/Rules: <b>No</b>           | Expires On: <b>12/31/2027</b> | Obtained By: <b>Reciprocity</b> |
|    | Good Standing: <b>Yes</b>       |                               | <b>Verified</b>                 |
| 2. | License: <b>LS3686</b>          | Issued On: <b>09/01/2025</b>  | Issuing State: <b>Tennessee</b> |
|    | Laws/Rules: <b>No</b>           | Expires On: <b>12/31/2027</b> | Obtained By: <b>Reciprocity</b> |
|    | Good Standing: <b>Yes</b>       |                               | <b>Verified</b>                 |
| 3. | License: <b>LS5393</b>          | Issued On: <b>08/01/2025</b>  | Issuing State: <b>Louisiana</b> |
|    | Laws/Rules: <b>No</b>           | Expires On: <b>03/31/2028</b> | Obtained By: <b>Reciprocity</b> |
|    | Good Standing: <b>Yes</b>       |                               | <b>Verified</b>                 |
| 4. | License: <b>LSPLS50868</b>      | Issued On: <b>02/01/2025</b>  | Issuing State: <b>Alabama</b>   |
|    | Laws/Rules: <b>No</b>           | Expires On: <b>12/31/2027</b> | Obtained By: <b>Reciprocity</b> |
|    | Good Standing: <b>Yes</b>       |                               | <b>Verified</b>                 |
| 5. | License: <b>LS024.0132655</b>   | Issued On: <b>01/01/2021</b>  | Issuing State: <b>Vermont</b>   |
|    | Laws/Rules: <b>No</b>           | Expires On: <b>09/01/2026</b> | Obtained By: <b>Reciprocity</b> |
|    | Good Standing: <b>Yes</b>       |                               | <b>Verified</b>                 |
| 6. | License: <b>LS4197</b>          | Issued On: <b>09/01/2019</b>  | Issuing State: <b>Kentucky</b>  |
|    | Laws/Rules: <b>No</b>           | Expires On: <b>06/30/2026</b> | Obtained By: <b>Reciprocity</b> |
|    | Good Standing: <b>Yes</b>       |                               | <b>Verified</b>                 |
| 7. | License: <b>LSLS-2019030297</b> | Issued On: <b>08/01/2019</b>  | Issuing State: <b>Missouri</b>  |
|    | Laws/Rules: <b>No</b>           | Expires On: <b>12/31/2027</b> | Obtained By: <b>Reciprocity</b> |
|    | Good Standing: <b>Yes</b>       |                               | <b>Verified</b>                 |
| 8. | License: <b>LSPS1685</b>        | Issued On: <b>06/01/2019</b>  | Issuing State: <b>Kansas</b>    |
|    | Laws/Rules: <b>No</b>           | Expires On: <b>03/31/2027</b> | Obtained By: <b>Reciprocity</b> |
|    | Good Standing: <b>Yes</b>       |                               | <b>Verified</b>                 |

# Application Summary

## Application

Name: **MICHAUD, CHRISTOPHER**

DTN: **4257060**

Address: **312 SOKOKIS AVE, LIMINGTON, ME 04049-3620**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **05/03/2026** Fees Paid: **\$255.00**

|           |                                                                                       |                                                               |                                                                         |                 |
|-----------|---------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------|-----------------|
| <b>9.</b> | License: <b>LSL-5344</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>        | Issued On: <b>05/01/2019</b><br>Expires On: <b>12/31/2026</b> | Issuing State: <b>North Carolina</b><br>Obtained By: <b>Reciprocity</b> | <b>Verified</b> |
| <b>10</b> | License: <b>LS11247775-2201</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b> | Issued On: <b>05/01/2019</b><br>Expires On: <b>03/31/2027</b> | Issuing State: <b>Utah</b><br>Obtained By: <b>Reciprocity</b>           | <b>Verified</b> |
| <b>11</b> | License: <b>LSLS-27754</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>      | Issued On: <b>12/01/2018</b><br>Expires On: <b>12/31/2026</b> | Issuing State: <b>North Dakota</b><br>Obtained By: <b>Reciprocity</b>   | <b>Verified</b> |
| <b>12</b> | License: <b>LSPS.8753</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>       | Issued On: <b>10/25/2018</b><br>Expires On: <b>12/31/2025</b> | Issuing State: <b>Ohio</b><br>Obtained By: <b>Reciprocity</b>           | <b>Verified</b> |
| <b>13</b> | License: <b>LS13991</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>         | Issued On: <b>09/30/2018</b><br>Expires On: <b>08/31/2026</b> | Issuing State: <b>South Dakota</b><br>Obtained By: <b>Reciprocity</b>   | <b>Verified</b> |
| <b>14</b> | License: <b>LS4197</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>          | Issued On: <b>09/07/2018</b><br>Expires On: <b>06/30/2028</b> | Issuing State: <b>Kentucky</b><br>Obtained By: <b>Reciprocity</b>       | <b>Verified</b> |
| <b>15</b> | License: <b>LS25018</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>         | Issued On: <b>09/01/2018</b><br>Expires On: <b>12/31/2026</b> | Issuing State: <b>New Mexico</b><br>Obtained By: <b>Reciprocity</b>     | <b>Verified</b> |
| <b>16</b> | License: <b>LS13991</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>         | Issued On: <b>09/01/2018</b><br>Expires On: <b>08/31/2026</b> | Issuing State: <b>South Dakota</b><br>Obtained By: <b>Reciprocity</b>   | <b>Verified</b> |
| <b>17</b> | License: <b>LSLS003380</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>      | Issued On: <b>06/26/2018</b><br>Expires On: <b>12/31/2027</b> | Issuing State: <b>Georgia</b><br>Obtained By: <b>Reciprocity</b>        | <b>Verified</b> |
| <b>18</b> | License: <b>LSL-17852</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>       | Issued On: <b>05/01/2018</b><br>Expires On: <b>03/31/2028</b> | Issuing State: <b>Idaho</b><br>Obtained By: <b>Reciprocity</b>          | <b>Verified</b> |
| <b>19</b> | License: <b>LS1840</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>          | Issued On: <b>05/01/2017</b><br>Expires On: <b>06/30/2026</b> | Issuing State: <b>Arkansas</b><br>Obtained By: <b>Reciprocity</b>       | <b>Verified</b> |
| <b>20</b> | License: <b>LS1919</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>          | Issued On: <b>05/01/2015</b><br>Expires On: <b>09/30/2026</b> | Issuing State: <b>Oklahoma</b><br>Obtained By: <b>Reciprocity</b>       | <b>Verified</b> |



# Application Summary

## Application

Name: **MICHAUD, CHRISTOPHER**

DTN: **4257060**

Address: **312 SOKOKIS AVE, LIMINGTON, ME 04049-3620**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **05/03/2026** Fees Paid: **\$255.00**

|           |                                                                                                 |                                                               |                                                                      |                 |
|-----------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------|-----------------|
| <b>21</b> | License: <b>LS24GS0433030</b><br>Laws/Rules: <b>0</b><br>Good Standing: <b>No</b><br><b>Yes</b> | Issued On: <b>02/18/2011</b><br>Expires On: <b>04/30/2028</b> | Issuing State: <b>New Jersey</b><br>Obtained By: <b>Reciprocity</b>  | <b>Verified</b> |
| <b>22</b> | License: <b>LSLSX.0070283</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>             | Issued On: <b>09/11/2007</b><br>Expires On: <b>01/31/2027</b> | Issuing State: <b>Connecticut</b><br>Obtained By: <b>Reciprocity</b> | <b>Verified</b> |
| <b>23</b> | License: <b>LSPLS2385</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>                 | Issued On: <b>06/22/2006</b><br>Expires On: <b>12/31/2027</b> | Issuing State: <b>Maine</b><br>Obtained By: <b>Examination</b>       | <b>Verified</b> |

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u>                          |
|-----------------------------------------|----------------------|----------------------|-----------------------------------------|
| Online App Recd. Data Updated by System | 05/11/2026           | REGENIA LEE          |                                         |
| New Documents Received. Please look.    | 05/11/2026           | REGENIA LEE          |                                         |
| Fees Validated Correctly                | 05/06/2026           | SYSTEM CSTRACK       |                                         |
| Fees Cashiered                          | 05/06/2026           | FINANCE & ACCOUNTING |                                         |
| Letter - LS Complete                    | 05/05/2026           | REGENIA LEE          |                                         |
| Letter - LS Individual Deficiency       | 05/05/2026           | REGENIA LEE          |                                         |
| Application Received                    | 05/05/2026           | REGENIA LEE          |                                         |
| Enter/Update Person Details             | 05/05/2026           | REGENIA LEE          |                                         |
| Experience Verified                     | 05/05/2026           | REGENIA LEE          | EXPERIENCE VERIFIED BY NCEES            |
| Out of State License Verified           | 05/05/2026           | REGENIA LEE          | OUT OF STATE LICENSES VERIFIED BY NCEES |
| Education Verified                      | 05/05/2026           | REGENIA LEE          | EDUCATION VERIFIED BY NCEES             |

**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700  
[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA (435-7352)  
FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

### APPLICATION TYPE

|                       |                                |                  |                               |
|-----------------------|--------------------------------|------------------|-------------------------------|
| Application Type      | <b>Endorsement</b>             |                  |                               |
| Highest Degree        | <b>Graduate School 2 Years</b> |                  |                               |
| Document Tracking No# | <b>4257060</b>                 | Application Date | <b>05/03/2026 09:18:26 PM</b> |

### APPLICANT INFORMATION

|                        |                                                         |
|------------------------|---------------------------------------------------------|
| First Name             | <b>Christopher</b>                                      |
| Middle Initial         | <b>R</b>                                                |
| Last Name              | <b>Michaud</b>                                          |
| Date of Birth          | <b>3/27/1980</b>                                        |
| Race                   | <b>White or Caucasian</b>                               |
| Social Security Number | <b>[REDACTED]</b>                                       |
| Home Address           | <b>312 Sokokis Ave<br/>Limington, Maine, 04049, USA</b> |
| Mailing Address        | <b>312 Sokokis Ave<br/>Limington, Maine, 04049, USA</b> |
| Email address          | <b>crmichaud1@gmail.com</b>                             |
| Home Phone             | <b>207-671-7951</b>                                     |
| Cellular Phone         | <b>207-671-7951</b>                                     |
| Business Phone         |                                                         |
| Fax                    |                                                         |

### PRIOR NAME INFORMATION

Has Prior Name : **NO**

### EDUCATION HISTORY

- |                            |                            |
|----------------------------|----------------------------|
| 1. InstitutionName:        | <b>University of Maine</b> |
| Degree:                    | <b>BS</b>                  |
| GraduationYear:            | <b>2002</b>                |
| Location:                  | <b>Orono, Maine, USA</b>   |
| CurrentlyEnrolled:         | <b>NO</b>                  |
| AnticipatedGraduationDate: |                            |
| 2. InstitutionName:        | <b>University of Maine</b> |
| Degree:                    | <b>MS</b>                  |
| GraduationYear:            | <b>2022</b>                |
| Location:                  | <b>Orono, Maine, USA</b>   |

CurrentlyEnrolled:

NO

AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were No placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, No possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

## LICENSURE HISTORY INFORMATION

## Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been No expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other No pleading with any fraud or deceit, or is there any such case or investigation pending?

3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing No authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## OUT OF STATE LICENSES

- |                    |                    |                        |                   |
|--------------------|--------------------|------------------------|-------------------|
| 1. IssuingState:   | <b>Alabama</b>     | LicenseNumber:         | <b>PLS50868</b>   |
| OriginalIssueDate: | <b>2/5/2025</b>    | ExpirationDate:        | <b>12/31/2027</b> |
| LicenseObtainedBy: | <b>Examination</b> | LicenseInGoodStanding: | <b>YES</b>        |
| Explanation:       |                    |                        |                   |
| 2. IssuingState:   | <b>Arizona</b>     | LicenseNumber:         | <b>84690</b>      |
| OriginalIssueDate: | <b>9/23/2025</b>   | ExpirationDate:        | <b>9/30/2028</b>  |
| LicenseObtainedBy: | <b>Examination</b> | LicenseInGoodStanding: | <b>YES</b>        |
| Explanation:       |                    |                        |                   |
| 3. IssuingState:   | <b>Arkansas</b>    | LicenseNumber:         | <b>1840</b>       |
| OriginalIssueDate: | <b>5/25/2017</b>   | ExpirationDate:        | <b>6/30/2026</b>  |

LicenseObtainedBy: **Examination**  
Explanation:

LicenseInGoodStanding: **YES**

4. IssuingState: **Connecticut**  
OriginalIssueDate: **9/11/2007**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **70283**  
ExpirationDate: **1/31/2027**  
LicenseInGoodStanding: **YES**

5. IssuingState: **Georgia**  
OriginalIssueDate: **6/26/2018**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **LS003380**  
ExpirationDate: **12/31/2027**  
LicenseInGoodStanding: **YES**

6. IssuingState: **Idaho**  
OriginalIssueDate: **5/8/2018**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **L-17852**  
ExpirationDate: **3/31/2028**  
LicenseInGoodStanding: **YES**

7. IssuingState: **Indiana**  
OriginalIssueDate: **4/23/2019**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **LS21900004**  
ExpirationDate: **7/31/2026**  
LicenseInGoodStanding: **YES**

8. IssuingState: **Kansas**  
OriginalIssueDate: **6/26/2019**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **PS1685**  
ExpirationDate: **3/31/2027**  
LicenseInGoodStanding: **YES**

9. IssuingState: **Kentucky**  
OriginalIssueDate: **9/7/2018**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **4197**  
ExpirationDate: **6/30/2026**  
LicenseInGoodStanding: **YES**

10. IssuingState: **Louisiana**  
OriginalIssueDate: **8/26/2025**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **PLS.0005393**  
ExpirationDate: **3/31/2028**  
LicenseInGoodStanding: **YES**

11. IssuingState: **Maine**  
OriginalIssueDate: **6/22/2006**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **2385**  
ExpirationDate: **12/31/2027**  
LicenseInGoodStanding: **YES**

12. IssuingState: **Mississippi**  
OriginalIssueDate: **6/6/2025**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **36391**  
ExpirationDate: **12/31/2027**  
LicenseInGoodStanding: **YES**

13. IssuingState: **Missouri**

LicenseNumber: **LS-2019030297**



OriginalIssueDate: **8/5/2019**  
LicenseObtainedBy: **Examination**  
Explanation:

ExpirationDate: **12/31/2027**  
LicenseInGoodStanding: **YES**

14. IssuingState: **New Hampshire**  
OriginalIssueDate: **5/5/2023**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **1116**  
ExpirationDate: **5/31/2027**  
LicenseInGoodStanding: **YES**

15. IssuingState: **New Jersey**  
OriginalIssueDate: **2/18/2011**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **24GS04330300**  
ExpirationDate: **4/30/2026**  
LicenseInGoodStanding: **YES**

16. IssuingState: **New Mexico**  
OriginalIssueDate: **9/5/2018**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **25018**  
ExpirationDate: **12/31/2026**  
LicenseInGoodStanding: **YES**

17. IssuingState: **Nevada**  
OriginalIssueDate: **9/4/2025**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **34584**  
ExpirationDate: **12/31/2027**  
LicenseInGoodStanding: **YES**

18. IssuingState: **North Carolina**  
OriginalIssueDate: **5/9/2019**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **L-5344**  
ExpirationDate: **12/31/2026**  
LicenseInGoodStanding: **YES**

19. IssuingState: **North Dakota**  
OriginalIssueDate: **12/12/2018**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **LS-27754**  
ExpirationDate: **12/31/2026**  
LicenseInGoodStanding: **YES**

20. IssuingState: **Ohio**  
OriginalIssueDate: **10/25/2018**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **PS.8753**  
ExpirationDate: **12/31/2025**  
LicenseInGoodStanding: **YES**

21. IssuingState: **Oklahoma**  
OriginalIssueDate: **5/13/2015**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **1919**  
ExpirationDate: **9/30/2026**  
LicenseInGoodStanding: **YES**

22. IssuingState: **Pennsylvania**  
OriginalIssueDate: **7/9/2009**  
LicenseObtainedBy: **Examination**  
Explanation:

LicenseNumber: **SU075244**  
ExpirationDate: **9/30/2027**  
LicenseInGoodStanding: **YES**

23. IssuingState: **South Dakota**  
 OriginalIssueDate: **9/30/2018**  
 LicenseObtainedBy: **Examination**  
 Explanation:

LicenseNumber: **13991**  
 ExpirationDate: **9/30/2026**  
 LicenseInGoodStanding: **YES**

24. IssuingState: **Tennessee**  
 OriginalIssueDate: **9/5/2025**  
 LicenseObtainedBy: **Examination**  
 Explanation:

LicenseNumber: **3686**  
 ExpirationDate: **12/31/2027**  
 LicenseInGoodStanding: **YES**

25. IssuingState: **Utah**  
 OriginalIssueDate: **5/20/2019**  
 LicenseObtainedBy: **Examination**  
 Explanation:

LicenseNumber: **11247775-2201**  
 ExpirationDate: **3/31/2027**  
 LicenseInGoodStanding: **YES**

26. IssuingState: **Vermont**  
 OriginalIssueDate: **1/21/2021**  
 LicenseObtainedBy: **Examination**  
 Explanation:

LicenseNumber: **24.0132655**  
 ExpirationDate: **9/30/2026**  
 LicenseInGoodStanding: **YES**

27. IssuingState: **Virginia**  
 OriginalIssueDate: **5/30/2013**  
 LicenseObtainedBy: **Examination**  
 Explanation:

LicenseNumber: **3240**  
 ExpirationDate: **5/31/2027**  
 LicenseInGoodStanding: **YES**

28. IssuingState: **Wisconsin**  
 OriginalIssueDate: **11/16/2018**  
 LicenseObtainedBy: **Examination**  
 Explanation:

LicenseNumber: **3187-8**  
 ExpirationDate: **1/31/2027**  
 LicenseInGoodStanding: **YES**

#### EMPLOYMENT HISTORY

1. Title: **Director of Survey**  
 CompanyName: **SGC Engineering, LLC**  
 CompanyAddress: **501 County Road**  
**Westbrook, Maine, 04092, USA**  
 EmploymentFromDate: **01/20/2024**  
 EmploymentToDate: **10/14/2025**  
 HoursPerWeek: **45**

Total Work Experience (in Months) : **21**  
 Responsible Charge Exp (in Months) : **21**

ExperienceSummary: **As the Director of Survey for the entire company of over two hundred employees, my primary responsibilities are to assist in scheduling workloads to maximize utilization and satisfy company and client needs across multiple project managers. As the Director, primary responsibility is to ensure the portfolio of projects for the company meets profitability goals. My duties include providing coordination and oversight to the companies' technical capabilities to ensure a minimum level of continuity between regional business units technical standards and technological capabilities. Additionally, my role provides visionary leadership for the identification, prototyping, and implementation of new technologies, processes, and procedures across the business operations.**

ng footprint. Daily coordination with Business Development and the Senior Leadership Team occurs to identify, solicit, and secures new work from existing clients, new clients, new markets, and new geographies.

2. Title: **Regional Manager**  
 CompanyName: **SGC Engineering, LLC**  
 CompanyAddress: **501 County Road**  
**Westbrook,Maine,04092,USA**  
 EmploymentFromDate: **05/20/2002**  
 EmploymentToDate: **12/31/2022**  
 HoursPerWeek: **50**

Total Work Experience (in Months) : **247**

Responsible Charge Exp (in Months) : **199**

ExperienceSummary: **During my time at SGC, I was responsible for a full range of project duties across both field and office operations. From 2019 to 2022, I served as Regional Manager, leading a team of over 40 employees across the northeastern United States. In this role, I managed the day-to-day operations of four project managers, ten data technicians, and sixteen field crews, ensuring efficient execution, high-quality deliverables, and strong client relationships. From 2009 to 2019, I worked as a Survey Project Manager, overseeing multiple projects and resources while maintaining a high standard of client communication and quality control. In this capacity, I functioned as a fully competent surveyor, performing all aspects of project delivery in both field and office settings. From 2002 to 2009, I served as a Project Surveyor, building a strong foundation in land surveying. My experience included conventional and GPS field survey methods, land records research, boundary retracement, construction stakeout, and land development projects.**

3. Title: **Senior Project Manager**  
 CompanyName: **Control Point Associates**  
 CompanyAddress: **352 Turnpike Road**  
**Southborough,Massachusetts,01772,USA**  
 EmploymentFromDate: **01/01/2023**  
 EmploymentToDate: **01/19/2024**  
 HoursPerWeek: **40**

Total Work Experience (in Months) : **12**

Responsible Charge Exp (in Months) : **12**

ExperienceSummary: **As the senior survey project manager responsible for managing multiple projects and resources. Maintaining a high level of client communication and quality of product. Working in this role I functioned as a fully competent surveyor in all aspects of an assignment in both field and office related tasks. I was required to plan and conduct work requiring judgment in independent evaluation, selection, and substantial adaptation and modification of standard techniques, procedures, and criteria. I was accountable for demonstrating and overseeing standard procedures to assure the production of high-quality deliverables. Supervision of assistant project managers, project managers, field surveyors, survey technicians and CAD technicians.**

4. Title: **Department Manager**  
 CompanyName: **Colliers Engineering & Design**  
 CompanyAddress: **4 Industrial Parkway, Suite 100**  
**Brunswick,Maine,04011,USA**  
 EmploymentFromDate: **10/15/2025**  
 EmploymentToDate: **05/03/2026**  
 HoursPerWeek: **40**

Total Work Experience (in Months) : **6**

Responsible Charge Exp (in Months) : **6**

**ExperienceSummary: Provides strategic leadership and operational oversight to ensure successful delivery of projects across multiple teams and disciplines. Core responsibilities include optimizing workload scheduling to maximize resource utilization, aligning team capacity with company objectives, and meeting client expectations. Oversees technical capabilities within the department to ensure projects are executed efficiently, on time, and within budget. Beyond operational management, drives innovation by identifying emerging technologies and process improvements that enhance productivity and quality. Balances day-to-day execution with long-term strategic planning, fosters a culture of continuous improvement, and empowers staff to adopt forward-thinking solutions that position the company for sustained growth and competitive advantage. During my tenure at Colliers Engineering and Design, have had the opportunity to work on many of projects in many different segments of the survey engineering field.**

#### EXAMINATION INFORMATION

|                          |                           |                           |
|--------------------------|---------------------------|---------------------------|
| Exam Passed : <b>YES</b> | StateBoard : <b>Maine</b> | Year Passed : <b>2002</b> |
| Exam Passed : <b>YES</b> | StateBoard : <b>Maine</b> | Year Passed : <b>2005</b> |
| Exam Passed : <b>NO</b>  | StateBoard :              | Year Passed :             |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Christopher Michaud**

Signature Date: **5/3/2026**



## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

VERIFICATION

**Work Experience**  
Colliers Engineering and Design  
Maine (United States)  
Oct. 2025 — Dec. 2025

**Verifier**  
Michael Lewis Earley  
lewis.earley@gmail.com  
(860) 877-0475

**Verification Date**  
01/06/2026 08:32am EST



VERIFIER INFO

**Position in firm**  
Department Manager

**Relationship**  
Supervisor

**Licensed engineer**

**Board** Connecticut

**License Number** 70224

**Date of Licensure** 04/01/2014

**Discipline** Civil

**Known applicant**  
1 year

**Related to applicant**  
No

**Licensed surveyor**

**Board** Connecticut

**License Number** 70224

**Date of Licensure** 10/01/2006



EXPERIENCE DESCRIPTION

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Knowledge of the applicant's work during the time covered by this endorsement            | Yes |
| The description above accurately reflects the work personally performed by the applicant | Yes |
| The time claimed by the applicant for this experience accurate                           | Yes |



COMMENTS

None

WORK EXPERIENCE

Colliers Engineering and Design  
Maine (United States)  
Department Manager  
October 2025—December 2025

Verified by  
Michael Lewis Earley  
michael.earley@collierseng.com

Experience Summary  
Full-Time  
Surveying: 2 months  
Post EAC degree: 2 months  
Experience under licensed surveyor:  
2 months

TASKS

Tasks and Duties  
Department Manager

Provides strategic leadership and operational oversight to ensure successful delivery of projects across multiple teams and disciplines. Core responsibilities include optimizing workload scheduling to maximize resource utilization, aligning team capacity with company objectives, and meeting client expectations. Oversees technical capabilities within the department to ensure projects are executed efficiently, on time, and within budget.

Beyond operational management, drives innovation by identifying emerging technologies and process improvements that enhance productivity and quality. Balances day-to-day execution with long-term strategic planning, fosters a culture of continuous improvement, and empowers staff to adopt forward-thinking solutions that position the company for sustained growth and competitive advantage.

During my tenure at Colliers Engineering and Design, have had the opportunity to work on many of projects in many different segments of the survey engineering field. They include:

- \* Route Corridor Surveys
- \* Boundary Surveys
- \* Topographic Surveys
- \* ALTA/ACSM Land Title Surveys
- \* GPS Static & RTK Surveys
- \* HDS/Lidar Scanning
- \* UAS Photogrammetry and Lidar

REPRESENTATIVE PROJECTS

Representative Projects

Right-of-Way Survey – 2025 – Scarborough, Maine – This project involved reconstructing six miles of roadway right-of-way in Southern Maine. As the lead responsible party, I coordinated with field staff on project setup, guided crews in locating monumentation, and worked with office technicians on plotting and resolving the existing right-of-way derived from multiple original takings dating back to the early 19th century. Special attention was given to preserving the historic intent of the layout while reconciling it with the current location of local monumentation established over the past two centuries and the existing constructed roadway.

Right-of-Way Survey – 2025 – Vermont and Massachusetts – This project involved retracing over one hundred miles of powerline easement across two states. Responsibilities included reviewing existing easement rights, verifying right-of-way locations, and overseeing plan development. As the lead responsible party, I worked closely with the project manager from project initiation through final plan completion. I provided review and guidance on research, field activities, drafting, and preparation of final plan sets for four segments of the project.

Existing Conditions and Boundary Survey – 2025 – Providence, Rhode Island – This project involved performing a boundary retracement and existing conditions survey for a ten-acre solar farm planned within state-owned lands in the capital of Rhode Island. As the responsible party in charge, I collaborated with the project manager from project initiation through final delivery of files to the client. My role included providing review and guidance on research, field activities, drafting, and plan development

throughout the project.



VERIFICATION

**Work Experience**  
SGC Engineering, LLC  
Maine (United States)  
Feb. 2024 — Oct. 2025

**Verifier**  
Jason Daniel Leadingham  
jason.leadingham@sgcsurvey.com  
(618) 790-4498

**Verification Date**  
10/13/2025 01:27pm EDT



VERIFIER INFO

**Position in firm**  
Vice President

**Relationship**  
Supervisor

**Licensed engineer**  
No

**Known applicant**  
2+ Years

**Related to applicant**  
No

|                          |                  |
|--------------------------|------------------|
| <b>Licensed surveyor</b> |                  |
| <b>Board</b>             | West Virginia LS |
| <b>License Number</b>    | 2129             |
| <b>Date of Licensure</b> | 01/09/2006       |



EXPERIENCE DESCRIPTION

|                                                                                                 |     |
|-------------------------------------------------------------------------------------------------|-----|
| <b>Knowledge of the applicant's work during the time covered by this endorsement</b>            | Yes |
| <b>The description above accurately reflects the work personally performed by the applicant</b> | Yes |
| <b>The time claimed by the applicant for this experience accurate</b>                           | Yes |



COMMENTS

Chris is a great resource for survey knowledge and a very good surveyor.

WORK EXPERIENCE

SGC Engineering, LLC  
Maine (United States)  
Director of Survey  
February 2024—October 2025

Verified by  
Jason Daniel Leadingham  
Jason.Leamingham@sgcsurvey.com

Experience Summary  
Full-Time  
Surveying: 1 year, 8 months  
Post EAC degree: 1 year, 8 months  
Experience under licensed surveyor:  
1 year, 8 months

TASKS

Tasks and Duties  
Director of Survey

As the Director of Survey for the entire company of over two hundred employees, my primary responsibilities are to assist in scheduling workloads to maximize utilization and satisfy company and client needs across multiple project managers. As the Director, primary responsibility is to ensure the portfolio of projects for the company meets profitability goals. My duties include providing coordination and oversight to the companies' technical capabilities to ensure a minimum level of continuity between regional business units technical standards and technological capabilities. Additionally, my role provides visionary leadership for the identification, prototyping, and implementation of new technologies, processes, and procedures across the business operating footprint. Daily coordination with Business Development and the Senior Leadership Team occurs to identify, solicit, and secures new work from existing clients, new clients, new markets, and new geographies.

During my tenure at SGC, have had the opportunity to work on thousands of projects in many different segments of the survey engineering field. They include:

- \* Route Corridor Surveys
- \* Boundary Surveys
- \* Topographic Surveys
- \* ALTA/ACSM Land Title Surveys
- \* Hydrographic Surveys
- \* GPS Static & RTK Surveys
- \* GIS Project Development
- \* Subdivision and site plan development
- \* HDS/Lidar Scanning
- \* UAS Photogrammetry and Lidar

REPRESENTATIVE PROJECTS

Alta Land Title Survey – 2025 – Reno County, Kansas – This project entailed creating an ALTA/NSPS Land title survey of a portion of land to be divided off a parent track for the purposes of housing a future solar field. As the responsible in change, was responsible for working with the project manager on project setup, field crews locating monumentation, office technician's plotting and solving sectionalized parcels though to final plan submission. Special attention with all parties involved in the production of work to follow the applicable Table A items, created a new legal description all the while making sure to adhere to state specific survey requirements.

Access Road Survey – 2024 – Shelton, Connecticut – This project entailed creating an access road easement for a powerline company from the existing paved roadway through to the powerline easement. As the responsible in change, was responsible for working with the project manager on project initiation through to final printing and signing of Mylar to be sent to the client. Performed review and guidance on research, field activities, drafting and final legal description preparation.

Parcel Retracement Survey(s) – 2024 – Danbury, Connecticut – This project entailed performing boundary retracement survey for ten parcels along a roadway for a proposed utility expansion. As the responsible in change, was responsible for working with the project manager on project initiation through to final delivery of files to client. Performed review and guidance on research, field activities, drafting and final legal description preparation and performed in the field reconnaissance in the field on the project.

VERIFICATION

**Work Experience**  
Control Point Associates  
Maine (United States)  
Jan. 2023 — Jan. 2024

**Verifier**  
Gerry Loran Holdright  
gholdright@cpasurvey.com  
(617) 913-3257

**Verification Date**  
01/30/2024 04:55pm EST

**i** VERIFIER INFO

**Position in firm**  
NE REgional Manager

**Relationship**  
Supervisor

**Licensed engineer**  
No

**Known applicant**  
1.5 year

**Related to applicant**  
No

|                          |               |
|--------------------------|---------------|
| <b>Licensed surveyor</b> |               |
| <b>Board</b>             | Massachusetts |
| <b>License Number</b>    | 49211         |
| <b>Date of Licensure</b> | 06/07/2011    |

**≡** EXPERIENCE DESCRIPTION

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Knowledge of the applicant's work during the time covered by this endorsement            | Yes |
| The description above accurately reflects the work personally performed by the applicant | Yes |
| The time claimed by the applicant for this experience accurate                           | Yes |

**💬** COMMENTS

⊘ None

WORK EXPERIENCE

Control Point Associates  
Maine (United States)  
Senior Project manager  
January 2023—January 2024

Verified by  
Gerry Loran Holdright  
gholdright@cpasurvey.com

Experience Summary  
Full-Time  
Surveying: 1 year  
Post EAC degree: 1 year  
Experience under licensed surveyor:  
1 year



TASKS

Senior Project Manager

As the senior survey project manager responsible for managing multiple projects and resources. Maintaining a high level of client communication and quality of product. Working in this role I functioned as a fully competent surveyor in all aspects of an assignment in both field and office related tasks. I was required to plan and conduct work requiring judgment in independent evaluation, selection, and substantial adaptation and modification of standard techniques, procedures, and criteria. I was accountable for demonstrating and overseeing standard procedures to assure the production of high-quality deliverables. Supervision of assistant project managers, project managers, field surveyors, survey technicians and CAD technicians.



REPRESENTATIVE PROJECTS

Eco Maine – In 2023, the project entailed the survey of a three-hundred-acre landfill site along with an incineration and recycling plant site in addition to an adjoining parcel with existing structure to be acquired for future expansion. Being multiple sites, the project spanned the municipalities of Portland, South Portland, Scarborough and Westbrook, located in Maine.

My role as a senior project manager began at project initiation scoping, planning, budget creation and proposal generation. Once the client had approved the scope of work and under contract, the first step in the process was to review the client provided research and title packages for the three properties. Once reviewed under my direct supervision, additional research was performed by survey technicians at the local registry to fill in any gaps in title research provided. Following this, information was consolidated and provided to the field crew for execution based on the task of each phase of work. Due to the size of the scope of work, based on client request, each site progressed on its own schedule. The field collection team assigned to the project utilized both terrestrial scanners in addition to unmanned aerial platforms to collect aerial photogrammetry and LiDAR for the majority of data acquisition for the open areas of the projects. As needed, the survey of obscured areas was supplemented with RTK GPS and total station technology. At each stage of the data processing, boundary analysis and production of deliverables, as the signing professional land surveyor, I reviewed with each team member the information being developed at each phase of work. At the completion of the project my role was in final delivery and conversation with the client as to our findings



VERIFICATION

**Work Experience**  
SGC Engineering, LLC  
Maine (United States)  
May. 2002 — Dec. 2022

**Verifier**  
Matthew Plante  
matt.plante@vysusgroup.com  
(207) 347-8100

**Verification Date**  
12/20/2022 06:25pm EST



VERIFIER INFO

**Position in firm**  
Sr. Project Manager

**Relationship**  
Colleague

**Licensed engineer**  
No

**Verifier qualifications**

**Graduation Date** May. 2009

**Institution** University of Maine, Orono

**Degree** Surveying Engineering  
Technology (ETAC)

**Years of experience** 13

**Primary engineering discipline** Land Surveying

**Professional Credentials** ME LS, NJ LS, KY LS

**Known applicant**  
11 Years

**Related to applicant**  
No

**Licensed surveyor**  
**Board** Maine LS

**License Number** 2480

**Date of Licensure** 05/29/2012



EXPERIENCE DESCRIPTION

**Knowledge of the applicant's work during the time covered by this endorsement** Yes

**The description above accurately reflects the work personally performed by the applicant** Yes

**The time claimed by the applicant for this experience accurate** Yes



COMMENTS

None

## WORK EXPERIENCE

SGC Engineering, LLC  
Maine (United States)  
Regional Manager  
May 2002—December 2022

Verified by  
**Matthew Plante**  
matt.plante@vysusgroup.com

*Experience Summary*  
**Full-Time**  
**Surveying: 20 years, 7 months**  
**Post EAC degree: 20 years, 7 months**  
**Experience under licensed surveyor:**  
**10 years, 8 months**

## TASKS

### Regional Manager

From 2019 to 2022 I served as the regional manager for a team of over forty employees where I was responsible for the day-to-day management of four project managers, ten data technicians and sixteen field crews for the northeastern region of the US. As the regional manager I assisted in the daily management of employees conducting such tasks as scheduling, reviews, employee hiring/recruiting and time/expense approvals. In addition, I worked with project managers on billing review, collection of aged receivables, proposal generation and client specific business development. Mentoring and developing staff to promote their professional growth within the company.

### Project Manager

From 2009 to 2019 I served as a survey project manager responsible for managing multiple projects and resources. Maintaining a high level of client communication and quality of product. Working in this role I functioned as a fully competent surveyor in all aspects of an assignment in both field and office related tasks. I was required to plan and conduct work requiring judgment in independent evaluation, selection, and substantial adaptation and modification of standard techniques, procedures, and criteria. I always devised new approaches to problems encountered and was required to perform and manage projects to acceptable quality standards on time and within budget. I was accountable for demonstrating and overseeing standard procedures to assure the production of high-quality deliverables. Supervision of project surveyors, survey technicians and CAD technicians.

### Project Surveyor

From 2002 to 2009 I served at SGC as a project surveyor I was well versed in the fundamentals of land surveying, including conventional and GPS field surveying methods, land records research, boundary retracement, construction stakeout, and boundary, subdivision and land use law. Office skills included a commanding knowledge of CAD drafting and plan preparation, preferably using AutoCAD/LDD, survey and GPS adjustments (least squares) and computations.

## REPRESENTATIVE PROJECTS

During my tenure at SGC, I have had the opportunity to work on thousands of projects in many different segments of the survey engineering field. They include:

- \* Route Corridor Surveys
- \* Boundary Surveys
- \* Topographic Surveys
- \* ALTA/ACSM Land Title Surveys
- \* Hydrographic Surveys
- \* GPS Static & RTK Surveys
- \* GIS Project Development
- \* Subdivision and site plan development
- \* HDS/Lidar Scanning
- \* UAS Photogrammetry and Lidar

2016-2022 Infrastructure surveys. Over the course of these years, I was personally involved with many different types of projects from small boundary surveys to retracement of miles of right-of-way. Based on the requests of the clients, daily I developed a comprehensive scope of work to provide to the client and the field crews for projects. Once data was post-processed by

technicians, I reviewed the final plans and documents products developed by survey technicians prior to project delivery.

2015-2016 Kinder Morgan - Palmetto Pipeline Project: As a project manager on this project, I was directly reviewed survey data collected in the field daily for overall quality and integrity. In addition, I worked directly with the land acquisition team to develop property solutions for land to be crossed by the proposed project corridor. This phase of work included the review of record documents, boundary analysis and the preparation of land acquisition exhibits.

2014-2015 Various El Paso Infrastructure upgrade projects: As the project manager for these projects, I developed the scope of work for the projects. From there I instructed the field crews on what survey limits needed to be collected in the field and reviewed their data once it came into the office. Once a project was drafted by other employees, I was responsible for final review of products before delivery to the client.

2011-2014 Tennessee Gas Pipeline Northeast Upgrade Project (NEUP): I was the supervising Professional Land Surveyor for the 40-mile natural gas pipeline looping project in Pennsylvania and New Jersey. I directly reviewed registry research, legal descriptions and property acquisition plats for over 400+ properties on the project.

2009-2013 Spectra Energy - New Jersey/New York Expansion Project: I was the supervising Professional Land Surveyor for the state of New Jersey for the 26-mile natural gas pipeline project installed between New Jersey and New York. I directly worked on the parcel rectification of a multitude of boundary surveys and prepared existing conditions surveys, legal descriptions for the project.

2008-2009 Rockies Express Pipeline East Project: During this time working on the project, I performed the daily review and management of survey data collected utilizing both GPS and conventional data collection techniques.

2004-2008 Maritimes and Northeast Phase IV Expansion – Preliminary Survey: I was the project surveyor responsible for review and management of the land surveys along the project route. Tasks included the boundary review of parcels to be acquired along with the development of land surveys to support the design of proposed upgrades along the route.

2002-2004 Maritimes & Northeast Pipeline Phase III, Massachusetts: I was an application developer and survey data manager. I worked directly on the development of Microsoft Access database to store and query as-built pipeline data collected.



## VERIFICATION OF LICENSURE OR EXAMINATION

**Michaud, Christopher**  
(12-560-91)

crmichaud1@gmail.com  
DOB: 03/27/1980

### LICENSES

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Initial        | PS   | 2385   | June 2006  | December 2027   |

### EXAMS

| Exam     | Hours | Exam Date    | Additional Information |
|----------|-------|--------------|------------------------|
| NCEES FS | 8     | April 2002   | —                      |
| NCEES PS | 6     | October 2005 | —                      |

### ADDITIONAL INFORMATION

|                     |           |
|---------------------|-----------|
| Disciplinary Action | None      |
| Notes               | ⊘ Not Set |

### VERIFICATION

|                                                    |                                                                                |
|----------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Verifier</b><br>Heidi Lincoln                   | <b>Board</b><br>Maine State Board of Licensure for Professional Land Surveyors |
| <b>Verification Date</b><br>11/24/2025 09:12am EST |                                                                                |





## VERIFICATION OF LICENSURE OR EXAMINATION

Michaud, Christopher  
(12-560-91)

crmichaud1@gmail.com  
DOB: 03/27/1980

### LICENSES

| Initial/Comity | Type | Number       | Issue Date    | Expiration Date |
|----------------|------|--------------|---------------|-----------------|
| Comity         | PS   | 24GS04330300 | February 2011 | April 2028      |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |         |
|---------------------|---------|
| Disciplinary Action | None    |
| Notes               | Not Set |

### VERIFICATION

|                                                                                              |                                                                                     |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Verifier</b><br>Halifa Bradford<br><br><b>Verification Date</b><br>05/04/2026 08:00am EDT | <b>Board</b><br>New Jersey State Board of Professional Engineers and Land Surveyors |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

**LICENSES**

| Initial/Comity | Type | Number | Issue Date     | Expiration Date |
|----------------|------|--------|----------------|-----------------|
| Comity         | PS   | 70283  | September 2007 | January 2027    |

**EXAMS**

| Exam               | Hours | Exam Date  | Additional Information                            |
|--------------------|-------|------------|---------------------------------------------------|
| Non-NCEES State PS | 2     | April 2007 | Connecticut state specific exam- passing score 70 |

**ADDITIONAL INFORMATION**

|                     |                                            |
|---------------------|--------------------------------------------|
| Disciplinary Action | None                                       |
| Notes               | FS accepted from ME<br>PS accepted from ME |

**VERIFICATION****Verifier**  
Michael Elliott**Verification Date**  
01/27/2026 12:19pm EST**Board**  
Connecticut Board of Examiners for Professional Engineers and  
Land Surveyors

**LICENSES**

| Initial/Comity | Type | Number  | Issue Date | Expiration Date |
|----------------|------|---------|------------|-----------------|
| Comity         | PS   | L-17852 | May 2018   | March 2028      |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                        |
|---------------------|------------------------|
| Disciplinary Action | None                   |
| Notes               | FS/PS EXAM STATE MAINE |

**VERIFICATION****Verifier**  
Patty Sayre**Verification Date**  
02/26/2026 11:59am EST**Board**  
Idaho Board of Professional Engineers and Professional Land Surveyors

**LICENSES**

| Initial/Comity | Type | Number   | Issue Date    | Expiration Date |
|----------------|------|----------|---------------|-----------------|
| Comity         | PS   | PLS50868 | February 2025 | December 2027   |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                             |
|---------------------|---------------------------------------------|
| Disciplinary Action | None                                        |
| Notes               | FS and PS exams in ME<br>ALSS exam 2/5/2025 |

**VERIFICATION**

|                                                                                                   |                                                                                           |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>Verifier</b><br>William "Rick" Huett<br><br><b>Verification Date</b><br>11/14/2025 08:07am EST | <b>Board</b><br>Alabama State Board of Licensure for Professional Engineers and Surveyors |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|



**LICENSES**

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | 1840   | May 2017   | June 2026       |

**EXAMS**

| Exam                            | Hours | Exam Date | Additional Information |
|---------------------------------|-------|-----------|------------------------|
| ⊘ No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                                                                                 |
|---------------------|-------------------------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                                            |
| Notes               | FS & PS accepted from ME.<br>He passed the AR 2 hr. State Specific Exam Part I & II on 4/21/17. |

**VERIFICATION****Verifier**  
Virginia Davis**Verification Date**  
06/23/2025 11:41am EDT**Board**  
Arkansas Board of Licensure for Professional Engineers &  
Professional Surveyors

**LICENSES**

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | PS1685 | June 2019  | March 2027      |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                                                                     |
|---------------------|-------------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                                |
| Notes               | Mr. Michaud has also taken and passed both parts of the Kansas State Specific Exam. |

**VERIFICATION****Verifier**  
Maria Gerganova**Verification Date**  
03/10/2025 09:53am EDT**Board**  
Kansas State Board of Technical Professions

**LICENSES**

| Initial/Comity | Type | Number | Issue Date     | Expiration Date |
|----------------|------|--------|----------------|-----------------|
| Comity         | PS   | 4197   | September 2018 | June 2026       |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                                   |
|---------------------|---------------------------------------------------|
| Disciplinary Action | None                                              |
| Notes               | Comity State ME<br>KY Exam 2 Hours, Passed 9/2018 |

**VERIFICATION****Verifier**  
Sarah Uzzle**Verification Date**  
07/01/2024 08:09am EDT**Board**  
Kentucky State Board of Licensure for Professional Engineers and  
Land Surveyors

**NCEES****VERIFICATION OF LICENSURE OR EXAMINATION****Michaud, Christopher**  
(12-560-91)crmichaud1@gmail.com  
DOB: 03/27/1980**LICENSES**

| Initial/Comity | Type | Number | Issue Date  | Expiration Date |
|----------------|------|--------|-------------|-----------------|
| Comity         | PS   | 5393   | August 2025 | March 2028      |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |         |
|---------------------|---------|
| Disciplinary Action | None    |
| Notes               | Not Set |

**VERIFICATION**

|                                                                                            |                                                                             |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Verifier</b><br>Cheron Seaman<br><br><b>Verification Date</b><br>02/25/2026 01:27pm EST | <b>Board</b><br>Louisiana Professional Engineering and Land Surveying Board |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|





## VERIFICATION OF LICENSURE OR EXAMINATION

Michaud, Christopher  
(12-560-91)

crmichaud1@gmail.com  
DOB: 03/27/1980

### LICENSES

| Initial/Comity | Type | Number        | Issue Date  | Expiration Date |
|----------------|------|---------------|-------------|-----------------|
| Comity         | PS   | LS-2019030297 | August 2019 | December 2027   |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |                                   |
|---------------------|-----------------------------------|
| Disciplinary Action | None                              |
| Notes               | FS - Maine<br>PS - Maine (comity) |

### VERIFICATION

**Verifier**  
Shyra Rutherford  
  
**Verification Date**  
11/24/2025 09:29pm EST

**Board**  
Missouri Board for Architects, Professional Engineers,  
Professional Land Surveyors, and Professional Landscape  
Architects



Michaud, Christopher  
(12-560-91)

crmichaud1@gmail.com  
DOB: 03/27/1980

### LICENSES

| Initial/Comity | Type | Number | Issue Date     | Expiration Date |
|----------------|------|--------|----------------|-----------------|
| Comity         | PS   | 034584 | September 2025 | December 2027   |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |         |
|---------------------|---------|
| Disciplinary Action | None    |
| Notes               | Not Set |

### VERIFICATION

**Verifier**  
Cathleen Preston

**Verification Date**  
11/21/2025 07:27pm EST

**Board**  
Nevada State Board of Professional Engineers and Land Surveyors

**LICENSES**

| Initial/Comity | Type | Number | Issue Date     | Expiration Date |
|----------------|------|--------|----------------|-----------------|
| Comity         | PS   | 25018  | September 2018 | December 2026   |

**EXAMS**

| Exam               | Hours | Exam Date | Additional Information |
|--------------------|-------|-----------|------------------------|
| Non-NCEES State FS | 2     | July 2018 | —                      |

**ADDITIONAL INFORMATION**

|                     |                                                      |
|---------------------|------------------------------------------------------|
| Disciplinary Action | None                                                 |
| Notes               | FS accepted from ME & PS accepted from CT for Comity |

**VERIFICATION**

**Verifier**  
Dominique Trujillo

**Verification Date**  
02/03/2025 05:25pm EST

**Board**  
New Mexico Board of Licensure for Professional Engineers and  
Professional Surveyors

**NCEES****VERIFICATION OF LICENSURE OR EXAMINATION****Michaud, Christopher**  
(12-560-91)crmichaud1@gmail.com  
DOB: 03/27/1980**LICENSES**

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | L-5344 | May 2019   | December 2026   |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                                                        |
|---------------------|------------------------------------------------------------------------|
| Disciplinary Action | None                                                                   |
| Notes               | FS - ME<br>PS - NJ<br>4/29/2019 - NC State Specific PLS Exam - 2 hours |

**VERIFICATION****Verifier**  
Amy Bush**Verification Date**  
12/09/2025 12:22pm EST**Board**  
North Carolina Board of Examiners for Engineers and Surveyors





## LICENSES

| Initial/Comity | Type | Number   | Issue Date    | Expiration Date |
|----------------|------|----------|---------------|-----------------|
| Comity         | PS   | LS-27754 | December 2018 | December 2026   |

## EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

## ADDITIONAL INFORMATION

|                     |                                              |
|---------------------|----------------------------------------------|
| Disciplinary Action | None                                         |
| Notes               | FS accepted from ME.<br>PS accepted from CT. |

## VERIFICATION

**Verifier**  
Seth Johnson**Verification Date**  
01/02/2025 03:04pm EST**Board**  
North Dakota State Board of Registration for Professional  
Engineers and Land Surveyors

**LICENSES**

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | 1919   | May 2015   | September 2026  |

**EXAMS**

| Exam                            | Hours | Exam Date | Additional Information |
|---------------------------------|-------|-----------|------------------------|
| ⊘ No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                                                                                |
|---------------------|------------------------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                                           |
| Notes               | FS and PS exams accepted from ME.<br><br>OLS State specific Exam (2 hours) passed April, 2015. |

**VERIFICATION****Verifier**  
Sherrie Dyer**Verification Date**  
11/22/2024 04:00pm EST**Board**Oklahoma State Board of Licensure for Professional Engineers  
and Land Surveyors

**LICENSES**

| Initial/Comity | Type | Number | Issue Date     | Expiration Date |
|----------------|------|--------|----------------|-----------------|
| Comity         | PS   | 13991  | September 2018 | August 2026     |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                                                               |
|---------------------|-------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                          |
| Notes               | State Specific PS - 2 hr - 07/19/2018<br>Comity accepted from ME - 09/21/2018 |

**VERIFICATION**

|                                                    |                                                                   |
|----------------------------------------------------|-------------------------------------------------------------------|
| <b>Verifier</b><br>Kimberly Haibeck                | <b>Board</b><br>South Dakota State Board of Technical Professions |
| <b>Verification Date</b><br>01/02/2025 05:48pm EST |                                                                   |



### LICENSES

| Initial/Comity | Type | Number | Issue Date     | Expiration Date |
|----------------|------|--------|----------------|-----------------|
| Comity         | PS   | 3686   | September 2025 | December 2027   |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |         |
|---------------------|---------|
| Disciplinary Action | None    |
| Notes               | Not Set |

### VERIFICATION

|                                                    |                                                                       |
|----------------------------------------------------|-----------------------------------------------------------------------|
| <b>Verifier</b><br>Philip Allocco                  | <b>Board</b><br>Tennessee State Board of Examiners for Land Surveyors |
| <b>Verification Date</b><br>01/27/2026 09:21am EST |                                                                       |



**LICENSES**

| Initial/Comity | Type | Number        | Issue Date | Expiration Date |
|----------------|------|---------------|------------|-----------------|
| Comity         | PS   | 11247775-2201 | May 2019   | March 2027      |

**EXAMS**

| Exam                            | Hours | Exam Date | Additional Information |
|---------------------------------|-------|-----------|------------------------|
| ⊘ No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                                                                    |
|---------------------|------------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                               |
| Notes               | Utah Local Practical Exam: 05/13/2019 - Pass<br>NCEES FLS and PLS Accepted from ME |

**VERIFICATION**

|                                                                                           |                                                                                      |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Verifier</b><br>Boyce Barnes<br><br><b>Verification Date</b><br>03/05/2025 11:38am EST | <b>Board</b><br>Utah Professional Engineers and Professional Land Surveyors<br>Board |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|



### LICENSES

| Initial/Comity | Type | Number      | Issue Date   | Expiration Date |
|----------------|------|-------------|--------------|-----------------|
| Comity         | PS   | 024.0132655 | January 2021 | September 2026  |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |         |
|---------------------|---------|
| Disciplinary Action | None    |
| Notes               | Not Set |

### VERIFICATION

|                                                    |                                                 |
|----------------------------------------------------|-------------------------------------------------|
| <b>Verifier</b><br>Kara Shangraw                   | <b>Board</b><br>Vermont Board of Land Surveyors |
| <b>Verification Date</b><br>12/31/2024 09:05am EST |                                                 |

# Application Summary

## Application

Name: **MOKANYK, MATTHEW**

DTN: **4271273**

Address: **7006 HENRY DRIVE, NUMBER 415, GRAWN, MI 49637**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **06/04/2026** Fees Paid: **\$255.00**

## Education

1. Institution: **UNIVERSITY OF MAINE 168 COLLEGE AVENUE ORONO, MAINE 04469** **2024**  
Degree: **MASTERS** Major: **SURVEYING ENGINEERING TECHNOLOGY**  
Foreign: **No** Enrolled: **No** **Verified**
2. Institution: **FERRIS STATE UNIVERSITY OFFICE OF THE REGISTRAR BIG RAPIDS, MICHIGAN** **1993**  
Degree: **49307** Major: **SURVEYING ENGINEERING**  
Foreign: **BACHELORS** Enrolled: **No** **Verified**

## Experience

Total: **0**

Responsible: **312**

1. Employer: **LANDTECH PROFESSIONAL SURVEYING, LLC 1275 MCGREGOR WAY GRAWN, MICHIGAN**  
Phone: **49637** From: **01/01/2000** To: **05/21/2026**  
Reference: **231-943-0050** Phone: **Unknown**  
Months Exp: **JOHN W. URBAIN, LICENSED SURVEYOR**  
**0** Qualified Mths: **312** **Verified**

## Out-of-State Licenses

1. License: **LS035.003826** Issued On: **04/01/2011** Issuing State: **Illinois**  
Laws/Rules: **No** Expires On: **11/30/2026** Obtained By: **Reciprocity**  
Good Standing: **Yes** **Verified**
2. License: **LSP18019** Issued On: **09/01/2006** Issuing State: **Iowa**  
Laws/Rules: **No** Expires On: **12/31/2027** Obtained By: **Reciprocity**  
Good Standing: **Yes** **Verified**
3. License: **LSLS20100015** Issued On: **01/01/2001** Issuing State: **Indiana**  
Laws/Rules: **No** Expires On: **07/31/2026** Obtained By: **Reciprocity**  
Good Standing: **Yes** **Verified**
4. License: **LS4001042063** Issued On: **07/01/1997** Issuing State: **Michigan**  
Laws/Rules: **No** Expires On: **07/31/2027** Obtained By: **Examination**  
Good Standing: **Yes** **Verified**

# Application Summary

## Application

Name: **MOKANYK, MATTHEW**

DTN: **4271273**

Address: **7006 HENRY DRIVE, NUMBER 415, GRAWN, MI 49637**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **06/04/2026** Fees Paid: **\$255.00**

## Checklist

| <u>Items Required</u>             | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u>                                          |
|-----------------------------------|----------------------|---------------------|---------------------------------------------------------|
| Fees Validated Correctly          | 06/11/2026           | REGENIA LEE         |                                                         |
| Fees Cashiered                    | 06/11/2026           |                     |                                                         |
| Letter - LS Complete              | 06/10/2026           | REGENIA LEE         |                                                         |
| Out of State License Verified     | 06/10/2026           | REGENIA LEE         | OUT OF STATE LICENSE VERIFICATIONS<br>VERIFIED BY NCEES |
| Letter - LS Individual Deficiency | 06/04/2026           | REGENIA LEE         |                                                         |
| Application Received              | 06/04/2026           | REGENIA LEE         |                                                         |
| Enter/Update Person Details       | 06/04/2026           | REGENIA LEE         |                                                         |
| Experience Verified               | 06/04/2026           | REGENIA LEE         |                                                         |
| Education Verified                | 06/04/2026           | REGENIA LEE         | EDUCATION VERIFIED BY NCEES                             |





WILTON SIMPSON  
COMMISSIONER

# Florida Department of Agriculture and Consumer Services

## Division of Consumer Services

### BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS APPLICATION FOR LICENSURE BY EXAMINATION OR ENDORSEMENT

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Submit and Pay Online at:

www.FDACS.gov

- or -

Check or Money Order payable to  
FDACS and remit with application to:

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

☐ Initial Exam

☐ Temporary Certificate

☒ Endorsement Application

Name:

Suffix:

Dr Matthew Mokanyk

Date of Birth:

\*\*Social Security Number:

04 / 20 / 1970

Home Address (if applicable please include suite, apartment and/or unit numbers):

7006 Henry Drive, #415

City:

State:

Zip Code:

Grawn

MI

49637

County (if address is in Florida):

Country:

Manatee

USA

☒ Please check if mailing address is the same as home address. If not:

Mailing Address (if applicable please include suite, apartment and/or unit numbers):

City:

State:

Zip Code:

County (if address is in Florida):

Country:

Email Address:

mattm@landtechps.com

\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472.015, Florida Statutes. Social Security numbers are not a public record under Florida law.

F & A Use Only

Org Code: 42 10 08 01 000

EO: A2

Object Code: 001266

\$125

Object Code: 002230

\$125

42100802000 / 001256

\$5

PD By Check  
# 19968

\$255.00

**Contact Number(s):**( 231 ) 218 - 5927  
Home Phone( 231 ) 218 - 5927  
Cellular Phone( 231 ) 943 - 0050  
Business Phone( 231 ) 943 - 0051  
Facsimile**PRIOR NAME INFORMATION**

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☒ No

If you answered yes, please provide name(s) below:

Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

**EDUCATION HISTORY****Highest Grade Completed (Please check one):**

High School:

☐1 ☐2 ☐3 ☐4

College:

☐1 ☐2 ☐3 ☐4

Graduate School:

☐1 ☒2

| Name and Address of Schools, Colleges, or Universities Attended | Year of Graduation | Degree and Major            | Currently enrolled?<br>If Yes*, date of anticipated graduation.            | Foreign School<br>Was your school located overseas?                 |
|-----------------------------------------------------------------|--------------------|-----------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------|
| University of Maine, Orono, Maine                               | 2026               | DR of Surveying Engineering | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| University of Maine, Orono, Maine                               | 2024               | MSE Surveying Engineering   | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Ferris State University, Big Rapids, MI                         | 1993               | BSE Surveying Engineering   | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No ____* | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                                                 |                    |                             | <input type="checkbox"/> Yes* <input type="checkbox"/> No ____*            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

**BACKGROUND INFORMATION**

Please select either yes or no to the questions below. If you answered yes to any of the following, please explain your answer below (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. ☐ Yes ☒ No
- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No

- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Please attach additional sheets, if necessary.

**Court or administrative agency rendering the decision, judgment, or order:**

**State / Governmental agency which brought the action:**

**Nature of conviction, judgment, order, or action:**

**Date of Action** \_\_\_\_\_ **Docket Number:** \_\_\_\_\_ **Have all sanctions been satisfied?**  
☐ Yes ☐ No

**Description:**

### OUT OF STATE LICENSES

Please list all your out of state licenses (attach additional sheets if necessary).

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| State 1 | <b>a. Issuing State:</b> <u>Michigan</u> <b>License Number:</b> <u>4001071338</u> <b>Expiration Date:</b> <u>07/28/2027</u>                                                                                                                                                                                                                                                                                                               |  |  |
|         | <b>Original Issue Date:</b> <u>July 1997</u>                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
|         | <b>b. License obtained by:</b><br><input checked="" type="checkbox"/> Examination <input type="checkbox"/> Grandfather Clause <input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Other: _____                                                                                                                                                                                                                      |  |  |
|         | <b>c. Was a licensure exam taken?</b><br><input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                             |  |  |
|         | <b>* If Yes:</b><br><b>Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?</b><br>If so, please select the examination(s) completed:<br><input checked="" type="checkbox"/> Fundamentals of Land Surveying (Part I) <input checked="" type="checkbox"/> Principles and Practice (Part II)<br><br>Please select if the examination(s) was a state exam: <input checked="" type="checkbox"/> |  |  |
|         | <b>d. Is the license in good standing?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*<br><br><b>* If No, please provide explanation:</b>                                                                                                                                                                                                                                                                     |  |  |

State 2

a. Issuing State: SEE ATTACHMENTLicense Number: SEE ATTACHMENTExpiration Date:

Original Issue Date:

b. License obtained by:

☐ Examination

☐ Grandfather Clause

☐ Reciprocity/Endorsement

☐ Other:

c. Was a licensure exam taken?

☐ Yes\*

☐ No

\* If Yes:

Was the examination(s) a National Council of Examiners for Engineering and Surveying (NCEES) exam?

If so, please select the examination(s) completed:

☐ Fundamentals of Land Surveying (Part I)

☐ Principles and Practice (Part II)

Please select if the examination(s) was a state exam: ☐

d. Is the license in good standing?

☐ Yes

☐ No\*

\* If No, please provide explanation: SEE ATTACHMENT

EMPLOYMENT HISTORY

A specific experience record is required for licensure as a surveyor and mapper. The experience must be as a subordinate to a licensed surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

472.005(6), Florida Statutes The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list all your previous employers where you have gained experience as a surveyor and mapper (attach additional sheets as necessary):

Employer 1

Employer / Company Name:Landtech Professional Surveying, LLC

Employer / Company Address:1275 McGregor Way

City:Grawn

State:MI

Zip Code:49637 -

Supervisor's Name:John Urbain

License Number:4001071338

Contact Number:231-943-0050

Dates of Employment:From: January 2000To: current (May 2026)

Number of Hours Per Week:50

Did you ever work on a part-time basis?☐ Yes☒ No

Number of Hours Per Week:

Total Months of Experience:Routine (in months):Responsible Charge (in months): 312

Summary of Experience

Responsible for supervising all land surveying operations including field operations as well as QC review of all surveying/engineering drawings.

582

FDACS-10050 Rev. 11/22  
Page 4 of 8



Employer 2

|                                                                                                                    |  |                                                                |                                        |
|--------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|----------------------------------------|
| <b>Employer / Company Name:</b><br>Gosling Czubak Engineering Sciences, Inc.                                       |  | <b>Employer / Company Address:</b><br>1280 Business Park Drive |                                        |
| <b>City:</b><br>Traverse City                                                                                      |  | <b>State:</b><br>MI                                            | <b>Zip Code:</b><br>49686 -            |
| <b>Supervisor's Name:</b><br>Corey Hughes, P.S.                                                                    |  | <b>License Number:</b><br>4001020706                           | <b>Contact Number:</b><br>231-946-9191 |
| <b>Dates of Employment:</b><br>From: November 1997 To: December 1999                                               |  | <b>Number of Hours Per Week:</b><br>50                         |                                        |
| <b>Did you ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <b>Number of Hours Per Week:</b>                               |                                        |
| From: To:                                                                                                          |  |                                                                |                                        |
| From: To:                                                                                                          |  |                                                                |                                        |
| From: To:                                                                                                          |  |                                                                |                                        |
| <b>Total Months of Experience:</b><br>Routine (in months): Responsible Charge (in months): 23                      |  |                                                                |                                        |
| <b>Summary of Experience</b>                                                                                       |  |                                                                |                                        |
| Survey department manager/GPS services manager. Managed survey field crews daily, managed                          |  |                                                                |                                        |

EXAMINATION INFORMATION

Please complete the following:

|                                                                     |              |              |
|---------------------------------------------------------------------|--------------|--------------|
| <b>NCEES Fundamentals of Land Surveying (Part I).</b>               |              |              |
| Have you passed this exam?                                          | State Board: | Year Passed: |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Michigan     | 1993         |
| <b>NCEES Principles and Practice (Part II)</b>                      |              |              |
| Have you passed this exam?                                          | State Board: | Year Passed: |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Michigan     | 1997         |
| <b>Florida Jurisdictional 100 Item Multiple Choice (Part III)</b>   |              |              |
| Have you passed this exam?                                          | State Board: | Year Passed: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | n/a          | n/a          |

SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

**\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services immediately at 1-800-HELP-FLA (435-7352) or 850-410-3800.**

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature: Matthew Mokanyk PS, PE Digitally signed by Matthew Mokanyk  
PS, PE  
Date: 2026.05.13 10:50:07 -04'00' Date: 05/13/2026



## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.





WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services

Division of Consumer Services

BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

**472.005(6), Florida Statutes** The term "**responsible charge**" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Dr Matthew Mokanyk                                                                                                                                                                                                                                                                                                                                           |                     | <b>Title:</b><br>President                                          |  |
| <b>Employer / Company Name:</b><br>Landtech Professional Surveying, LLC                                                                                                                                                                                                                                                                                                                |                     | <b>Employer / Company Address:</b><br>1275 McGregor Way, PO Box 193 |  |
| <b>City:</b><br>Grawn                                                                                                                                                                                                                                                                                                                                                                  | <b>State:</b><br>MI | <b>Zip Code:</b><br>49637 -                                         |  |
| <b>Employer Contact Name:</b><br>John Urbain, PE, PS                                                                                                                                                                                                                                                                                                                                   |                     | <b>Contact Number:</b><br>231-943-0050                              |  |
| <b>Dates of Employment:</b><br>From: January 2000 To*: current (May 2026)                                                                                                                                                                                                                                                                                                              |                     | <b>Number of Hours Per Week:</b><br>50                              |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                           |                     | <b>Number of Hours Per Week:</b>                                    |  |
| From: _____                                                                                                                                                                                                                                                                                                                                                                            | To: _____           | _____                                                               |  |
| From: _____                                                                                                                                                                                                                                                                                                                                                                            | To: _____           | _____                                                               |  |
| From: _____                                                                                                                                                                                                                                                                                                                                                                            | To: _____           | _____                                                               |  |
| <b>Total Months of Experience:</b>                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                     |  |
| Routine (in months): _____ + Responsible Charge (in months): 312 = <b>Total Months of Experience</b> 312                                                                                                                                                                                                                                                                               |                     |                                                                     |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                                                                                                                                                                                             |                     |                                                                     |  |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                                                                                                                                                                                                                |                     |                                                                     |  |
| Mr. Mokanyk oversees daily land surveying operations for work with the states in which he is a licensed land surveyor. His daily duties include: communicating with survey technicians regarding boundary questions and resolutions, reviewing survey plats and survey drawings, communicating with clients regarding surveying services, and managing project budgets and timeframes. |                     |                                                                     |  |
| John W. Urbain, Michigan PS No. 4001071338                                                                                                                                                                                                                                                                                                                                             |                     | 05/21/26                                                            |  |
| Print name and license number of surveyor and mapper verifying experience                                                                                                                                                                                                                                                                                                              |                     | Date                                                                |  |
| Seal: JOHN W. URBAIN<br>LICENSE NO. 4001071338                                                                                                                                                                                                                                                                                                                                         |                     | Signature of licensed surveyor and mapper verifying experience      |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.





Mokanyk, Matthew  
(12-769-76)

mattm@landtechps.com  
DOB: 04/20/1970

### LICENSES

| Initial/Comity | Type | Number     | Issue Date | Expiration Date |
|----------------|------|------------|------------|-----------------|
| Initial        | PS   | 4001042063 | July 1997  | July 2027       |

### EXAMS

| Exam               | Hours | Exam Date  | Additional Information                  |
|--------------------|-------|------------|-----------------------------------------|
| NCEES FS           | 8     | April 1993 | —                                       |
| NCEES PS           | 6     | April 1997 | —                                       |
| Non-NCEES State PS | 4     | April 1997 | MI specific PS exam administered by PSI |

### ADDITIONAL INFORMATION

|                     |           |
|---------------------|-----------|
| Disciplinary Action | None      |
| Notes               | Ø Not Set |

### VERIFICATION

**Verifier**  
Kim Moore

**Verification Date**  
06/05/2026 08:53am EDT

**Board**  
Michigan State Board of Professional Surveyors



## LICENSES

| Initial/Comity | Type | Number | Issue Date     | Expiration Date |
|----------------|------|--------|----------------|-----------------|
| Comity         | PE   | P18019 | September 2006 | December 2027   |
| Comity         | PS   | P18019 | September 2006 | December 2027   |

## EXAMS

| Exam                            | Hours | Exam Date | Additional Information |
|---------------------------------|-------|-----------|------------------------|
| ⊘ No exams in this jurisdiction |       |           |                        |

## ADDITIONAL INFORMATION

|                     |           |
|---------------------|-----------|
| Disciplinary Action | None      |
| Notes               | ⊘ Not Set |

## VERIFICATION

Verifier  
Janece GrappVerification Date  
06/05/2026 03:02pm EDTBoard  
Iowa Engineering and Land Surveying Examining Board



**Mokanyk, Matthew**  
(12-769-76)

mattm@landtechps.com  
DOB: 04/20/1970

### LICENSES

| Initial/Comity | Type | Number     | Issue Date   | Expiration Date |
|----------------|------|------------|--------------|-----------------|
| Comity         | PS   | LS20100015 | January 2001 | July 2026       |

### EXAMS

| Exam                                                           | Hours | Exam Date | Additional Information |
|----------------------------------------------------------------|-------|-----------|------------------------|
| <input checked="" type="radio"/> No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |                                          |
|---------------------|------------------------------------------|
| Disciplinary Action | None                                     |
| Notes               | <input checked="" type="radio"/> Not Set |

### VERIFICATION

**Verifier**  
Alexis Dunn

**Verification Date**  
05/15/2025 08:39am EDT

**Board**  
Indiana State Board of Registration for Professional Land  
Surveyors



Mokanyk, Matthew  
(12-769-76)

mattm@landtechps.com  
DOB: 04/20/1970

### LICENSES

| Initial/Comity | Type | Number     | Issue Date | Expiration Date |
|----------------|------|------------|------------|-----------------|
| Comity         | PS   | 035.003826 | April 2011 | November 2026   |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |                                                          |
|---------------------|----------------------------------------------------------|
| Disciplinary Action | Disciplinary action taken.                               |
| Notes               | Illinois Jurisdictional exam - 2 hours - PASSED - 4/2011 |

### VERIFICATION

**Verifier**  
Jeffrey Benjamin

**Verification Date**  
06/23/2025 10:21am EDT

**Board**  
Illinois Land Surveyors Licensing Board



# Application Summary

## Application

Name: **NAJMETDIN, ILHAM**

DTN: **4278394**

Address: **6164 56TH DRIVE, 2ND FLOOR, MASPETH, NY 11378**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **06/23/2026** Fees Paid: **\$255.00**

## Education

- Institution: **MOSCOW STATE UNIVERSITY OF GEODESY AND CARTOGRAPHY MOSCOW, RUSSIA - VERIFIED BY NCEES** 2019

Degree: **MASTERS** Major: **GEODESY AND REMOTE SENSING**

Foreign: **Yes** Enrolled: **No** **Verified**
- Institution: **KAZAN FEDERAL UNIVERSITY KAZAN, TATARSTAN, RUSSIA - VERIFIED BY NCEES** 2017

Degree: **BACHELORS** Major: **GEODESY AND REMOTE SENSING**

Foreign: **Yes** Enrolled: **No** **Verified**

## Out-of-State Licenses

- License: **LS24GS0435150** Issued On: **06/01/2026** Issuing State: **New Jersey**

Laws/Rules: **0** Expires On: **04/30/2028** Obtained By: **Examination**

Good Standing: **No** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u>                         |
|-----------------------------------------|----------------------|----------------------|----------------------------------------|
| Online App Recd. Data Updated by System | 06/29/2026           | REGENIA LEE          |                                        |
| New Documents Received. Please look.    | 06/29/2026           | REGENIA LEE          |                                        |
| Fees Validated Correctly                | 06/26/2026           | SYSTEM CSTRACK       |                                        |
| Fees Cashiered                          | 06/26/2026           | FINANCE & ACCOUNTING |                                        |
| Letter - LS Complete                    | 06/24/2026           | REGENIA LEE          |                                        |
| Application Received                    | 06/24/2026           | REGENIA LEE          |                                        |
| Enter/Update Person Details             | 06/24/2026           | REGENIA LEE          |                                        |
| Education Verified                      | 06/24/2026           | REGENIA LEE          | TRANSCRIPTS VERIFIED BY NCEES          |
| Experience Verified                     | 06/24/2026           | REGENIA LEE          | EXPERIENCE VERIFIED BY NCEES           |
| Out of State License Verified           | 06/24/2026           | REGENIA LEE          | OUT OF STATE LICENSE VERIFIED BY NCEES |

**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

[www.800helpfla.com](http://www.800helpfla.com)

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850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

### APPLICATION TYPE

|                       |                                |                  |                               |
|-----------------------|--------------------------------|------------------|-------------------------------|
| Application Type      | <b>Endorsement</b>             |                  |                               |
| Highest Degree        | <b>Graduate School 2 Years</b> |                  |                               |
| Document Tracking No# | <b>4278394</b>                 | Application Date | <b>06/23/2026 04:10:19 PM</b> |

### APPLICANT INFORMATION

|                        |                                                                        |
|------------------------|------------------------------------------------------------------------|
| First Name             | <b>ILHAM</b>                                                           |
| Middle Initial         |                                                                        |
| Last Name              | <b>NAJMETDIN</b>                                                       |
| Date of Birth          | <b>1/13/1995</b>                                                       |
| Race                   | <b>White or Caucasian</b>                                              |
| Social Security Number | <span style="background-color: black; color: black;">XXXXXXXXXX</span> |
| Home Address           | <b>6164 56th Drive, 2nd floor<br/>Maspeth, New York, 11378, USA</b>    |
| Mailing Address        | <b>6164 56th Drive, 2nd floor<br/>Maspeth, New York, 11378, USA</b>    |
| Email address          | <b>nazmut13@gmail.com</b>                                              |
| Home Phone             |                                                                        |
| Cellular Phone         | <b>929-545-1649</b>                                                    |
| Business Phone         |                                                                        |
| Fax                    |                                                                        |

### PRIOR NAME INFORMATION

Has Prior Name : **YES**

1. Prior Name: **ILKHAM, NAZMUTDINOV** Suffix:

### EDUCATION HISTORY

|                            |                                                           |
|----------------------------|-----------------------------------------------------------|
| 1. InstitutionName:        | <b>Kazan Federal University</b>                           |
| Degree:                    | <b>Bachelors</b>                                          |
| GraduationYear:            | <b>2017</b>                                               |
| Location:                  | <b>Kazan, Tatarstan, RU</b>                               |
| CurrentlyEnrolled:         | <b>NO</b>                                                 |
| AnticipatedGraduationDate: |                                                           |
| 2. InstitutionName:        | <b>Moscow State University of Geodesy and Cartography</b> |
| Degree:                    | <b>Masters</b>                                            |

GraduationYear: **2019**  
 Location: **Moscow, Moscow, RU**  
 CurrentlyEnrolled: **NO**  
 AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, **No** possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been **No** expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.**
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other **No** pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing **No** authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## OUT OF STATE LICENSES

- |                    |                    |                        |                     |
|--------------------|--------------------|------------------------|---------------------|
| 1. IssuingState:   | <b>New Jersey</b>  | LicenseNumber:         | <b>24GS04351500</b> |
| OriginalIssueDate: | <b>06/05/2026</b>  | ExpirationDate:        | <b>04/30/2028</b>   |
| LicenseObtainedBy: | <b>Examination</b> | LicenseInGoodStanding: | <b>YES</b>          |
| Explanation:       |                    |                        |                     |

## EMPLOYMENT HISTORY

1. Title: **Survey Crew Chief**  
 CompanyName: **KSE**  
 CompanyAddress: **Two Riverfront Plaza**

**Newark, New Jersey, 07102, USA**

**EmploymentFromDate: 01/16/2024**

**EmploymentToDate: 06/23/2026**

**HoursPerWeek: 40**

**Total Work Experience (in Months) : 29**

**Responsible Charge Exp (in Months) : 29**

**ExperienceSummary: I worked full-time in the field as an Acting Survey Crew Chief under the supervision of licensed professional surveyors. I worked on transportation, municipal, and railroad projects for NYC DOT, NYC DOB, and the MTA. I led a two-person crew and handled the fieldwork from the beginning of the job until completion. My work included site reconnaissance, setting and checking horizontal and vertical control, topographic surveys, locating utilities and drainage structures, measuring manhole and catch-basin inverts, Leica P50 scanning, construction layout, setting temporary benchmarks, and searching for boundary and railroad right-of-way monuments. I used RTK and static GNSS, robotic total stations, and digital levels. I also checked the fieldwork by using backsight checks, repeat RTK observations, total-station ties, and level-loop closures. When the office found missing or conflicting information, I returned to the site to collect additional measurements. I maintained field notes, photos, and tie sheets, managed safety around traffic and pedestrians, and sent the daily field data to the office. My work was limited to field surveying, layout, verification, and crew supervision. I did not perform office drafting, data processing, or final boundary determinations.**

**2. Title: Survey Crew Chief**

**CompanyName: Roguski Land Surveying**

**CompanyAddress: 56-39 61st St  
MASPETH, New York, 11378, USA**

**EmploymentFromDate: 10/10/2019**

**EmploymentToDate: 01/05/2024**

**HoursPerWeek: 40**

**Total Work Experience (in Months) : 51**

**Responsible Charge Exp (in Months) : 49**

**ExperienceSummary: I worked full-time as a Party Crew Chief and CAD Draftsman under the supervision of a licensed professional land surveyor. I organized and performed fieldwork for title, architectural, construction stakeout, as-built, final, vertical, accident, and ALTA surveys. Before starting a project, I reviewed available deeds, old surveys, maps, and control information. In the field, I led the survey crew, checked and adjusted the equipment, performed site reconnaissance, established and verified control points, collected measurements, set property lines and construction lines, established benchmarks, and made sure all required information was collected accurately. I also performed office work using AutoCAD. My duties included downloading and processing field data, preparing survey drawings, reviewing deeds and record maps, plotting property lines, comparing record information with monuments and field measurements, and assisting with property-line calculations. I worked on projects from the initial survey and construction layout through the final as-built and elevation survey.**

#### EXAMINATION INFORMATION

**Exam Passed : YES**

**StateBoard : New Jersey**

**Year Passed : 2023**

**Exam Passed : YES**

**StateBoard : New Jersey**

**Year Passed : 2025**

**Exam Passed : NO**

**StateBoard :**

**Year Passed :**

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**



**AUTHORIZATION**

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **nazmut13**

Signature Date: **6/23/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

**WORK EXPERIENCE**

KS Engineers, P.C  
New Jersey (United States)  
Survey Crew Chief  
November 2025—June 2026

Verified by  
**David Dyal Rupnarain**  
drupnarain@kseng.com

**Experience Summary****Full-Time****Surveying: 7 months****Experience under licensed surveyor:  
7 months****TASKS**

I perform field-only surveying for transportation and municipal programs as a contractor to the NYC Department of Buildings (DOB), NYC Department of Transportation (DOT), and the MTA. I mobilize the survey truck, lead a two-person crew, and execute all on-site activities from reconnaissance through close-out.

Core duties include: (1) Site reconnaissance and control planning—evaluating limits, sight lines, and hazards; selecting instrument locations; establishing project control points and elevation references; and verifying them by RTK GNSS, robotic total-station traverses, and digital-level checks. (2) Topographic acquisition—comprehensive pickup of curbs, sidewalks, pavements, structures, visible utilities, manholes/catch basins, and inlet/outlet inverts to specified tolerances. (3) High-density 3D scanning—deploying a Leica P50; developing a station framework for coverage and overlap; executing multi-setup scans; and documenting registration/quality conditions (overlap, incidence, obstructions). (4) Construction layout (as required)—staking curb lines and elevations from issued design, and setting temporary benchmarks/elevation references. (5) Boundary-monument recovery—conducting systematic searches, obtaining ties, and performing verification shots where record evidence suggests monumentation. (6) Field edits and verification—returning post-processing to resolve gaps or conflicts and to collect targeted utility attributes and sewer/catch-basin inverts. (7) Safety and data transfer—controlling interfaces with traffic and pedestrians, planning day/night windows, maintaining field logs, photos, and tie-sheets, and transmitting daily field files to office staff.

My scope is limited to field collection, layout, and verification; I do not perform office processing or drafting.

**REPRESENTATIVE PROJECTS**

Rockaway Blvd Corridor Topographic Survey — 2763-09  
Role: Acting Crew Chief / Instrument Person (field only)

Scope & Extents. 2.7 miles along Rockaway Boulevard, both north and south sides, from Farmers Blvd (west end) to around the 3rd St area at the southeast end.

Control & Datum. I and my team set thirty (30) control points about 400–500 ft apart. Horizontal control by GNSS (RTK) in two sessions tied to the New York State Plane system; vertical from two NGS benchmarks via a level loop (closed within tolerance). No total-station traverse needed.

Acquisition. With a Leica P50, I performed stationed scanning (not free-scan) at ~100-ft intervals. Each setup used a backsight-foresight method; I shot control from the scan stations so scans and control matched. Where views were blocked, I added quick topo shots (curbs/pavement, visible utilities, manhole/catch-basin rims and selected inverts).

QA/QC. Practical checks only: backsight checks, two RTK sessions agreeing within tolerance, and level loop closure within tolerance. After the office registered the point cloud and produced a base map, I returned for filters/field edits to fill misses and confirm key elevations/inverts.

Outcome. Clean State-Plane/NGS-tied control, consistent scans, and focused return edits—minimizing remobilizations.

Hudson & Harlem Lines — Wayside Communications & Signal System — 1609  
Role: Acting Crew Chief / Instrument Person (field only)

Scope & Purpose. Multi-site rail-corridor work over ~six months, dispatched by mile designations (e.g., “CP75”). Purpose: provide corridor topography and boundary/ROW evidence supporting a new communication/signal system and right-of-way determinations.

Control. I and my team established on-site control inside protection limits using GNSS static sessions for primary control, GNSS RTK for detail, and total-station ties as needed for short spans and checks. No leveling to NGS benchmarks was performed.

Acquisition. I collected track-adjacent topography (track centers where permitted, ballast shoulders, access ways, drainage, platforms/edges as applicable), plus wayside features needed for signals/communications (cabinets, handholes, poles/masts, junction boxes, fences, utility supports). In several locations I also performed targeted scanning to improve coverage where conventional shots were inefficient or occluded.

Boundary / ROW Evidence. The principal task was systematic monument recovery and legacy-feature location. In the field I:

- reviewed record plats/surveys and their ties,
  - searched and excavated for railroad/boundary monuments,
  - measured recovered monuments, and
  - when monuments were missing/destroyed, I located legacy features referenced on the historic surveys (e.g., fence lines, building corners, walls) and tied them precisely to our control to support boundary retracement and ROW calls.
- All recoveries included photos, condition notes/stamping where present, and relationships to working control.

QA/QC. Straightforward controls only: backsight checks at setups, two-session RTK agreement within tolerance, and static/TS ties used to confirm positions where needed. If the office flagged a question, I performed targeted follow-ups (GNSS check, short TS tie, or additional scan) to resolve it.

Outcome. Reliable control via static + RTK + TS, complete wayside/topo for the signal program, and defensible monument/legacy-feature evidence to support ROW and boundary determinations—delivered as clean field packages that integrated with the office's mapping workflow.



VERIFICATION

**Work Experience**  
KS Engineers, P.C  
New Jersey (United States)  
Nov. 2025 — Jun. 2026

**Verifier**  
David Dyal Rupnarain  
drupnarain@kseng.com  
(973) 508-8973

**Verification Date**  
06/04/2026 08:48am EDT

**i** VERIFIER INFO

**Position in firm**  
VP / Survey Manager  
  
**Relationship**  
Supervisor  
  
**Licensed engineer**  
No

**Known applicant**  
2 yrs and 6 months  
  
**Related to applicant**  
No

|                          |              |
|--------------------------|--------------|
| <b>Licensed surveyor</b> |              |
| <b>Board</b>             | New Jersey   |
| <b>License Number</b>    | 24GS03587100 |
| <b>Date of Licensure</b> | 04/25/1991   |

**≡** EXPERIENCE DESCRIPTION

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Knowledge of the applicant's work during the time covered by this endorsement            | Yes |
| The description above accurately reflects the work personally performed by the applicant | Yes |
| The time claimed by the applicant for this experience accurate                           | Yes |

**💬** COMMENTS

⌀ None

## WORK EXPERIENCE

KS Engineers, P.C  
New Jersey (United States)  
Official title: Survey CAD Technician.  
Acting role: Survey Crew Chief /  
Instrument person  
January 2024—October 2025

Verified by  
**David Dyal Rupnarain**  
drupnarain@kseng.com

*Experience Summary***Full-Time****Surveying: 1 year, 9 months****Experience under licensed surveyor:  
1 year, 9 months**

## TASKS

I perform field-only surveying for transportation and municipal programs as a contractor to the NYC Department of Buildings (DOB), NYC Department of Transportation (DOT), and the MTA. I mobilize the survey truck, lead a two-person crew, and execute all on-site activities from reconnaissance through close-out.

Core duties include: (1) Site reconnaissance and control planning—evaluating limits, sight lines, and hazards; selecting instrument locations; establishing project control points and elevation references; and verifying them by RTK GNSS, robotic total-station traverses, and digital-level checks. (2) Topographic acquisition—comprehensive pickup of curbs, sidewalks, pavements, structures, visible utilities, manholes/catch basins, and inlet/outlet inverts to specified tolerances. (3) High-density 3D scanning—deploying a Leica P50; developing a station framework for coverage and overlap; executing multi-setup scans; and documenting registration/quality conditions (overlap, incidence, obstructions). (4) Construction layout (as required)—staking curb lines and elevations from issued design, and setting temporary benchmarks/elevation references. (5) Boundary-monument recovery—conducting systematic searches, obtaining ties, and performing verification shots where record evidence suggests monumentation. (6) Field edits and verification—returning post-processing to resolve gaps or conflicts and to collect targeted utility attributes and sewer/catch-basin inverts. (7) Safety and data transfer—controlling interfaces with traffic and pedestrians, planning day/night windows, maintaining field logs, photos, and tie-sheets, and transmitting daily field files to office staff.

My scope is limited to field collection, layout, and verification; I do not perform office processing or drafting.

## REPRESENTATIVE PROJECTS

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Role: Acting Crew Chief / Instrument Person (field only)

Scope & Extents. 2.7 miles along Rockaway Boulevard, both north and south sides, from Farmers Blvd (west end) to around the 3rd St area at the southeast end.

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Acquisition. With a Leica P50, we performed stationed scanning (not free-scan) at ~100-ft intervals. Each setup used a backsight-foresight method; we shot control from the scan stations so scans and control matched. Where views were blocked, we added quick topo shots (curbs/pavement, visible utilities, manhole/catch-basin rims and selected inverts).

QA/QC. Practical checks only: backsight checks, two RTK sessions agreeing within tolerance, and level loop closure within tolerance. After the office registered the point cloud and produced a base map, we returned for filters/field edits to fill misses and confirm key elevations/inverts.

Outcome. Clean State-Plane/NGS-tied control, consistent scans, and focused return edits—minimizing remobilizations.

Hudson & Harlem Lines — Wayside Communications & Signal System — 1609  
Role: Acting Crew Chief / Instrument Person (field only)

Scope & Purpose. Multi-site rail-corridor work over ~six months, dispatched by mile designations (e.g., “CP75”). Purpose: provide corridor topography and boundary/ROW evidence supporting a new communication/signal system and right-of-way

determinations.

Control. I and my team established on-site control inside protection limits using GNSS static sessions for primary control, GNSS RTK for detail, and total-station ties as needed for short spans and checks. No leveling to NGS benchmarks was performed.

Acquisition. We collected track-adjacent topography (track centers where permitted, ballast shoulders, access ways, drainage, platforms/edges as applicable), plus wayside features needed for signals/communications (cabinets, handholes, poles/masts, junction boxes, fences, utility supports). In several locations we also performed targeted scanning to improve coverage where conventional shots were inefficient or occluded.

Boundary / ROW Evidence. The principal task was systematic monument recovery and legacy-feature location. In the field we:

- reviewed record plats/surveys and their ties,
  - searched and excavated for railroad/boundary monuments,
  - measured recovered monuments, and
  - when monuments were missing/destroyed, we located legacy features referenced on the historic surveys (e.g., fence lines, building corners, walls) and tied them precisely to our control to support boundary retracement and ROW calls.
- All recoveries included photos, condition notes/stamping where present, and relationships to working control.

QA/QC. Straightforward controls only: backsight checks at setups, two-session RTK agreement within tolerance, and static/TS ties used to confirm positions where needed. If the office flagged a question, we performed targeted follow-ups (GNSS check, short TS tie, or additional scan) to resolve it.

Outcome. Reliable control via static + RTK + TS, complete wayside/topo for the signal program, and defensible monument/legacy-feature evidence to support ROW and boundary determinations—delivered as clean field packages that integrated with the office's mapping workflow.

## VERIFICATION

**Work Experience**  
KS Engineers, P.C  
New Jersey (United States)  
Jan. 2024 — Oct. 2025

**Verifier**  
David Dyal Rupnarain  
drupnarain@kseng.com  
(973) 508-8973

**Verification Date**  
10/17/2025 07:45am EDT



### VERIFIER INFO

**Position in firm**  
VP / Director of Survey Services

**Relationship**  
Supervisor

**Licensed engineer**  
No

**Known applicant**  
2 yrs

**Related to applicant**  
No

**Licensed surveyor**

**Board** New Jersey

**License Number** 24GS03587100

**Date of Licensure** 04/25/1991



### EXPERIENCE DESCRIPTION

**Knowledge of the applicant's work during the time covered by this endorsement** Yes

**The description above accurately reflects the work personally performed by the applicant** Yes

**The time claimed by the applicant for this experience accurate** Yes



### COMMENTS

Very capable and diligent worker, always researching topics of interest and willing to learn. An honest and dedicated person.



## WORK EXPERIENCE

Roguski Land Surveying  
New York (United States)  
Party Crew Chief / CAD Draftsman  
September 2023—December 2023

Verified by  
**Szczepan Henryk Roguski**  
szczepan@roguskills.net

Experience Summary  
**Full-Time**  
**Surveying: 3 months**  
**Experience under licensed surveyor:**  
**3 months**

### TASKS

At Roguski Land Surveying, P.C. I have next general surveying duties:

1) Familiarization with the project. What type of work will need to be done, what equipment will be needed for this. Get all the old surveys you need and their coordinates, which might be useful. 2) Departure with the team to the place of work. Before starting survey work, check the equipment and make adjustments. 3) Conduct a reconnaissance of the area, set reference / control points from which survey will be made, draw sketches. 4) Make field measurements to a certain accuracy. Make sure that all information has been collected during the field work. 5) As a draftsman, my responsibilities include analysis and processing of measurement data, calculation of property line and drafting the survey in AutoCAD software.

For almost four years, I, as a field worker, have been performing the following types of surveys: title, architectural, stake out, as built, vertical, final, accident, ALTA. As a crew survey chief, I am responsible for organizing the work in the field.

In addition to field surveys and drawing them in AutoCAD software, I do property line calculation. To do this I have to explore all the necessary documentation, such as: final section maps, alteration maps, deeds of the our job and adjacent to it lots, old surveys (records), etc. After plotting mathematically the property line in AutoCAD with respect to the final section map, deeds, old surveys and monuments, I analyze our fieldwork and try to find the best solution to determine the property line related to our field measurements.

### REPRESENTATIVE PROJECTS

1. 288-290 Water Street, Brooklyn, NY. Block: 43, Lot: 12.

Types of surveys was performed and done by me as a Party Crew Chief: update of title survey, update of architectural survey, stake out of the property line, construction survey, final survey with elevation.

I started this project as Party Crew Chief in September 2020. The original survey was made in 2019 before my employment in this company. I was given the task to do an update of survey (title, architectural). I started by searching for all the surveyed control points in order to retrace the survey and the coordinate system in which the previous survey was made. In the course of the work, I surveyed on the territory of the site, found all the changes on the site and made all the necessary measurements to update the survey for the current date. The next visit was in January 2021 in order to stake out the property line of the site. At the time of staking out of the property line, the territory of the job site was empty and the next task was the staking out of the construction axis lines of the 5 story building and the setting of a benchmark. And during the period from February 2021 to June 2021, I went to them several times in order to lay out the axis lines of the building and set a benchmark on each new floor. Two years later (in May 2023), when all construction work was completed, my crew and I completed the final survey with elevation.

2. 58 Saint Marks Place and 88, 88a, 90, 92, 94 Fourth Avenue, Brooklyn, NY. Block: 395, Lot: 30.

Types of surveys was performed and done by me as a Party Crew Chief / Surveying Technician: update of title survey, update of architectural survey, stake out of the property line, construction survey, final survey with elevation.

I led this project from May 2020 to May 2022. For 2 years, I have carried out all types of work on this site: from title survey to final survey with elevation. I started the project as a survey technician in October 2019, when I was doing the staking out of the axis lines for the construction of the foundation of the building. The next year after the lock down in 2020, I continued this project already as a Party Crew Chief. And over the next two years, I did the following types of work: update of survey (title, architectural), construction survey, final survey with elevation. During the construction phase, my crew and I came several times to lay out the construction axis lines of the building. I also did an as built survey of floor slabs. Before each start of the stake out survey, I checked and adjusted the total station to be completely sure that the instrument was in good working order and ready for use. Also important before each stake out was that our control points, from which I work, work between each other and I am within the accuracy I need. After the completion of all construction work (May 2022), my team and I completed the final survey with elevation.

3. 2139 East 64 Street, Brooklyn, NY. Block: 8465 Lot: 61.

Types of surveys was performed and done by me as a Party Crew Chief / CAD Draftsman: stake out for property line and making a drawing by using AutoCAD.

I was tasked (June 2023) with staking out of the property line based on our original survey that was made in 2014. The problem was that the old control points were destroyed from which the original survey was done. As a Party Crew Chief, I went to the job site, tied with the necessary accuracy to the original survey, left my new control points and, together with the team, made a stake out of the property line. After field work, I, as Draftsman, made the final drawing in AutoCAD software in order to send it to the client.

## VERIFICATION

**Work Experience**  
Roguski Land Surveying  
New York (United States)  
Sep. 2023 — Dec. 2023

**Verifier**  
Szczepan Henryk Roguski  
szczepan@roguskils.net  
(718) 480-3761

**Verification Date**  
10/21/2025 02:10pm EDT



### VERIFIER INFO

**Position in firm**  
President

**Relationship**  
HR/Personnel

**Licensed engineer**  
No

**Verifier qualifications**

|                                       |                                            |
|---------------------------------------|--------------------------------------------|
| <b>Graduation Date</b>                | May. 1980                                  |
| <b>Institution</b>                    | Warsaw University of Technology            |
| <b>Degree</b>                         | Other Technical — master degree in geodesy |
| <b>Years of experience</b>            | 45                                         |
| <b>Primary engineering discipline</b> | land surveying                             |
| <b>Professional Credentials</b>       | 1                                          |

**Known applicant**  
6 years

**Related to applicant**  
No

**Licensed surveyor**

|                          |            |
|--------------------------|------------|
| <b>Board</b>             | New York   |
| <b>License Number</b>    | 050775     |
| <b>Date of Licensure</b> | 07/07/2010 |



### EXPERIENCE DESCRIPTION

|                                                                                                 |     |
|-------------------------------------------------------------------------------------------------|-----|
| <b>Knowledge of the applicant's work during the time covered by this endorsement</b>            | Yes |
| <b>The description above accurately reflects the work personally performed by the applicant</b> | Yes |
| <b>The time claimed by the applicant for this experience accurate</b>                           | Yes |



### COMMENTS

⊘ None

**WORK EXPERIENCE**

Roguski Land Surveying  
New York (United States)  
Party Crew Chief / CAD Draftsman  
October 2019—August 2023

Verified by  
**Szczepan Henryk Roguski**  
szczepan@roguskils.net

*Experience Summary***Full-Time****Surveying: 3 years, 10 months****Experience under licensed surveyor:  
3 years, 10 months** **TASKS**

At Roguski Land Surveying, P.C. I have next general surveying duties:

1) Familiarization with the project. What type of work will need to be done, what equipment will be needed for this. Get all the old surveys you need and their coordinates, which might be useful. 2) Departure with the team to the place of work. Before starting survey work, check the equipment and make adjustments. 3) Conduct a reconnaissance of the area, set reference / control points from which survey will be made, draw sketches. 4) Make field measurements to a certain accuracy. Make sure that all information has been collected during the field work. 5) As a draftsman, my responsibilities include analysis and processing of measurement data, calculation of property line and drafting the survey in AutoCAD software.

For almost four years, I, as a field worker, have been performing the following types of surveys: title, architectural, stake out, as built, vertical, final, accident, ALTA. As a crew survey chief, I am responsible for organizing the work in the field.

In addition to field surveys and drawing them in AutoCAD software, I do property line calculation. To do this I have to explore all the necessary documentation, such as: final section maps, alteration maps, deeds of the our job and adjacent to it lots, old surveys (records), etc. After plotting mathematically the property line in AutoCAD with respect to the final section map, deeds, old surveys and monuments, I analyze our fieldwork and try to find the best solution to determine the property line related to our field measurements.

 **REPRESENTATIVE PROJECTS**

1. 288-290 Water Street, Brooklyn, NY. Block: 43, Lot: 12.

Types of surveys was performed and done by me as a Party Crew Chief: update of title survey, update of architectural survey, stake out of the property line, construction survey, final survey with elevation.

I started this project as Party Crew Chief in September 2020. The original survey was made in 2019 before my employment in this company. I was given the task to do an update of survey (title, architectural). I started by searching for all the surveyed control points in order to retrace the survey and the coordinate system in which the previous survey was made. In the course of the work, I surveyed on the territory of the site, found all the changes on the site and made all the necessary measurements to update the survey for the current date. The next visit was in January 2021 in order to stake out the property line of the site. At the time of staking out of the property line, the territory of the job site was empty and the next task was the staking out of the construction axis lines of the 5 story building and the setting of a benchmark. And during the period from February 2021 to June 2021, we went to them several times in order to lay out the axis lines of the building and set a benchmark on each new floor. Two years later (in May 2023), when all construction work was completed, my crew and I completed the final survey with elevation.

2. 58 Saint Marks Place and 88, 88a, 90, 92, 94 Fourth Avenue, Brooklyn, NY. Block: 395, Lot: 30.

Types of surveys was performed and done by me as a Party Crew Chief / Surveying Technician: update of title survey, update of architectural survey, stake out of the property line, construction survey, final survey with elevation.

Our company led this project from May 2018 to May 2022. For 4 years, our company has carried out all types of work on this site: from title survey to final survey with elevation. I started the project as a survey technician in October 2019, when we were doing the staking out of the axis lines for the construction of the foundation of the building. The next year after the lock down in 2020, I continued this project already as a Party Crew Chief. And over the next two years, I did the following types of work: update of survey (title, architectural), construction survey, final survey with elevation. During the construction phase, my crew and I came several times to lay out the construction axis lines of the building. I also did an as built survey of floor slabs. Before each start of the stake out survey, I checked and adjusted the total station to be completely sure that the instrument was in good working order and ready for use. Also important before each stake out was that our control points, from which we work, work between each other each other and we are within the accuracy we need. After the completion of all construction work (May 2022), my team and I



completed the final survey with elevation.

3. 2139 East 64 Street, Brooklyn, NY. Block: 8465 Lot: 61.

Types of surveys was performed and done by me as a Party Crew Chief / CAD Draftsman: stake out for property line and making a drawing by using AutoCAD.

I was tasked (June 2023) with staking out of the property line based on our original survey that was made in 2014. The problem was that the old control points were destroyed from which the original survey was done. As a Party Crew Chief, I went to the job site, tied with the necessary accuracy to the original survey, left my new control points and, together with the team, made a stake out of the property line. After field work, I, as Draftsman, made the final drawing in AutoCAD software in order to send it to the client.

4. 66-02 99th Street, Queens, NY. Block: 2105, Lot: 1.

I performed Architectural Survey as a Party Crew Chief on April 2021: organized field work, collected survey data.

## VERIFICATION

**Work Experience**

Roguski Land Surveying  
New York (United States)  
Oct. 2019 — Aug. 2023

**Verifier**

Szczepan Henryk Roguski  
s.roguski.pls@gmail.com  
(718) 480-3761

**Verification Date**

08/07/2023 05:28pm EDT



## VERIFIER INFO

**Position in firm**

President at Roguski Land Surveying, P.C.

**Relationship**

Supervisor

**Licensed engineer**

No

**Verifier qualifications**

**Graduation Date** May. 1980

**Institution** Warsaw University of Technology

**Degree** Other Technical — master degree in  
geodesy and cartography

**Years of  
experience** 43

**Primary  
engineering  
discipline** land surveying

**Known applicant**

3 years 10 months

**Related to applicant**

No

**Licensed surveyor**

**Board** New York

**License Number** 050775

**Date of Licensure** 07/07/2010



## EXPERIENCE DESCRIPTION

**Knowledge of the applicant's work during the time covered by this endorsement** Yes

**The description above accurately reflects the work personally performed by the applicant** Yes

**The time claimed by the applicant for this experience accurate** Yes



## COMMENTS

Ilkham is very responsible and ethical person, and he's very familiar with land surveying subject.

**LICENSES**

| Initial/Comity | Type | Number       | Issue Date | Expiration Date |
|----------------|------|--------------|------------|-----------------|
| Initial        | PS   | 24GS04351500 | June 2026  | April 2028      |

**EXAMS**

| Exam     | Hours | Exam Date     | Additional Information |
|----------|-------|---------------|------------------------|
| NCEES FS | 6     | February 2023 | —                      |
| NCEES PS | 7     | October 2025  | —                      |

**ADDITIONAL INFORMATION**

|                     |           |
|---------------------|-----------|
| Disciplinary Action | None      |
| Notes               | ⊘ Not Set |

**VERIFICATION**

|                                                                                              |                                                                                     |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Verifier</b><br>Halifa Bradford<br><br><b>Verification Date</b><br>06/10/2026 01:55pm EDT | <b>Board</b><br>New Jersey State Board of Professional Engineers and Land Surveyors |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

# Application Summary

## Application

Name: **RUSSELL, JOHN**

DTN: **4270880**

Address: **6316 STATEZNY LN., ARGONNE, WI 54511**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **06/03/2026** Fees Paid: **\$255.00**

## Education

- |    |                                                                                                                                                                         |                 |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. | Institution: <b>SOUTHERN NEW HAMPSHIRE UNIVERSITY 2500 NORTH RIVER ROAD</b><br>Degree: <b>MANCHESTER, NEW HAMPSHIRE 03106</b><br>Foreign: <b>BACHELORS</b><br><b>No</b> | 2020            |
|    | Major: <b>GENERAL STUDIES</b><br>Enrolled: <b>No</b>                                                                                                                    | <b>Verified</b> |
| 2. | Institution: <b>OKLAHOMA STATE UNIVERSITY 900 PORTLAND AVENUE OKLAHOMA CITY,</b><br>Degree: <b>OKLAHOMA 29678</b><br>Foreign: <b>ASSOCIATES</b><br><b>No</b>            | 2016            |
|    | Major: <b>SURVEYING TECHNOLOGY</b><br>Enrolled: <b>No</b>                                                                                                               | <b>Verified</b> |

## Out-of-State Licenses

- |    |                                                                                |                                                               |                                                                       |                 |
|----|--------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------|-----------------|
| 1. | License: <b>LSP29079</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b> | Issued On: <b>07/01/2024</b><br>Expires On: <b>12/31/2027</b> | Issuing State: <b>Iowa</b><br>Obtained By: <b>Reciprocity</b>         | <b>Verified</b> |
| 2. | License: <b>LS4593</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>   | Issued On: <b>09/01/2023</b><br>Expires On: <b>06/30/2028</b> | Issuing State: <b>Kentucky</b><br>Obtained By: <b>Reciprocity</b>     | <b>Verified</b> |
| 3. | License: <b>LS29049</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>  | Issued On: <b>09/01/2023</b><br>Expires On: <b>12/31/2027</b> | Issuing State: <b>New Mexico</b><br>Obtained By: <b>Reciprocity</b>   | <b>Verified</b> |
| 4. | License: <b>LS59135</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>  | Issued On: <b>05/01/2021</b><br>Expires On: <b>06/30/2028</b> | Issuing State: <b>Minnesota</b><br>Obtained By: <b>Reciprocity</b>    | <b>Verified</b> |
| 5. | License: <b>LS58553</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>  | Issued On: <b>07/01/2014</b><br>Expires On: <b>09/01/2026</b> | Issuing State: <b>Arizona</b><br>Obtained By: <b>Reciprocity</b>      | <b>Verified</b> |
| 6. | License: <b>LSLS9444</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b> | Issued On: <b>05/01/2014</b><br>Expires On: <b>12/31/2026</b> | Issuing State: <b>North Dakota</b><br>Obtained By: <b>Reciprocity</b> | <b>Verified</b> |
| 7. | License: <b>LS1742</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>   | Issued On: <b>05/01/2012</b><br>Expires On: <b>06/01/2026</b> | Issuing State: <b>Arkansas</b><br>Obtained By: <b>Reciprocity</b>     | <b>Verified</b> |
| 8. | License: <b>LS3229</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>   | Issued On: <b>11/01/2011</b><br>Expires On: <b>12/31/2027</b> | Issuing State: <b>Mississippi</b><br>Obtained By: <b>Reciprocity</b>  | <b>Verified</b> |
| 9. | License: <b>LS1554</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>   | Issued On: <b>12/01/2010</b><br>Expires On: <b>03/31/2027</b> | Issuing State: <b>Kansas</b><br>Obtained By: <b>Reciprocity</b>       | <b>Verified</b> |



# Application Summary

## Application

Name: **RUSSELL, JOHN**

DTN: **4270880**

Address: **6316 STATEZNY LN., ARGONNE, WI 54511**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **06/03/2026** Fees Paid: **\$255.00**

|           |                                                                              |                                                               |                                                                   |                 |
|-----------|------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------|-----------------|
| <b>10</b> | License: <b>LS1727</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b> | Issued On: <b>12/01/2009</b><br>Expires On: <b>12/31/2026</b> | Issuing State: <b>Oklahoma</b><br>Obtained By: <b>Examination</b> | <b>Verified</b> |
| <b>11</b> | License: <b>LS5305</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b> | Issued On: <b>01/01/1999</b><br>Expires On: <b>12/31/2026</b> | Issuing State: <b>Texas</b><br>Obtained By: <b>Examination</b>    | <b>Verified</b> |

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u>                          |
|-----------------------------------------|----------------------|----------------------|-----------------------------------------|
| Background Check Initiated              | 06/10/2026           | REGENIA LEE          |                                         |
| Online App Recd. Data Updated by System | 06/10/2026           | REGENIA LEE          |                                         |
| New Documents Received. Please look.    | 06/10/2026           | REGENIA LEE          |                                         |
| Fees Validated Correctly                | 06/08/2026           | SYSTEM CSTRACK       |                                         |
| Fees Cashiered                          | 06/08/2026           | FINANCE & ACCOUNTING |                                         |
| Letter - LS Complete                    | 06/04/2026           | REGENIA LEE          |                                         |
| Application Received                    | 06/04/2026           | REGENIA LEE          |                                         |
| Enter/Update Person Details             | 06/04/2026           | REGENIA LEE          |                                         |
| Education Verified                      | 06/04/2026           | REGENIA LEE          | EDUCATION VERIFIED BY NCEES             |
| Experience Verified                     | 06/04/2026           | REGENIA LEE          | EXPERIENCE VERIFIED BY NCEES            |
| Out of State License Verified           | 06/04/2026           | REGENIA LEE          | OUT OF STATE LICENSES VERIFIED BY NCEES |

**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700  
[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA (435-7352)  
FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

### APPLICATION TYPE

|                       |                        |                  |                               |
|-----------------------|------------------------|------------------|-------------------------------|
| Application Type      | <b>Endorsement</b>     |                  |                               |
| Highest Degree        | <b>College 4 Years</b> |                  |                               |
| Document Tracking No# | <b>4270880</b>         | Application Date | <b>06/03/2026 06:08:25 PM</b> |

### APPLICANT INFORMATION

|                        |                                                             |
|------------------------|-------------------------------------------------------------|
| First Name             | <b>John</b>                                                 |
| Middle Initial         | <b>M</b>                                                    |
| Last Name              | <b>Russell</b>                                              |
| Date of Birth          | <b>1/25/1961</b>                                            |
| Race                   | <b>White or Caucasian</b>                                   |
| Social Security Number | <b>[REDACTED]</b>                                           |
| Home Address           | <b>6316 Statezny Ln.<br/>Argonne, Wisconsin, 54511, USA</b> |
| Mailing Address        | <b>6316 Statezny Ln.<br/>Argonne, Wisconsin, 54511, USA</b> |
| Email address          | <b>jmr@jmrls.com</b>                                        |
| Home Phone             | <b>940-222-0750</b>                                         |
| Cellular Phone         | <b>940-222-0750</b>                                         |
| Business Phone         | <b>940-222-0750</b>                                         |
| Fax                    |                                                             |

### PRIOR NAME INFORMATION

Has Prior Name : **NO**

1. Prior Name: **Mike, Russell**

Suffix:

### EDUCATION HISTORY

|                            |                                                                                           |
|----------------------------|-------------------------------------------------------------------------------------------|
| 1. InstitutionName:        | <b>Oklahoma State University, Oklahoma City Campus (see NCEES record for transcripts)</b> |
| Degree:                    | <b>Associates</b>                                                                         |
| GraduationYear:            | <b>2016</b>                                                                               |
| Location:                  | <b>Oklahoma City, Oklahoma, USA</b>                                                       |
| CurrentlyEnrolled:         | <b>NO</b>                                                                                 |
| AnticipatedGraduationDate: |                                                                                           |
| 2. InstitutionName:        | <b>Southern New Hampshire (see NCEES record for transcripts)</b>                          |

Degree: **Bachelors**  
 GraduationYear: **2020**  
 Location: **Manchester, New Hampshire, USA**  
 CurrentlyEnrolled: **NO**  
 AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were Yes placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

Date of Action: **01/25/1991**

Docket Number: **na**

Court or administrative agency rendering the decision, judgement or order: **na**

Governmental agency which brought the action: **City of Dallas, texas**

Details: **Misdemeanor, public intoxication, paid a ticket of \$150.00. I have not been able to find any record in an online or private search of this matter. I did contact the City of Dallas when trying to acquire that information and was told due to the age of the of the incident that those records are no longer available.**

Details:

### List of Uploaded Documents

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, No possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

## LICENSURE HISTORY INFORMATION

### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. Yes

Date of Action: **01/25/1991**

Docket Number **na**

Court or administrative **na**

agency  
rendering the  
decision, judgment or  
order:

Governmental

agency  
which brought the  
action:

**City of Dallas, Texas**

Details:

**Misdemeanor, public intoxication, paid a ticket of \$150.00. I have not been able to find any record in an online or private search of this matter. I did contact the City of Dallas when trying to acquire that information and was told due to the age of the of the incident that those records are no longer available.**

Description:

**Misdemeanor, public intoxication, paid a ticket of \$150.00. I have not been able to find any record in an online or private search of this matter. I did contact the City of Dallas when trying to acquire that information and was told due to the age of the of the incident that those records are no longer available.**

### List of Uploaded Documents

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other No pleading with any fraud or deceit, or is there any such case or investigation pending?

3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing No authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

### OUT OF STATE LICENSES

- |                                                   |                                   |
|---------------------------------------------------|-----------------------------------|
| 1. IssuingState: <b>Texas</b>                     | LicenseNumber: <b>5305</b>        |
| OriginalIssueDate: <b>01/01/1999</b>              | ExpirationDate: <b>01/31/2026</b> |
| LicenseObtainedBy: <b>Examination</b>             | LicenseInGoodStanding: <b>YES</b> |
| Explanation:                                      |                                   |
| 2. IssuingState: <b>Arkansas</b>                  | LicenseNumber: <b>1742</b>        |
| OriginalIssueDate: <b>05/16/2012</b>              | ExpirationDate: <b>06/30/2026</b> |
| LicenseObtainedBy: <b>Examination</b>             | LicenseInGoodStanding: <b>YES</b> |
| Explanation:                                      |                                   |
| 3. IssuingState: <b>Arizona</b>                   | LicenseNumber: <b>58553</b>       |
| OriginalIssueDate: <b>08/26/2014</b>              | ExpirationDate: <b>09/30/2026</b> |
| LicenseObtainedBy: <b>Reciprocity/Endorsement</b> | LicenseInGoodStanding: <b>YES</b> |
| Explanation:                                      |                                   |
| 4. IssuingState: <b>Idaho</b>                     | LicenseNumber: <b>L-22627</b>     |
| OriginalIssueDate: <b>10/20/2023</b>              | ExpirationDate: <b>01/30/2027</b> |
| LicenseObtainedBy: <b>Examination</b>             | LicenseInGoodStanding: <b>YES</b> |
| Explanation:                                      |                                   |
| 5. IssuingState: <b>Iowa</b>                      | LicenseNumber: <b>P29079</b>      |
| OriginalIssueDate: <b>07/30/2024</b>              | ExpirationDate: <b>12/31/2027</b> |
| LicenseObtainedBy: <b>Examination</b>             | LicenseInGoodStanding: <b>YES</b> |
| Explanation:                                      |                                   |



- |                                                                                                                                                                                         |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 6. IssuingState: <b>Kansas</b><br>OriginalIssueDate: <b>12/21/2010</b><br>LicenseObtainedBy: <b>Examination</b><br>Explanation:                                                         | LicenseNumber: <b>1554</b><br>ExpirationDate: <b>03/31/2027</b><br>LicenseInGoodStanding: <b>YES</b>  |
| 7. IssuingState: <b>Kentucky</b><br>OriginalIssueDate: <b>09/05/2023</b><br>LicenseObtainedBy: <b>Reciprocity/Endorsement</b><br>Explanation: <b>I renewed this license in May 2026</b> | LicenseNumber: <b>4593</b><br>ExpirationDate: <b>06/30/2028</b><br>LicenseInGoodStanding: <b>YES</b>  |
| 8. IssuingState: <b>Minnesota</b><br>OriginalIssueDate: <b>05/18/2021</b><br>LicenseObtainedBy: <b>Examination</b><br>Explanation: <b>I renewed this license in May 2026</b>            | LicenseNumber: <b>59135</b><br>ExpirationDate: <b>06/30/2028</b><br>LicenseInGoodStanding: <b>YES</b> |
| 9. IssuingState: <b>Mississippi</b><br>OriginalIssueDate: <b>11/19/2011</b><br>LicenseObtainedBy: <b>Examination</b><br>Explanation:                                                    | LicenseNumber: <b>3229</b><br>ExpirationDate: <b>12/31/2027</b><br>LicenseInGoodStanding: <b>YES</b>  |
| 10. IssuingState: <b>New Mexico</b><br>OriginalIssueDate: <b>09/01/2023</b><br>LicenseObtainedBy: <b>Examination</b><br>Explanation:                                                    | LicenseNumber: <b>29049</b><br>ExpirationDate: <b>12/31/2027</b><br>LicenseInGoodStanding: <b>YES</b> |
| 11. IssuingState: <b>North Dakota</b><br>OriginalIssueDate: <b>06/02/2014</b><br>LicenseObtainedBy: <b>Examination</b><br>Explanation:                                                  | LicenseNumber: <b>9444</b><br>ExpirationDate: <b>12/31/2026</b><br>LicenseInGoodStanding: <b>YES</b>  |
| 12. IssuingState: <b>Oklahoma</b><br>OriginalIssueDate: <b>12/09/2009</b><br>LicenseObtainedBy: <b>Examination</b><br>Explanation:                                                      | LicenseNumber: <b>1727</b><br>ExpirationDate: <b>12/31/2026</b><br>LicenseInGoodStanding: <b>YES</b>  |
| 13. IssuingState: <b>South Dakota</b><br>OriginalIssueDate: <b>07/01/2014</b><br>LicenseObtainedBy: <b>Examination</b><br>Explanation:                                                  | LicenseNumber: <b>12157</b><br>ExpirationDate: <b>07/31/2026</b><br>LicenseInGoodStanding: <b>YES</b> |

#### EMPLOYMENT HISTORY

1. Title: **Project Surveyor**  
 CompanyName: **Delta Field Services**  
 CompanyAddress: **6316 Statezny Ln.**  
**Argonne, Wisconsin, 54511, USA**  
 EmploymentFromDate: **06/04/2024**  
 EmploymentToDate: **05/25/2026**

HoursPerWeek: **40**

Total Work Experience (in Months) : **24**

Responsible Charge Exp (in Months) : **24**

ExperienceSummary: **My work with Delta Field Services is mostly pipeline oriented and work in the following states, Texas, New Mexico and Iowa. I work to create deeds sketches for field work which includes deeds records searched, BLM for plats and field notes and other needed information needed to solve boundary. I coordinate with field crews on what is needed and work with them for additional ties if necessary. The field work is processed and I work to solve the boundary. The solved boundary is given to the pipeline line designers and the route is set. The easements are created and then sent to me for final QA/QC.**

2. Title: **Project manager**

CompanyName: **Westwood Professional Services**

CompanyAddress: **2805 Dallas Parkway, Suite 150  
Plano, Texas, 75093, USA**

EmploymentFromDate: **06/01/2023**

EmploymentToDate: **05/31/2024**

HoursPerWeek: **40**

Total Work Experience (in Months) : **11**

Responsible Charge Exp (in Months) : **11**

ExperienceSummary: **Worked work on solar and wind projects mainly in Texas, Oklahoma and Arkansas. Project supervised technicians for deed sketching, boundary calculations and drafting of final product. This also includes QAQC for final projects for ALTA surveys and proposed easement exhibits. Work on the generation of proposals and contracts for wind and solar projects. 100 percent of the work I perform is land surveying related.**

3. Title: **Project Surveyor**

CompanyName: **Downtown Design Services, Inc.**

CompanyAddress: **6316 Statezny Ln.  
Argonne, Oklahoma, 54511, USA**

EmploymentFromDate: **03/01/2017**

EmploymentToDate: **05/30/2023**

HoursPerWeek: **40**

Total Work Experience (in Months) : **74**

Responsible Charge Exp (in Months) : **74**

ExperienceSummary: **I am a Registered Professional Land Surveyor and project manager for oil and gas clients. overseeing field and office personal. I review all pipeline line alignments, well location plats, easements and right-of-ways. I work directly with clients to ensure that field and office standards are met. I work in a 50 percent manager and 50 percent Technician**

4. Title: **Company Owner**

CompanyName: **J.M. Russell Land Surveying**

CompanyAddress: **36 Indian Trail  
Hickory Creek, Texas, 75065, USA**

EmploymentFromDate: **09/01/2015**

EmploymentToDate: **03/01/2017**

HoursPerWeek: **40**

Total Work Experience (in Months) : **18**

Responsible Charge Exp (in Months) : **18**

**ExperienceSummary: Performed all field and office work. I worked as a one person survey firm using G.P.S. and robotic instruments. Did small boundary and topographic surveys. Clients were mostly title companies and other survey firms.**

5. Title: **Project Surveyor**  
Company Name: **Crossway Surveying**  
Company Address: **6421 Camp Bowie, Suite 418**  
**Fort Worth, Texas, 76116, USA**  
Employment From Date: **02/01/2015**  
Employment To Date: **09/01/2016**  
Hours Per Week: **40**

Total Work Experience (in Months) : **31**

Responsible Charge Exp (in Months) : **31**

**ExperienceSummary: Survey Project Manager for oil and gas surveys, in Texas, Oklahoma, and North Dakota. Was the surveyor in charge for surveys in Oklahoma and North Dakota. this firm mostly did pipeline work along with wells plats. duties also included marketing of new accounts and working with staff to complete projects. This company is no longer in business.**

6. Title: **Project Surveyor**  
Company Name: **Arthur Surveying**  
Company Address: **810 Office Park Circle No. 130**  
**Lewisville, Texas, 75057, USA**  
Employment From Date: **05/01/2012**  
Employment To Date: **02/01/2015**  
Hours Per Week: **40**

Total Work Experience (in Months) : **21**

Responsible Charge Exp (in Months) : **21**

**ExperienceSummary: Project Surveyor and supporting Land Surveyor Reviewed field work and helped office staff complete projects. Supervised field and office for field and office procedures. Did not actually draft projects just assisted technicians with boundary calculations.**

7. Title: **Project Manager**  
Company Name: **Stanger Surveying Tyler**  
Company Address: **1595 E. Grande Blvd.**  
**Tyler, Texas, 75703, USA**  
Employment From Date: **06/01/2006**  
Employment To Date: **05/01/2012**  
Hours Per Week: **40**

Total Work Experience (in Months) : **71**

Responsible Charge Exp (in Months) : **71**

**ExperienceSummary: Project Manager for oil and gas clients. Coordination of three field crews and one office tech. Boundary Calculations, Deed Sketches, Well plats, pipeline alignment sheets, surface use plats, unit plats and right-of-way and easement preparation.**

8. Title: **Project manager**  
Company Name: **Precise Land Surveying**  
Company Address: **4625 Eastover Drive**  
**Mesquite, Texas, 75149, USA**  
Employment From Date: **10/01/2005**

EmploymentToDate: 06/01/2006

HoursPerWeek: 40

Total Work Experience (in Months) : 9

Responsible Charge Exp (in Months) : 9

ExperienceSummary: **Commercial survey department manager, worked mostly with former clients brought from my own firm and coordinated with office staff for final drafting, duties included profit-loss statements and collections, work load projections and marketing of new accounts.**

9. Title: Owner

CompanyName: Russell Land Surveying Company

CompanyAddress: 90 F.M. Road 90  
Mabank, Texas, 75147, USA

EmploymentFromDate: 03/01/2004

EmploymentToDate: 10/01/2005

HoursPerWeek: 40

Total Work Experience (in Months) : 19

Responsible Charge Exp (in Months) : 19

ExperienceSummary: **Company owner, worked with marketing of new accounts, general office work including accounting and coordinating with office staff and field crews, small and large boundary surveys, topographic surveys, worked mostly for engineering firms helping with their projects.**

10. Title: Survey Department manager

CompanyName: A.R.S. Engineerig

CompanyAddress: 3440 Sojourn Dr Suite 230  
Carrollton, Texas, 75006, USA

EmploymentFromDate: 03/01/2002

EmploymentToDate: 03/01/2004

HoursPerWeek: 40

Total Work Experience (in Months) : 24

Responsible Charge Exp (in Months) : 24

ExperienceSummary: **Survey department manager, coordinated with survey crews and office staff, proposals, working with client from marketing of new accounts to completion of projects. Work performed at A. R.S. included R.O.W. mapping for TxDOT, light rail work for Dallas Area Rapid Transit, utility and street improvements for various cities around the Dallas-Fort Worth area.**

11. Title: Project Surveyor

CompanyName: V.M.A. Engineering

CompanyAddress: 519 E Border St  
Arlington, Texas, 76010, USA

EmploymentFromDate: 06/01/2001

EmploymentToDate: 03/01/2002

HoursPerWeek: 40

Total Work Experience (in Months) : 9

Responsible Charge Exp (in Months) : 9

ExperienceSummary: **Survey Project Manager: worked on acreage, lots, subdivisions, topographic surveys, and performed deed and plat research at various court houses in the Dallas-Fort Worth area. duties also included deed sketches, calculations for Lots, road and centerline alignments, processed daily field work for engineers and registered surveyors, tracking time and cost on projects and billing.**



12. Title: **Survey Project manager**  
Company Name: **Carter and Burgess**  
Company Address: **7950 Elmbrook Drive**  
**Dallas, Texas, 75247, USA**  
Employment From Date: **08/01/2000**  
Employment To Date: **06/01/2001**  
Hours Per Week: **40**

Total Work Experience (in Months) : **10**

Responsible Charge Exp (in Months) : **10**

Experience Summary: **Survey Project Manager: worked on acreage, lots, subdivisions, topographic surveys, and performed deed and plat research at various court houses in the Dallas-Fort Worth area. duties also included deed sketches, calculations for Lots, road and centerline alignments, processed daily field work for engineers and registered surveyors. and tracking time and cost on projects.**

13. Title: **Survey Field Crew Coordinator**  
Company Name: **Douphrate and Associates**  
Company Address: **2235 Ridge Rd STE 200**  
**Rockwall, Texas, 75087, USA**  
Employment From Date: **02/01/2000**  
Employment To Date: **08/01/2000**  
Hours Per Week: **40**

Total Work Experience (in Months) : **6**

Responsible Charge Exp (in Months) : **6**

Experience Summary: **Survey Tech, worked on acreage, lots, subdivisions, topographic surveys, and performed deed and plat research at various court houses in the Dallas-Fort Worth area. As a field crew coordinator I prepared deed sketches, calculations for Lots, road and centerline alignments, and processed daily field work for engineers and registered surveyors. duties also included tracking time on projects.**

14. Title: **Project surveyor**  
Company Name: **Arthur Surveying**  
Company Address: **220 Elm Street**  
**Lewisville, Texas, 75057, USA**  
Employment From Date: **08/01/1996**  
Employment To Date: **02/01/2000**  
Hours Per Week: **40**

Total Work Experience (in Months) : **42**

Responsible Charge Exp (in Months) : **42**

Experience Summary: **Survey Tech, worked on acreage, lots, subdivisions, and topographic surveys, as a project manager I worked with crews and office staff from start to completion of projects, including research, boundary calculations and drafting of final product. in Jan. 1999, I received my first surveyors license (Texas) while working for this company. That was the beginning of my responsible charge work.**

#### EXAMINATION INFORMATION

Exam Passed : **YES**

State Board : **Texas**

Year Passed : **1992**

Exam Passed : **YES**

State Board : **Oklahoma**

Year Passed : **2009**

Exam Passed : **NO**

State Board :

Year Passed :

### **SPECIAL TESTING ACCOMMODATIONS**

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

### **AUTHORIZATION**

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **jmr@jmrls.com**

Signature Date: **6/3/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

WORK EXPERIENCE

Delta Field Services Inc.  
Wisconsin (United States)  
Project Surveyor  
June 2024—May 2026

Verified by  
**Ryan J Hadl**  
ryan.hadl@deltafieldservices.com

Experience Summary  
**Full-Time**  
**Surveying: 1 year, 11 months**  
**Experience under licensed surveyor:**  
**10 months**



TASKS

My work with Delta Field Services is mostly pipeline oriented and work in the following states, Texas, New Mexico and Iowa. I work to create deeds sketches for field work which includes deeds records searched, BLM for plats and field notes and other needed information needed to solve boundary. I coordinate with field crews on what is needed and work with them for additional ties if necessary. The field work is processed and I work to solve the boundary. The solved boundary is given to the pipeline line designers and the route is set. The easements are created and then sent to me for final QA/QC.



REPRESENTATIVE PROJECTS

The Texas portion of this project is ongoing work for a pipeline project in West Texas that includes approximately 48 sections covering over 29,000 acres. Project includes the research of filed surveys and deed research along with Texas General Land Office plats, jacket covers and field notes. Coordinated with crews and office staff to complete deed or working sketches and generating search ties for field surveying. Processed field data with Trimble Business Center and Calculated final boundary. Helped with the layout of the drafting portion of the project for easement exhibits, reviewed and QA/QC for final easements exhibits and legal descriptions.

The New Mexico portion of this project covers is also ongoing and includes approximately 25 sections and covering over 1600 acres. The process is the same as above with the addition of researching Plats and field notes from The B.L.M.

For work in Iowa, I am also on an ongoing project that covers approximately 150 miles of pipeline. It's hard to know the number of sections due to the constant route changes. This project is currently on hold but was 95 percent complete, waiting on additional lines to start and complete the existing ones. Project includes the research of Plats of Survey and deed research along BLM research. Coordinated with crews and office staff to complete deed or working sketches and generating search ties for field surveying. Processed field data with Trimble Business Center and Calculated final boundary. Helped with the layout of the drafting portion of the project for easement exhibits, reviewed and QA/QC for final easements exhibits and legal descriptions.

Addition from last submittal (05-21-2026)

Currently and the last six months I have continued to work on the 150 mile Iowa carbon Capture project, we are working doing re-routes that involve additional boundary and topographic surveys. I have also added an additional project doing as-builts and easement exhibit for Enterprise that involves boundary surveys, (coordinating with crews and office staff for final plats), my job is mostly QAQC. This is an ongoing project that will probably finish by September. The project includes about 120 sections in Glasscock, Howard and Martin County, Texas. Additional task included proposals for Wind and solar ALTA surveys.



VERIFICATION

**Work Experience**  
Delta Field Services Inc.  
Wisconsin (United States)  
Jun. 2024 — May. 2026

**Verifier**  
Ryan J Hadl  
ryan.hadl@deltafieldservices.com  
(318) 803-8586

**Verification Date**  
05/26/2026 08:49am EDT

**i** — VERIFIER INFO

**Position in firm**  
Director of Alternative Energy

**Relationship**  
Colleague

**Licensed engineer**  
No

**Known applicant**  
2 years

**Related to applicant**  
No

|                          |            |
|--------------------------|------------|
| <b>Licensed surveyor</b> |            |
| <b>Board</b>             | Kansas     |
| <b>License Number</b>    | 1773       |
| <b>Date of Licensure</b> | 08/18/2025 |

**≡** — EXPERIENCE DESCRIPTION

|                                                                                                 |     |
|-------------------------------------------------------------------------------------------------|-----|
| <b>Knowledge of the applicant's work during the time covered by this endorsement</b>            | Yes |
| <b>The description above accurately reflects the work personally performed by the applicant</b> | Yes |
| <b>The time claimed by the applicant for this experience accurate</b>                           | Yes |

**💬** — COMMENTS

Mike is well experienced and I consider him a mentor as we have worked together on various projects the last 2 years. He has also assisted me and was a huge influence on me obtaining my KS PS License. We continue to collaborate and work together, and I learn something from him all the time.

## WORK EXPERIENCE

*Westwood Professional Services  
Oklahoma (United States)  
Project Surveyor  
June 2023—May 2024*

*Verified by  
**Clark Fisher**  
clark.fisher@westwoodps.com*

*Experience Summary  
**Full-Time**  
**Surveying: 11 months**  
**Experience under licensed surveyor:  
11 months***



### TASKS

Worked on solar and wind projects mainly in Texas, Oklahoma and Arkansas. Project supervised technicians for deed sketching, boundary calculations and drafting of final product. This also includes QAQC for final projects for ALTA surveys and proposed easement exhibits. Work on the generation of proposals and contracts for wind and solar projects. 100 percent of the work I perform is land surveying related.



### REPRESENTATIVE PROJECTS

Worked on an ALTA survey for Windmill project in Pecos County, Texas. Total area exceeds 5000 acres. It is the first project that has been given to me at this company. Items performed on this project include the following: Drafting and preparing deed sketches and calculation of search ties for field crews, overseeing processed field data from Trimble Business center. Reviewing and setting boundary for final project by comparing actual monuments found or tied using GPS with deed referenced information and reporting the difference on my survey plat. Working with technicians to make sure all data is shown on survey plat. Reviewing schedule B items and addressing how they relate to the final boundary, review final product and send to client.

Continued from first submittal:

Worked on an ALTA Wind project called Nimbus Wind in Carroll County, Arkansas. Worked with the client to see which sections were needed for the survey scope. The result was 31 sections for the project that included additional surveying of 23 sections to complete. Project site was just under 20,000 acres. Project included the research of filed surveys and deed research along with BLM maps and field notes. Coordinated with crews and office staff to complete deed or working sketches and generating search ties for field surveying. Processed field data with Trimble Business Center and Calculated final boundary. Helped with the layout of the drafting portion of the project and reviewed sheets as drafting was performed. Reviewed and checked title commitments verified easements.

## VERIFICATION

### Work Experience

Westwood Professional Services  
Oklahoma (United States)  
Jun. 2023 — May. 2024

### Verifier

Clark Fisher  
clark.fisher@westwoodps.com  
(214) 885-4319

### Verification Date

07/08/2025 05:03pm EDT



### VERIFIER INFO

#### Position in firm

Director, Land Survey

#### Relationship

Colleague

#### Licensed engineer

No

#### Known applicant

12 years

#### Related to applicant

No

#### Licensed surveyor

|                   |            |
|-------------------|------------|
| Board             | Oklahoma   |
| License Number    | 1884       |
| Date of Licensure | 05/28/2014 |



### EXPERIENCE DESCRIPTION

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Knowledge of the applicant's work during the time covered by this endorsement            | Yes |
| The description above accurately reflects the work personally performed by the applicant | Yes |
| The time claimed by the applicant for this experience accurate                           | Yes |



### COMMENTS

None

## WORK EXPERIENCE

*Downtown Design Services, Inc.*  
*Texas (United States)*  
*Staff Registered Professional Land*  
*Surveyor*  
**March 2017—May 2023**

*Verified by*  
**Chris Evans Carlson**  
ccarlson@ddsiglobal.com

*Experience Summary*  
**Full-Time**  
**Surveying: 6 years, 2 months**  
**Experience under licensed surveyor:**  
**6 years, 2 months**



### TASKS

I am a Registered Professional Land Surveyor and project manager for oil and gas clients. overseeing field and office personal. I review all pipeline line alignments, well location plats, easements and right-of-ways. I work directly with clients to insure the that field and office standards are met. I work in a 50 percent manager and 50 percent Technician



### REPRESENTATIVE PROJECTS

Project surveyor (P.L.S.) 160 mile pipeline project in (03-2017 to 03-2019) Kingfisher, Blaine, Garfield and Major County, Oklahoma. Duties included GPS field work for horizontal and vertical control, processing field data through Trimble Business Center, setting boundary for section corners and individual property corners, setting up sheets for property exhibits, writing metes and bound descriptions and QAQC on all final deliverables.

Working as survey technician on 850 mile pipeline in Iowa (03-2020 to 05-26-2023). Creating search ties and deed sketches for field crews, processing field data through Trimble Business Center, setting boundary for section corners and individual property corners, setting up sheets for property exhibits, writing metes and bound descriptions and QAQC on all final deliverables. Working with in-house G.I.S. to load data from both field and research for client.

Working as Project Surveyor (P.L.S.) on 375 mile pipeline in Minnesota (03-01-2022 to 05-26-2023). Creating search ties and deed sketches for field crews, processing field data through Trimble Business Center, setting boundary for section corners and individual property corners, setting up sheets for property exhibits, writing metes and bound descriptions and QAQC on all final deliverables. Working with in-house G.I.S. to load data from both field and research for client.

Working as a project Surveyor (R.P.L.S.) (03-2017 to 05-26-2023) on approximately 65 Saltwater disposal well plats in Texas. Creating search ties and deed sketches for field crews, processing field data through Trimble Business Center, setting boundary for section corners and individual property corners, setting up sheets for property exhibits, writing metes and bound descriptions and QAQC on all final deliverables. Working with in-house G.I.S. to load data from both field and research for client.



VERIFICATION

**Work Experience**  
Downtown Design Services, Inc.  
Texas (United States)  
Mar. 2017 — May. 2023

**Verifier**  
Chris Evans Carlson  
chrisecarlson@gmail.com  
(361) 648-2613

**Verification Date**  
05/26/2023 07:37pm EDT

**i** VERIFIER INFO

**Position in firm**  
Professional Land Surveyor

**Relationship**  
Supervisor

**Licensed engineer**  
No

**Known applicant**  
9 years

**Related to applicant**  
No

|                          |            |
|--------------------------|------------|
| <b>Licensed surveyor</b> |            |
| <b>Board</b>             | Texas      |
| <b>License Number</b>    | 6559       |
| <b>Date of Licensure</b> | 05/15/2015 |

**≡** EXPERIENCE DESCRIPTION

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Knowledge of the applicant's work during the time covered by this endorsement            | Yes |
| The description above accurately reflects the work personally performed by the applicant | Yes |
| The time claimed by the applicant for this experience accurate                           | Yes |

**💬** COMMENTS

⌀ None

# JOHN RUSSELL (12-464-44)

All work experience reviewed by two licensed professionals

6316 Statezny Ln  
Argonne, WI 54511

## WORK EXPERIENCE

J.M. Russell Land Surveying  
Texas (United States)  
Owner of firm  
September 2015—March 2017

Verified by  
**Daniel Smith**  
d.smith@harcrowsurveying.com

Experience Summary  
**Full-Time**  
**Surveying: 1 year, 6 months**  
**Experience under licensed surveyor:**  
**1 year, 6 months**



### TASKS

Performed all field and office work. I worked as a one person survey firm using G.P.S. and robotic instruments. Did small boundary and topographic surveys. Clients were mostly title companies and other survey firms.



### REPRESENTATIVE PROJECTS

Mostly residential title surveys, along with small topographic surveys for home builder use.

## VERIFICATION

### Work Experience

J.M. Russell Land Surveying  
Texas (United States)  
Sep. 2015 — Mar. 2017

### Verifier

Daniel Smith  
d.smith@harcrowsurveying.com  
(903) 563-5072

### Verification Date

04/06/2017 10:12am EDT



## VERIFIER INFO

### Position in firm

COO

### Relationship

Co-worker, friend

### Licensed engineer

No

### Known applicant

I beleive since 1985 ish

### Related to applicant

No

### Licensed surveyor

|                   |            |
|-------------------|------------|
| Board             | Texas LS   |
| License Number    | 4645       |
| Date of Licensure | 08/19/1987 |



## EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



## COMMENTS

Truest Professional I know.

## WORK EXPERIENCE

*Crossway Surveying*  
*Texas (United States)*  
*Survey Project Manager*  
**February 2014—September 2016**

*Verified by*  
**Daniel Smith**  
d.smith@harcrowsurveying.com

*Experience Summary*  
**Full-Time**  
**Surveying: 2 years, 7 months**  
**Experience under licensed surveyor:**  
**2 years, 7 months**



### TASKS

Survey Project Manager for oil and gas surveys, in Texas, Oklahoma, and North Dakota. Was the surveyor in charge for surveys in Oklahoma and North Dakota. this firm mostly did pipeline work along with wells plats. duties also included marketing of new accounts and working with staff to complete projects. This company is no longer in business.



### REPRESENTATIVE PROJECTS

Northwest North Dakota: As project manager and project surveyor for pipeline layout, topographic and right-of-way for a 142 mile gathering line starting in Stanley, North Dakota, through Williston North Dakota, finishing just east of Watford City, North Dakota.



## VERIFICATION

### Work Experience

Crossway Surveying  
Texas (United States)  
Feb. 2014 — Sep. 2016

### Verifier

Daniel Smith  
d.smith@horcrowsurveying.com  
(903) 563-5072

### Verification Date

04/06/2017 10:15am EDT



## VERIFIER INFO

### Position in firm

COO

### Relationship

Co-worker, friend

### Licensed engineer

No

### Known applicant

I beleive since 1985 ish

### Related to applicant

No

### Licensed surveyor

|                   |            |
|-------------------|------------|
| Board             | Texas LS   |
| License Number    | 4645       |
| Date of Licensure | 08/19/1987 |



## EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



## COMMENTS

Truest professional I know.

## WORK EXPERIENCE

*Arthur Surveying*  
*Texas (United States)*  
*Survey Staff R.P.L.S.*  
**May 2012—February 2014**

*Verified by*  
**Douglas Arthur**  
Darthur1961@gmail.com

*Experience Summary*  
**Full-Time**  
**Surveying: 1 year, 9 months**  
**Experience under licensed surveyor:**  
**1 year, 9 months**



### TASKS

Project Surveyor and supporting Land Surveyor  
Reviewed field work and helped office staff complete projects. Supervised field and office for field and office procedures. Did not actually draft projects just assisted technicians with boundary calculations.



### REPRESENTATIVE PROJECTS

This company most performed residential boundary surveys. Again and is the Task and duties portion I did not actually draft projects just assisted technicians with boundary calculations.

## VERIFICATION

### Work Experience

Arthur Surveying  
Texas (United States)  
May. 2012 — Feb. 2014

### Verifier

Douglas Arthur  
darthur1961@gmail.com  
(214) 212-6130

### Verification Date

04/19/2017 07:06am EDT



## VERIFIER INFO

### Position in firm

Owner

### Known applicant

25 years +/-

### Relationship

Employer

### Related to applicant

No

### Licensed engineer

No

### Licensed surveyor

|                          |            |
|--------------------------|------------|
| <b>Board</b>             | Texas LS   |
| <b>License Number</b>    | 4357       |
| <b>Date of Licensure</b> | 02/01/1986 |



## EXPERIENCE DESCRIPTION

|                                                                                                 |     |
|-------------------------------------------------------------------------------------------------|-----|
| <b>Knowledge of the applicant's work during the time covered by this endorsement</b>            | Yes |
| <b>The description above accurately reflects the work personally performed by the applicant</b> | Yes |
| <b>The time claimed by the applicant for this experience accurate</b>                           | Yes |



## COMMENTS

Excellent man for any job or task.

# JOHN RUSSELL (12-464-44)

All work experience reviewed by two licensed professionals

6316 Statezny Ln  
Argonne, WI 54511

## WORK EXPERIENCE

Stanger Surveying Tyler, LLC  
Texas (United States)  
Survey Project Manager  
June 2008—May 2012

Verified by  
**Corey Wilson**  
slim.chance76@yahoo.com

### Experience Summary

#### Full-Time

**Surveying: 3 years, 11 months**

**Experience under licensed surveyor:  
3 years, 11 months**



### TASKS

Project Manager for oil and gas clients. Coordination of three field crews and one office tech. Boundary Calculations, Deed Sketches, Well plats, pipeline alignment sheets, surface use plats, unit plats and right-of-way and easement preparation.



### REPRESENTATIVE PROJECTS

Miden and East Minden area, Rusk and Panola Counties, Texas

As project manager, was in charge of approximately 16,000 acres for unit plats, well locations, pipeline layout and right-of-way.

San Augustine and Shelby County Counties, Texas

As project manager, was in charge of approximately 24,000 acres for unit plats, well locations, pipeline layout and right-of-way.



## VERIFICATION

### Work Experience

Stanger Surveying Tyler, LLC  
Texas (United States)  
Jun. 2008 — May. 2012

### Verifier

Corey Wilson  
Slim.chance76@yahoo.com  
(940) 235-8769

### Verification Date

04/12/2017 04:00pm EDT



## VERIFIER INFO

### Position in firm

Project Manager

### Known applicant

13 years

### Relationship

Worked closely with Mike on several projects at  
Stanger Surveying

### Related to applicant

No

### Licensed engineer

No

### Licensed surveyor

|                   |            |
|-------------------|------------|
| Board             | Texas LS   |
| License Number    | 5833       |
| Date of Licensure | 12/04/2004 |



## EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



## COMMENTS

None

**LICENSES**

| Initial/Comity | Type | Number | Issue Date   | Expiration Date |
|----------------|------|--------|--------------|-----------------|
| Initial        | PS   | 5305   | January 1999 | December 2026   |

**EXAMS**

| Exam               | Hours | Exam Date    | Additional Information |
|--------------------|-------|--------------|------------------------|
| NCEES FS           | 8     | October 1992 | —                      |
| Non-NCEES State PS |       | October 1998 | Non-NCEES State PS     |

**ADDITIONAL INFORMATION**

|                     |                                                                                                   |
|---------------------|---------------------------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                                              |
| Notes               | Candidate passed the FS and Non-NCEES State PS exams listed above; no disciplinary actions taken. |

**VERIFICATION****Verifier**  
TX PE Board Staff**Verification Date**  
04/14/2026 09:19am EDT**Board**  
Texas Board of Professional Engineers and Land Surveyors



**Russell, John**  
(12-464-44)

jmr@jmrls.com  
DOB: 01/25/1961

**LICENSES**

| Initial/Comity | Type | Number | Issue Date    | Expiration Date |
|----------------|------|--------|---------------|-----------------|
| Comity         | PS   | 1727   | December 2009 | December 2026   |

**EXAMS**

| Exam     | Hours | Exam Date  | Additional Information |
|----------|-------|------------|------------------------|
| NCEES PS | 6     | April 2009 | —                      |

**ADDITIONAL INFORMATION**

|                     |                                                                                  |
|---------------------|----------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                             |
| Notes               | FS exam accepted from TX.<br>Passed 2-hour State Specific OLS exam October 2009. |

**VERIFICATION**

**Verifier**  
Sherrie Dyer

**Verification Date**  
06/09/2025 01:00pm EDT

**Board**  
Oklahoma State Board of Licensure for Professional Engineers  
and Land Surveyors

**LICENSES**

| Initial/Comity | Type | Number  | Issue Date | Expiration Date |
|----------------|------|---------|------------|-----------------|
| Comity         | PS   | LS-9444 | May 2014   | December 2026   |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                                                                                |
|---------------------|------------------------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                                           |
| Notes               | FS accepted from TX.<br>PS accepted from OK.<br>Passed ND's 2hr orientation exam on 5/12/2014. |

**VERIFICATION**

|                                                                                           |                                                                                                           |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Verifier</b><br>Seth Johnson<br><br><b>Verification Date</b><br>06/19/2025 03:49pm EDT | <b>Board</b><br>North Dakota State Board of Registration for Professional<br>Engineers and Land Surveyors |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|





Russell, John  
(12-464-44)

jmr@jmrls.com  
DOB: 01/25/1961

### LICENSES

| Initial/Comity | Type | Number | Issue Date     | Expiration Date |
|----------------|------|--------|----------------|-----------------|
| Comity         | PS   | 29049  | September 2023 | December 2027   |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |                                                                                                         |
|---------------------|---------------------------------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                                                    |
| Notes               | FS and PLS accepted from TX for Comity<br>New Mexico 2 Hour State Specific PS Exam Passed on 8/22/2023. |

### VERIFICATION

**Verifier**  
Dominique Trujillo  
  
**Verification Date**  
04/09/2026 12:41pm EDT

**Board**  
New Mexico Board of Licensure for Professional Engineers and  
Professional Surveyors

**LICENSES**

| Initial/Comity | Type | Number | Issue Date    | Expiration Date |
|----------------|------|--------|---------------|-----------------|
| Comity         | PS   | 3229   | November 2011 | December 2027   |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                               |
|---------------------|-----------------------------------------------|
| Disciplinary Action | None                                          |
| Notes               | PS State Exam / 10-28-2011 / 2.0 hrs / Passed |

**VERIFICATION**

|                                                                                             |                                                                                         |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>Verifier</b><br>Monica Gilmore<br><br><b>Verification Date</b><br>04/14/2026 05:10pm EDT | <b>Board</b><br>Mississippi Board of Licensure for Professional Engineers and Surveyors |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|



**Russell, John**  
(12-464-44)

jmr@jmrls.com  
DOB: 01/25/1961

**LICENSES**

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | 59135  | May 2021   | June 2028       |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                                                                                                     |
|---------------------|---------------------------------------------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                                                                |
| Notes               | Passed the MN Local Land Surveying Exam on 4/23/21.<br>FS exam accepted from Texas. PS exam accepted from Oklahoma. |

**VERIFICATION**

**Verifier**  
Cassandra Wellman

**Verification Date**  
06/01/2026 02:17pm EDT

**Board**  
Minnesota State Board of Architecture, Engineering, Land  
Surveying, Landscape Architecture, Geoscience, and Interior  
Design



Russell, John  
(12-464-44)

jmr@jmrls.com  
DOB: 01/25/1961

### LICENSES

| Initial/Comity | Type | Number | Issue Date     | Expiration Date |
|----------------|------|--------|----------------|-----------------|
| Comity         | PS   | 4593   | September 2023 | June 2028       |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |                                |
|---------------------|--------------------------------|
| Disciplinary Action | None                           |
| Notes               | endorsement jurisdiction is TX |

### VERIFICATION

**Verifier**  
Sarah Uzzle

**Verification Date**  
05/27/2026 08:43am EDT

**Board**  
Kentucky State Board of Licensure for Professional Engineers and  
Land Surveyors





Russell, John  
(12-464-44)

jmr@jmrls.com  
DOB: 01/25/1961

### LICENSES

| Initial/Comity | Type | Number | Issue Date    | Expiration Date |
|----------------|------|--------|---------------|-----------------|
| Comity         | PS   | 1554   | December 2010 | March 2027      |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |         |
|---------------------|---------|
| Disciplinary Action | None    |
| Notes               | Not Set |

### VERIFICATION

**Verifier**  
Kimberly Ochoa

**Verification Date**  
06/20/2025 03:59pm EDT

**Board**  
Kansas State Board of Technical Professions

**LICENSES**

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | P29079 | July 2024  | December 2027   |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                         |
|---------------------|-----------------------------------------|
| Disciplinary Action | None                                    |
| Notes               | FS taken in Texas; PS taken in Oklahoma |

**VERIFICATION****Verifier**  
Janece Grapp**Verification Date**  
04/09/2026 11:24am EDT**Board**  
Iowa Engineering and Land Surveying Examining Board

**LICENSES**

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | 1742   | May 2012   | June 2026       |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                                                                                         |
|---------------------|---------------------------------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                                                    |
| Notes               | FS & PS exams accepted from TX.<br>He passed the Arkansas 2 Hour State Specific exam on April 13, 2012. |

**VERIFICATION****Verifier**

Virginia Davis

**Verification Date**

06/09/2025 12:24pm EDT

**Board**Arkansas Board of Licensure for Professional Engineers &  
Professional Surveyors

**LICENSES**

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | 58553  | July 2014  | September 2026  |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |         |
|---------------------|---------|
| Disciplinary Action | None    |
| Notes               | Not Set |

**VERIFICATION****Verifier**  
Natalie Lopez**Verification Date**  
12/14/2023 10:58am EST**Board**  
Arizona State Board of Technical Registration



# Application Summary

## Application

Name: **THOMPSON, RYAN**

DTN: **4263758**

Address: **19 PEPPERBUSH DR, CLINTON, CT 06413**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **05/16/2026** Fees Paid: **\$255.00**

## Education

|                                                                             |                                     |
|-----------------------------------------------------------------------------|-------------------------------------|
| 1. Institution: <b>VIRGINIA TECH BLACKSBURG, VIRGINIA USA</b>               | <b>2011</b>                         |
| Degree: <b>MASTERS</b>                                                      | Major: <b>CIVIL ENGINEERING</b>     |
| Foreign: <b>No</b>                                                          | Enrolled: <b>No</b> <b>Verified</b> |
| 2. Institution: <b>VIRGINIA MILITARY INSTITUTE LEXINGTON, VIRGINIA USA</b>  | <b>2000</b>                         |
| Degree: <b>BACHELORS</b>                                                    | Major: <b>CIVIL ENGINEERING</b>     |
| Foreign: <b>No</b>                                                          | Enrolled: <b>No</b> <b>Verified</b> |
| 3. Institution: <b>UNIVERSITY OF CENTRAL FLORIDA ORLANDO, FLORIDA 32816</b> | <b>1997</b>                         |
| Degree: <b>NONE</b>                                                         | Major: <b>GENERAL COURSEWORK</b>    |
| Foreign: <b>No</b>                                                          | Enrolled: <b>No</b> <b>Verified</b> |

## Out-of-State Licenses

|                            |                               |                                   |
|----------------------------|-------------------------------|-----------------------------------|
| 1. License: <b>LS29817</b> | Issued On: <b>10/01/2017</b>  | Issuing State: <b>Connecticut</b> |
| Laws/Rules: <b>No</b>      | Expires On: <b>01/31/2027</b> | Obtained By: <b>Examination</b>   |
| Good Standing: <b>Yes</b>  |                               | <b>Verified</b>                   |

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u>                          |
|-----------------------------------------|----------------------|----------------------|-----------------------------------------|
| Letter - LS Complete                    | 05/22/2026           | REGENIA LEE          |                                         |
| Online App Recd. Data Updated by System | 05/22/2026           | REGENIA LEE          |                                         |
| New Documents Received. Please look.    | 05/22/2026           | REGENIA LEE          |                                         |
| Experience Verified                     | 05/22/2026           | REGENIA LEE          | EXPERIENCE VERIFIED BY NCEES            |
| Fees Validated Correctly                | 05/20/2026           | SYSTEM CSTRACK       |                                         |
| Fees Cashiered                          | 05/20/2026           | FINANCE & ACCOUNTING |                                         |
| Letter - LS Individual Deficiency       | 05/18/2026           | REGENIA LEE          |                                         |
| Enter/Update Person Details             | 05/18/2026           | REGENIA LEE          |                                         |
| Application Received                    | 05/18/2026           | REGENIA LEE          |                                         |
| Out of State License Verified           | 05/18/2026           | REGENIA LEE          | OUT OF STATE LICENSES VERIFIED BY NCEES |
| Education Verified                      | 05/18/2026           | REGENIA LEE          | TRANSCRIPTS VERIFIED BY NCEES           |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

[www.800helpfla.com](http://www.800helpfla.com)

1-800-HELP-FLA (435-7352)  
FL Only

850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICATION TYPE**

Application Type

Highest Degree

Document Tracking No#

**Endorsement**

**Graduate School 2 Years**

**4263758**

Application Date

**05/16/2026 04:56:57 PM**

**APPLICANT INFORMATION**

First Name

Middle Initial

Last Name

Date of Birth

Race

Social Security Number

Home Address

Mailing Address

Email address

Home Phone

Cellular Phone

Business Phone

Fax

**Ryan**

**E**

**Thompson**

**12/25/1976**

**White or Caucasian**

**19 Pepperbush Dr**

**Clinton, Connecticut, 06413, USA**

**19 Pepperbush Dr**

**Clinton, Connecticut, 06413, USA**

**ryan@torchlightengineering.com**

**860-941-7721**

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

1. InstitutionName:

Degree:

GraduationYear:

Location:

CurrentlyEnrolled:

AnticipatedGraduationDate:

**Virginia Tech**

**MS**

**2011**

**Blacksburg, Virginia, USA**

**NO**

2. InstitutionName:

Degree:

GraduationYear:

Location:

**Virginia Military Institute**

**BS**

**2000**

**Lexington, Virginia, USA**



CurrentlyEnrolled:

NO

AnticipatedGraduationDate:

## CRIMINAL/CIVIL LITIGATION INFORMATION

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

## LICENSURE HISTORY INFORMATION

## Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending?

3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## OUT OF STATE LICENSES

- |                    |                                                                                                                                    |                        |            |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------|
| 1. IssuingState:   | Connecticut                                                                                                                        | LicenseNumber:         | 29817      |
| OriginalIssueDate: | 10/01/2017                                                                                                                         | ExpirationDate:        | 01/31/2027 |
| LicenseObtainedBy: | Examination                                                                                                                        | LicenseInGoodStanding: | YES        |
| Explanation:       |                                                                                                                                    |                        |            |
| 2. IssuingState:   | Maryland                                                                                                                           | LicenseNumber:         | 21994      |
| OriginalIssueDate: | 02/02/2021                                                                                                                         | ExpirationDate:        | 01/31/2023 |
| LicenseObtainedBy: | Reciprocity/Endorsement                                                                                                            | LicenseInGoodStanding: | NO         |
| Explanation:       | I let the license lapse as I am no longer practicing in the area. I have not performed any work in the state since it has expired. |                        |            |

## EMPLOYMENT HISTORY

1. Title: **President**  
Company Name: **Torchlight Engineering LLC**  
Company Address: **1353 Boston Post Rd, Suite 11  
Madison, Connecticut, 06443, USA**  
Employment From Date: **02/01/2019**  
Employment To Date: **05/16/2026**  
Hours Per Week: **40**

Total Work Experience (in Months) : **87**  
Responsible Charge Exp (in Months) : **87**

Experience Summary: **Please see NCEES record**

2. Title: **Engineer / Land Surveyor**  
Company Name: **NCEES record**  
Company Address: **Multiple  
Varies, Connecticut, 06443, USA**  
Employment From Date: **05/01/1996**  
Employment To Date: **01/31/2019**  
Hours Per Week: **40**

Total Work Experience (in Months) : **271**  
Responsible Charge Exp (in Months) : **200**

Experience Summary: **Please review NCEES record, as I have been in this industry for 30 years and am dually licensed as an engineer / land surveyor in multiple states. I have many years of experience that applies to the engineering side and to the surveying side. The NCEES record breaks it all down in a very detailed way.**

#### EXAMINATION INFORMATION

|                          |                                  |                           |
|--------------------------|----------------------------------|---------------------------|
| Exam Passed : <b>YES</b> | State Board : <b>Virginia</b>    | Year Passed : <b>2010</b> |
| Exam Passed : <b>YES</b> | State Board : <b>Connecticut</b> | Year Passed : <b>2014</b> |
| Exam Passed : <b>NO</b>  | State Board :                    | Year Passed :             |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Ryan Thompson**

Signature Date: **5/16/2026**



## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

## WORK EXPERIENCE

*Torchlight Engineering*  
*Connecticut (United States)*  
*Principal Engineer and Land Surveyor*  
**February 2019—May 2026**

*Verified by*  
**Adam Hoffman**  
ahoffman@ghhllc.com

*Experience Summary*  
**Part-Time**  
**Surveying: 3 years, 8 months (50%)**  
**Post EAC degree: 3 years, 8 months (50%)**  
**Experience under licensed surveyor: 3 years, 8 months**



## TASKS

I'm the owner and principal engineer/surveyor of Torchlight Engineering LLC, a multidisciplinary civil engineering and surveying firm providing a full spectrum of land development and site design services. My work covers boundary and topographic surveying, hydrographic/bathymetric mapping, aerial LiDAR data capture, site grading, septic system design, stormwater management, and civil engineering for residential, commercial, and municipal projects.

I'm licensed as both a Professional Engineer and Professional Land Surveyor in Connecticut and several other states, combining deep technical expertise with hands-on field experience. I also provide specialized mapping and analysis for coastal, river, and lake environments using advanced GNSS positioning, sonar, and drone-based LiDAR.

In addition to my technical work, I've developed and automated a proprietary project management platform that integrates scheduling, GIS data processing, CAD workflows, and reporting—streamlining operations and allowing my team to work efficiently from field to final deliverables. I handle client relations, project proposals, regulatory approvals, and quality assurance to ensure every project meets code requirements and client expectations.



## REPRESENTATIVE PROJECTS

**Pheasant Run Subdivision.** Four Lot Subdivision in Cheshire, CT (Survey & Design 2021 / Construction 2022-2023). Personally performed 100% of initial boundary survey, including all land records research, field inspection and location of pins / monuments, field collection of existing constructed features, and associated mapping including easements and encroachments. I developed the subdivision layout, and performed the physical placement of all pins / monuments. I calculated the construction stakeout cut sheets for all earthwork cuts and fills, staked out each septic system and house, and performed final as-builts including both field collection and preparation and certification of the final maps. While most of this work was independent (as I am mostly a solo practitioner), portions of the work were performed by myself and a survey technician hired part time to aid me in the more challenging tasks, such as placing concrete monuments, or when safety was a concern on the construction sites.

**Monarch Phase II Subdivision.** Eleven Lot Subdivision in Cheshire, CT (Survey & Design 2020 - 2021 / Construction 2022 - 2023). Personally performed 100% of initial boundary survey, including all land records research, field inspection and location of pins / monuments, field collection of existing constructed features, and associated mapping including easements and encroachments. I developed the subdivision layout, and performed the physical placement of all pins / monuments. I calculated the construction stakeout cut sheets for all earthwork cuts and fills, staked out each septic system and house, and performed final as-builts including both field collection and preparation and certification of the final maps. While most of this work was independent (as I am mostly a solo practitioner), portions of the work were performed by myself and a survey technician hired part time to aid me in the more challenging tasks, such as placing concrete monuments, or when safety was a concern on the construction sites.

**Pawcatuck Junction, Pawcatuck, CT**

**Survey and Design: 2025 | Construction: 2025–2026**

Responsible charge engineer and land surveyor for the initial property and topographic survey for two parcels, including associated land records research for six adjoining residential lots, the Amtrak rail corridor adjoiner, and a defunct private right-of-way adjoiner. Prepared a lot merger map and a lot line revision map with the southerly abutting property owner during the design phase, resulting in the creation of the final developable parcel. Following design completion and permit approval, provided construction staking and as-built survey services for the project, which remains under construction. The development includes approximately 600 linear feet of roadway with a hammerhead turnaround, five catch basins, underground drainage infrastructure, six triplex residential buildings, sanitary sewer, and public water improvements. Services included layout and as-built documentation for site, utility, roadway, drainage, and building improvements.

VERIFICATION

**Work Experience**  
Torchlight Engineering  
Connecticut (United States)  
Feb. 2019 — May. 2026

**Verifier**  
Adam Hoffman  
ahoffman@ghhllc.com  
(203) 285-3589

**Verification Date**  
05/21/2026 01:29pm EDT

 VERIFIER INFO

**Position in firm**  
Im a LS in CT owner of my company

**Known applicant**  
5 years

**Relationship**  
Colleague

**Related to applicant**  
No

**Licensed engineer**  
No

|                          |             |
|--------------------------|-------------|
| <b>Licensed surveyor</b> |             |
| <b>Board</b>             | Connecticut |
| <b>License Number</b>    | 15168       |
| <b>Date of Licensure</b> | 02/09/1988  |

 EXPERIENCE DESCRIPTION

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Knowledge of the applicant's work during the time covered by this endorsement            | Yes |
| The description above accurately reflects the work personally performed by the applicant | Yes |
| The time claimed by the applicant for this experience accurate                           | Yes |

 COMMENTS

He was not working for me, he has his own business but I have beta tested and used his Torchlight product and find it very helpful.

## WORK EXPERIENCE

A. Morton Thomas & Associates  
Virginia (United States)  
Project Manager  
April 2010—July 2012

Verified by  
**Dan Schriever**  
dschriever@amtengineering.com

Experience Summary  
**Full-Time**  
**Surveying: 2 years, 3 months**  
**Post EAC degree: 2 years, 3 months**  
**Experience under licensed surveyor:**  
**2 years, 3 months**



### TASKS

I performed topographic surveys and boundary surveys for heavy highway projects. I performed office surveying tasks and took field data and reduced to useable information for design efforts. I did title research, easement research, created base maps, and created contours.



### REPRESENTATIVE PROJECTS

I performed topographic surveying on a project with the Virginia Department of Transportation to slip line existing culverts. I served as the crew chief for three of the sites and did all of the office tasks including reducing the survey data and creating the base mapping for the design. I created the DTM and the TIN in AutoCAD and then converted it to MicroStation format. I was responsible for ensuring that the base map was geo-referenced accurately and tied to known control points for both planimetric aspects and for elevations.

I established all survey control and created all geometry associated with laying out roadway alignment for two miles of brand new four-lane divided highway on the US Route 460 Connector Phase I project in Buchanan County, VA. I researched property ownership and also mineral rights for the purposes of right of way acquisition and establishing right of way limits for adoption by the Virginia Department of Transportation. I developed CAD drawings showing rights-of-way, lot lines, metes and bounds, sight distance easements, construction easements, and both existing a proposed grades.

I prepared base mapping and coordinate geometry for the conceptual layout phase of US Route 460 Connector Phase II. I researched all property owners along the proposed corridor and identified potential title issues associated with the project. I created TIN and DTM's to establish all existing contours for the project based on flown LIDAR data in order to develop project baseline schedule, initial earthwork quantity estimates and optimal roadway geometry.



VERIFICATION

Work Experience

A. Morton Thomas & Associates  
Virginia (United States)  
Apr. 2010 — Jul. 2012

Verifier

Dan Schriever  
dschriever@amtengineering.com  
(202) 289-4545

Verification Date

06/26/2019 06:35am EDT



VERIFIER INFO

Position in firm

Director of surveys

Known applicant

2 years

Relationship

supervisor

Related to applicant

No

Licensed engineer

No

Licensed surveyor

|                   |             |
|-------------------|-------------|
| Board             | Maryland LS |
| License Number    | 11015       |
| Date of Licensure | 06/25/1996  |



EXPERIENCE DESCRIPTION

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Knowledge of the applicant's work during the time covered by this endorsement            | Yes |
| The description above accurately reflects the work personally performed by the applicant | Yes |
| The time claimed by the applicant for this experience accurate                           | Yes |



COMMENTS

None

## WORK EXPERIENCE

*Paciulli Simmons and Associates, Inc*  
*Virginia (United States)*  
*Surveyor*  
**August 2000—April 2002**

*Verified by*  
**Tami Ann Lenox**  
tlenox@atcspc.com

*Experience Summary*  
**Full-Time**  
**Surveying: 1 year, 8 months**  
**Post EAC degree: 1 year, 4 months**  
**Experience under licensed surveyor:**  
**1 year, 8 months**



### TASKS

I performed surveying duties including boundary surveys, construction stake outs, topographic surveys and as built surveys on subdivision and site plans throughout Northern Virginia. I was responsible for a crew of surveyors and for office tasks.



### REPRESENTATIVE PROJECTS

I performed surveying tasks on the Sumner Lake Subdivision Development Plans, Manassas, Virginia. I performed as crew chief during construction

I performed lot layout staking, road alignment staking, and cut / fill staking.

I Performed as-built data collection on all constructed houses, roadways, and drainage features. I developed CAD drawings showing rights-of-way, lot lines, metes and bounds, sight distance easements, construction easements, and both existing and proposed grades.

I also did surveying on The Preserve at Wynmar (Phase V, ADU), Fairfax, Virginia. I performed as crew chief during construction of phases 2-3.

I performed As-built surveys of drainage ponds, storm sewer, and roadways. I set property corners, developed CAD drawings showing rights-of-way, lot lines, metes and bounds, sight distance easements, construction easements, and both existing and proposed grades. I conducted courthouse research to determine existing conditions.

I performed boundary and topographic surveys on a daily basis for residential homeowners, locating and setting monuments, improved features, drainage features including culverts, ponds, ditches, curb and gutters, corners of buildings for setback requirements, and establishing contours. I led a crew during some of these engagements. I also imported data into CAD, used the field collected data to develop base mapping and TIN files and DTM's.

VERIFICATION

Work Experience

Paciulli Simmons and Associates,  
Inc  
Virginia (United States)  
Aug. 2000 — Apr. 2002

Verifier

Tami Ann Lenox  
tlenox@atcspc.com  
(703) 817-3517

Verification Date

06/19/2019 10:29am EDT



VERIFIER INFO

Position in firm

Land Survey Manager

Relationship

supervisor

Licensed engineer

No

Known applicant

during time period stated above

Related to applicant

No

Licensed surveyor

Board

Virginia

License Number

002365

Date of Licensure

01/04/1999



EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



COMMENTS

None

## WORK EXPERIENCE

Hartman and Associates (Now Tetra  
Tech)  
Florida (United States)  
Surveyor  
May 1996—June 1997

Verified by  
**Lawrence E. Jenkins**  
eddie.jenkins@tetrattech.com

Experience Summary  
**Full-Time**  
**Surveying: 1 year, 1 month**  
**Experience under licensed surveyor:**  
**1 year, 1 month**



### TASKS

I performed traditional land surveying services. Specifically, I performed residential and commercial boundary and topographic surveys for plats, base mapping, and site plans and subdivisions. I performed as-built surveys for constructed facilities. Projects ranged in size from quarter acre residential lots to over 100 acre sites for water and wastewater treatment plants.



### REPRESENTATIVE PROJECTS

I performed a boundary survey for a local bank in Orlando Florida. Tasks on this project included locating property corners, setting missing corner monuments, locating all physical improvements on the site. I located inverts of culverts, identified culvert sizes and direction of flow, and identified the type of culvert material. I identified corners of buildings, edge of pavement, top of slope, toe of slop, spot elevations, top of curb, gutter lines, and limits of sidewalks. I set backsights and foresights, turned angles, and edited points in the data collector. This site was approximately one quarter acre.

I performed a boundary and topographical survey in Polk County, Florida, of a site of approximately 30 acres for the building of a wastewater treatment facility. Topographic requirements for this project required a 50' x 50' grid of points collection to establish 1' contours. I located all property corners, set missing corners and completed a level run to ensure vertical control.

I performed a residential boundary (ALTA) survey that included portions of an adjacent waterway. I located property corners, edge of pavement for driveway, sidewalk location, corners of the building footprint, edge of roadway, tops of curbs and gutter line. This project required the location of the riparian boundary line.



VERIFICATION

Work Experience

Hartman and Associates (Now  
Tetra Tech)  
Florida (United States)  
May. 1996 — Jun. 1997

Verifier

Lawrence E. Jenkins  
eddie.jenkins@tetrattech.com  
(407) 497-5781

Verification Date

06/19/2019 10:58am EDT



VERIFIER INFO

Position in firm

Vice President - Surveying and Mapping manager

Known applicant

1 year and 1 month

Relationship

A former employee

Related to applicant

No

Licensed engineer

No

Licensed surveyor

Board

Florida LS

License Number

5364

Date of Licensure

06/06/1994



EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



COMMENTS

None



# NCEES

## VERIFICATION OF LICENSURE OR EXAMINATION

Thompson, Ryan  
(12-418-19)

ryan.thompson.pe@gmail.com  
DOB: 12/25/1976

### LICENSES

| Initial/Comity | Type | Number | Issue Date   | Expiration Date |
|----------------|------|--------|--------------|-----------------|
| Initial        | PE   | 29817  | August 2013  | January 2027    |
| Initial        | PS   | 29817  | October 2017 | January 2027    |

### EXAMS

| Exam               | Hours | Exam Date    | Additional Information    |
|--------------------|-------|--------------|---------------------------|
| NCEES PS           | 6     | April 2014   | —                         |
| Non-NCEES State PS | 2     | October 2017 | State Exam-Not NCEES exam |

### ADDITIONAL INFORMATION

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| Disciplinary Action | None                                                              |
| Notes               | FE accepted from VA<br>PE accepted from VA<br>FS accepted from VA |

### VERIFICATION

**Verifier**  
Jane Hardy

**Verification Date**  
03/15/2026 10:11pm EDT

**Board**  
Connecticut Board of Examiners for Professional Engineers and  
Land Surveyors  
698

**Thompson, Ryan**  
(12-418-19)ryan.thompson.pe@gmail.com  
DOB: 12/25/1976**LICENSES**

| Initial/Comity | Type | Number     | Issue Date   | Expiration Date |
|----------------|------|------------|--------------|-----------------|
| Initial        | PE   | 0402041742 | January 2007 | January 2025    |

**EXAMS**

| Exam             | Hours | Exam Date    | Additional Information |
|------------------|-------|--------------|------------------------|
| NCEES FE         | 8     | October 2000 | —                      |
| NCEES PE - Civil | 8     | October 2006 | —                      |
| NCEES FS         | 8     | October 2010 | —                      |

**ADDITIONAL INFORMATION**

|                     |                                                                                                                                     |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                                                                                |
| Notes               | EIT Designation #0420050206 received 12-27-2000 - No expiration.<br>SIT Designation #0430002300 received 1-07-2011 - No expiration. |

**VERIFICATION****Verifier**  
Anthony Sharpenstein  
  
**Verification Date**  
10/23/2024 07:48am EDT**Board**  
Virginia Board for Architects, Professional Engineers, Land  
Surveyors, Certified Interior Designers, and Landscape Architects

Not Licensed in Virginia  
Survey

# Application Summary

## Application

Name: **WINNICKI, TRAVIS**

DTN: **4273603**

Address: **521 S OLIVE AVE, SANDPOINT, ID 83864-1756**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **06/10/2026** Fees Paid: **\$255.00**

## Education

- |    |                                                                                                                                            |                                                                |                                |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------|
| 1. | Institution: <b>UNIVERSITY OF WYOMING OFFICE OF THE REGISTRAR LARAMIE, WYOMING</b><br>Degree: <b>82071 BACHELORS</b><br>Foreign: <b>No</b> | Major: <b>ORGANIZATIONAL LEADERSHIP</b><br>Enrolled: <b>No</b> | <b>2025</b><br><b>Verified</b> |
| 2. | Institution: <b>GREAT BASIN COLLEGE 1500 COLLEGE PARKWAY ELKO, NEVADA 89801</b><br>Degree: <b>NONE</b><br>Foreign: <b>No</b>               | Major: <b>GENERAL STUDIES</b><br>Enrolled: <b>No</b>           | <b>2014</b><br><b>Verified</b> |
| 3. | Institution: <b>PARKLAND COLLEGE 2400 WEST BRADLEY AVENUE CHAMPAIGN, ILLINOIS</b><br>Degree: <b>61821 ASSOCIATES</b><br>Foreign: <b>No</b> | Major: <b>SURVEYING TECHNOLOGY</b><br>Enrolled: <b>No</b>      | <b>2013</b><br><b>Verified</b> |

## Out-of-State Licenses

- |    |                                                                                       |                                                               |                                                                       |                 |
|----|---------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------|-----------------|
| 1. | License: <b>LS86462</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>         | Issued On: <b>04/01/2026</b><br>Expires On: <b>06/30/2030</b> | Issuing State: <b>Arizona</b><br>Obtained By: <b>Reciprocity</b>      | <b>Verified</b> |
| 2. | License: <b>LSPS20811</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>       | Issued On: <b>04/01/2025</b><br>Expires On: <b>12/31/2026</b> | Issuing State: <b>Wyoming</b><br>Obtained By: <b>Reciprocity</b>      | <b>Verified</b> |
| 3. | License: <b>LS14209315-2201</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b> | Issued On: <b>03/01/2025</b><br>Expires On: <b>03/01/2027</b> | Issuing State: <b>Utah</b><br>Obtained By: <b>Reciprocity</b>         | <b>Verified</b> |
| 4. | License: <b>LS4039-8</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>        | Issued On: <b>09/26/2024</b><br>Expires On: <b>01/31/2028</b> | Issuing State: <b>Wisconsin</b><br>Obtained By: <b>Reciprocity</b>    | <b>Verified</b> |
| 5. | License: <b>LS17221</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>         | Issued On: <b>09/01/2024</b><br>Expires On: <b>09/30/2026</b> | Issuing State: <b>South Dakota</b><br>Obtained By: <b>Reciprocity</b> | <b>Verified</b> |
| 6. | License: <b>LS10311OPLS</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>     | Issued On: <b>07/01/2024</b><br>Expires On: <b>06/01/2028</b> | Issuing State: <b>Oregon</b><br>Obtained By: <b>Reciprocity</b>       | <b>Verified</b> |
| 7. | License: <b>LS1943</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>          | Issued On: <b>06/01/2024</b><br>Expires On: <b>06/30/2027</b> | Issuing State: <b>Arkansas</b><br>Obtained By: <b>Reciprocity</b>     | <b>Verified</b> |
| 8. | License: <b>LSLS-40581</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>      | Issued On: <b>05/01/2024</b><br>Expires On: <b>12/31/2026</b> | Issuing State: <b>North Dakota</b><br>Obtained By: <b>Reciprocity</b> | <b>Verified</b> |



# Application Summary

## Application

Name: **WINNICKI, TRAVIS**

DTN: **4273603**

Address: **521 S OLIVE AVE, SANDPOINT, ID 83864-1756**

Type: **BPSM - Individual New - Endorsement (Out-of-State)** Received: **06/10/2026** Fees Paid: **\$255.00**

|           |                                                                                  |                                                               |                                                                     |                 |
|-----------|----------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|-----------------|
| <b>9.</b> | License: <b>LS9903</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>     | Issued On: <b>05/01/2024</b><br>Expires On: <b>09/30/2026</b> | Issuing State: <b>California</b><br>Obtained By: <b>Reciprocity</b> | <b>Verified</b> |
| <b>10</b> | License: <b>LS21032334</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b> | Issued On: <b>11/01/2021</b><br>Expires On: <b>01/31/2027</b> | Issuing State: <b>Washington</b><br>Obtained By: <b>Reciprocity</b> | <b>Verified</b> |
| <b>11</b> | License: <b>LS38724</b><br>Laws/Rules: <b>No</b><br>Good Standing: <b>Yes</b>    | Issued On: <b>03/01/2020</b><br>Expires On: <b>10/31/2027</b> | Issuing State: <b>Colorado</b><br>Obtained By: <b>Examination</b>   | <b>Verified</b> |

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u>  | <u>Details</u>                          |
|-----------------------------------------|----------------------|----------------------|-----------------------------------------|
| Background Check Initiated              | 06/16/2026           | REGENIA LEE          |                                         |
| Online App Recd. Data Updated by System | 06/16/2026           | REGENIA LEE          |                                         |
| New Documents Received. Please look.    | 06/16/2026           | REGENIA LEE          |                                         |
| Fees Validated Correctly                | 06/15/2026           | SYSTEM CSTRACK       |                                         |
| Fees Cashiered                          | 06/15/2026           | FINANCE & ACCOUNTING |                                         |
| Letter - LS Complete                    | 06/11/2026           | REGENIA LEE          |                                         |
| Application Received                    | 06/11/2026           | REGENIA LEE          |                                         |
| Enter/Update Person Details             | 06/11/2026           | REGENIA LEE          |                                         |
| Experience Verified                     | 06/11/2026           | REGENIA LEE          | EXPERIENCE VERIFIED BY NCEES            |
| Out of State License Verified           | 06/11/2026           | REGENIA LEE          | OUT OF STATE LICENSES VERIFIED BY NCEES |
| Education Verified                      | 06/11/2026           | REGENIA LEE          |                                         |

**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION FOR LICENSURE**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700  
[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA (435-7352)  
FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

### APPLICATION TYPE

|                       |                        |                  |                               |
|-----------------------|------------------------|------------------|-------------------------------|
| Application Type      | <b>Endorsement</b>     |                  |                               |
| Highest Degree        | <b>College 4 Years</b> |                  |                               |
| Document Tracking No# | <b>4273603</b>         | Application Date | <b>06/10/2026 12:27:38 PM</b> |

### APPLICANT INFORMATION

|                        |                                                                        |
|------------------------|------------------------------------------------------------------------|
| First Name             | <b>Travis</b>                                                          |
| Middle Initial         | <b>L</b>                                                               |
| Last Name              | <b>Winnicki</b>                                                        |
| Date of Birth          | <b>1/18/1986</b>                                                       |
| Race                   | <b>White or Caucasian</b>                                              |
| Social Security Number | <span style="background-color: black; color: black;">[REDACTED]</span> |
| Home Address           | <b>521 S Olive Ave<br/>Sandpoint, Idaho, 83864-1756, USA</b>           |
| Mailing Address        | <b>521 S Olive Ave<br/>Sandpoint, Idaho, 83864-1756, USA</b>           |
| Email address          | <b>twinnicki1@gmail.com</b>                                            |
| Home Phone             |                                                                        |
| Cellular Phone         | <b>360-301-4169</b>                                                    |
| Business Phone         |                                                                        |
| Fax                    |                                                                        |

### PRIOR NAME INFORMATION

Has Prior Name : **NO**

### EDUCATION HISTORY

### CRIMINAL/CIVIL LETIGATION INFORMATION

#### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were Yes placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

Date of Action: **08/01/2006**

Docket Number: **Unknown**

Court or administrative agency rendering the decision, judgement or order: **Unknown**

Governmental agency which brought the action: **City of Peoria, Illinois**

Details: **Approximately 20 years ago (date above is not accurate and is an approximate guess) I was ticketed for drinking alcohol before I was 21 years old. I believe this was classified as a city ordinance violation, wherein I paid a fine through the mail.**

Details:

#### List of Uploaded Documents

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

### LICENSURE HISTORY INFORMATION

#### Background History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.** **Yes**

Date of Action: **08/01/2006**

Docket Number **Unknown**

Court or administrative agency rendering the decision, judgment or order: **Unknown**

Governmental agency which brought the action: **City of Peoria, Illinois**

Details: **Approximately 20 years ago (date above is not accurate and is an approximate guess) I was ticketed for drinking alcohol before I was 21 years old. I believe this was classified as a city ordinance violation, wherein I paid a fine through the mail.**

Description: **Approximately 20 years ago (date above is not accurate and is an approximate guess) I was ticketed for drinking alcohol before I was 21 years old. I believe this was classified as a city ordinance violation, wherein I paid a fine through the mail.**

#### List of Uploaded Documents

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other No pleading with any fraud or deceit, or is there any such case or investigation pending?

3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing

authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

#### OUT OF STATE LICENSES

1. IssuingState: **Colorado** LicenseNumber: **38724**  
OriginalIssueDate: **01/01/2026** ExpirationDate: **01/01/2028**  
LicenseObtainedBy: **Examination** LicenseInGoodStanding: **YES**  
Explanation:

#### EMPLOYMENT HISTORY

1. Title: **Senior Staff Surveyor**  
CompanyName: **Terrane**  
CompanyAddress: **11235 SE 6th St Suite 130**  
**Bellevue, Washington, 98004, USA**  
EmploymentFromDate: **09/29/2025**  
EmploymentToDate: **06/09/2026**  
HoursPerWeek: **40**

Total Work Experience (in Months) : **8**

Responsible Charge Exp (in Months) : **8**

ExperienceSummary: **This is my current position. I oversee most aspects of surveying projects including research, field crew direction and supervision, calculations, data verification, drafting review, final drafting edits, final project review and signing/sealing.**

#### EXAMINATION INFORMATION

|                          |                              |                           |
|--------------------------|------------------------------|---------------------------|
| Exam Passed : <b>YES</b> | StateBoard : <b>Colorado</b> | Year Passed : <b>2019</b> |
| Exam Passed : <b>YES</b> | StateBoard : <b>Colorado</b> | Year Passed : <b>2020</b> |
| Exam Passed : <b>NO</b>  | StateBoard :                 | Year Passed :             |

#### SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accommodations due to disabilities or if you have a religious conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Travis Winnicki**

Signature Date: **6/10/2026**



## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

WORK EXPERIENCE

Terrane  
Idaho (United States)  
Senior Project Surveyor  
September 2025—June 2026

Verified by  
**Jacob Goodman Miller**  
jacobm@terrane.net

Experience Summary  
**Full-Time**  
**Surveying: 9 months**  
**Experience under licensed surveyor:**  
**9 months**



TASKS

As a Senior Project Surveyor, I am responsible for managing various types of surveying projects. My duties include records research, project setup, field crew direction and support, data processing and review, calculations, drafting support and edits, and final review. Additionally, I have recently begun handling all of the scheduling and coordination for our mapping field crews.



REPRESENTATIVE PROJECTS

Project #251886 was one of the first projects I worked on at Terrane while under the supervision of the Survey Operations Lead. This was a boundary and topographic survey in Shoreline, Washington during October of 2025. The site was a residential property. I performed all the records research, field crew direction, initial boundary analysis and initial boundary calculations for this site. Due to the complex nature of the boundary resolution for this property, I then met with the Survey Operations Lead and presented my work and findings.

Project #260190 was another boundary and topographic survey in Shoreline, Washington during February of 2026. The site was a residential lot within a platted subdivision. I performed all the records research, field crew direction, boundary analysis and boundary calculations for this site. I was also responsible for the verification of all field data after field work was completed, along with preparing the CAD file to be sent for drafting. After drafting was complete, I performed the initial review, redline, and editing of the drawing. Finally, I met with the Survey Operations Lead where I presented my findings and answered all questions about the work performed to this point.

VERIFICATION

Work Experience

Terrane  
Idaho (United States)  
Sep. 2025 — Mar. 2026

Verifier

Jacob Goodman Miller  
jacobm@terrane.net  
(425) 233-6083

Verification Date

03/31/2026 04:05pm EDT



VERIFIER INFO

Position in firm

Senior Project Surveyor, Survey Operations Lead

Relationship

Supervisor

Licensed engineer

No

Known applicant

6 months

Related to applicant

No

Licensed surveyor

|                   |            |
|-------------------|------------|
| Board             | Washington |
| License Number    | 56654      |
| Date of Licensure | 08/27/2018 |



EXPERIENCE DESCRIPTION

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Knowledge of the applicant's work during the time covered by this endorsement            | Yes |
| The description above accurately reflects the work personally performed by the applicant | Yes |
| The time claimed by the applicant for this experience accurate                           | Yes |



COMMENTS

Travis is an excellent surveyor and an asset to our team and profession.

**WORK EXPERIENCE**

*Encompass Energy Services  
Idaho (United States)  
Senior Staff Surveyor  
June 2025—September 2025*

*Verified by  
**David Hamilton Adams**  
d.adams@encompassservices.com*

*Experience Summary  
**Full-Time**  
**Surveying: 3 months**  
**Experience under licensed surveyor:  
3 months***

**TASKS**

As Senior Staff Surveyor, my role involves overseeing the technical aspects of my division, managing surveying projects and performing/signing surveys in my states of licensure. I oversee and advise a team of PLS's, LSIT's, drafters and field crews on a daily basis. This means I either personally perform or provide direction for all aspects of projects from start to finish including: scoping and proposals, project research, processing and review of field data, field setup, boundary search calculations and computations, drafting procedures and templates, final boundary computations, and reviewing final survey deliverables. The majority of the projects I am working on consist of Boundary, ALTA, and Topographic surveys.

**REPRESENTATIVE PROJECTS**

Crow Mountain is an ongoing renewable energy project in Arkansas which began in August of 2025, spanning across multiple sections. I have been in charge of all technical aspects of the project. After the project was awarded, I performed planning for project mobilization and kick-off. I completed project research of record surveys and PLSS corner records, and directed staff on the computation of initial search positions based on this record information. I have been overseeing the field crews, directing their activities and providing additional calculations and support as needed. During this time I have also been resolving section and parcel boundaries utilizing incoming field data.



VERIFICATION

**Work Experience**  
Encompass Energy Services  
Idaho (United States)  
Jun. 2025 — Sep. 2025

**Verifier**  
David Hamilton Adams  
d.adams@encompassservices.com  
(303) 517-5258

**Verification Date**  
09/17/2025 12:52pm EDT

**i** VERIFIER INFO

**Position in firm**  
Director

**Relationship**  
Supervisor

**Licensed engineer**  
No

**Known applicant**  
6 months

**Related to applicant**  
No

|                          |            |
|--------------------------|------------|
| <b>Licensed surveyor</b> |            |
| <b>Board</b>             | Kansas     |
| <b>License Number</b>    | LS1485     |
| <b>Date of Licensure</b> | 06/05/2008 |

**≡** EXPERIENCE DESCRIPTION

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Knowledge of the applicant's work during the time covered by this endorsement            | Yes |
| The description above accurately reflects the work personally performed by the applicant | Yes |
| The time claimed by the applicant for this experience accurate                           | Yes |

**💬** COMMENTS

⦿ None

WORK EXPERIENCE

APS Survey & Mapping  
Washington (United States)  
Professional Land Surveyor  
September 2024—June 2025

Verified by  
**Samuel R Ward**  
samw@apssm.com

Experience Summary  
**Full-Time**  
**Surveying: 9 months**  
**Experience under licensed surveyor:**  
**9 months**



TASKS

My tasks and duties have been consistent since I began in September of 2024. I am responsible for managing various types of surveys from start to finish. This includes client relations, proposals, research, project setup, field crew management and support, data processing and review, calculations, drafting, review, and signing. I often manage 1 or 2 field crews along with my office tasks. I also provide support and peer review for the other PLS at the company.



REPRESENTATIVE PROJECTS

Project 3640.002 was a Record of Survey in King County, WA during December 2024. I oversaw all aspects of this projects except for the initial scope and proposal. I performed the records research along with the pre-field search calcs and setup. While the crew was in the field, I provided support and additional calculations. I processed the field data and reviewed the field files before performing boundary calculations. I did the initial survey drawing setup before delegating the rest of the drafting to one of our CAD drafters. After drafting, I reviewed, edited, and then performed a final review before signing and sealing. I then had the finalized survey sent for recording with the county.

Project 3126.002 was a topographic survey along with a Record of Survey in Island County, WA during February 2025. I took over management of this project at the time of the field work being performed. While the crew was in the field, I provided support and additional calculations. I processed the field data and reviewed the field files before performing boundary calculations. I instructed and delegated the topographic survey drafting to one of our CAD drafters while I drafted the complete Record of Survey. After both drafts were prepared, I reviewed, edited, and then performed a final review of each before signing and sealing. I then had the finalized surveys sent for recording and to the client.

VERIFICATION

**Work Experience**  
APS Survey & Mapping  
Washington (United States)  
Sep. 2024 — Mar. 2025

**Verifier**  
Samuel R Ward  
samw@apssm.com  
(509) 656-4065

**Verification Date**  
03/01/2025 10:51am EST

**i** VERIFIER INFO

**Position in firm**  
Principle surveyor

**Relationship**  
Supervisor

**Licensed engineer**  
No

**Known applicant**  
7 months

**Related to applicant**  
No

|                          |            |
|--------------------------|------------|
| <b>Licensed surveyor</b> |            |
| <b>Board</b>             | Washington |
| <b>License Number</b>    | 52843      |
| <b>Date of Licensure</b> | 06/01/2015 |

**≡** EXPERIENCE DESCRIPTION

|                                                                                                 |     |
|-------------------------------------------------------------------------------------------------|-----|
| <b>Knowledge of the applicant's work during the time covered by this endorsement</b>            | Yes |
| <b>The description above accurately reflects the work personally performed by the applicant</b> | Yes |
| <b>The time claimed by the applicant for this experience accurate</b>                           | Yes |

**💬** COMMENTS

Travis Winnicki is a highly qualified surveyor. His qualifications, attention to detail, client relations, and ethics make him one of the best surveyors I've worked with. I highly recommend Travis to any state board for licensure.

WORK EXPERIENCE

*Blew & Associates, P.A.*  
*Arkansas (United States)*  
*Vice-President*  
**June 2024—August 2024**

*Verified by*  
**Rob Winnicki**  
robert.winnicki@blewinc.com

*Experience Summary*  
**Full-Time**  
**Surveying: 2 months**  
**Experience under licensed surveyor:**  
**2 months**



TASKS

I served as a Vice-President at Blew Inc. The main function of this role was managing surveying projects and signing surveys in my states of license. I directed the operations for 2-3 field crews on a daily basis. This included project research, review of field data, boundary search calculations and computations, basic drafting functions, final boundary computations, and reviewing final plats. The majority of the projects consisted of ALTA surveys.



REPRESENTATIVE PROJECTS

The main project I worked on during my short time here was the Colorado Quarries portfolio during July and August of 2024. The sites were scattered over several counties in eastern Colorado. This included ALTAs for 6 sites in Colorado varying in size from 10 to 600+ acres. I inherited this project upon starting prior to any work being done. I performed all research and project setup, including corresponding with county officials for research documents. Before the crews were on site, I created field files with project info and initial search calculations. I managed and directed the field crew on all activities and provided additional search calculations and field support. As we gathered enough information for each site, I calculated the boundaries and prepared the CAD files for drafting. I sent these files to the drafting department with my instructions. It was around this time that I left my position here. Before departing, I composed a job status and work synopsis to assist the subsequent project manager.



VERIFICATION

Work Experience

Blew & Associates, P.A.  
Arkansas (United States)  
Jun. 2024 — Aug. 2024

Verifier

Rob Winnicki  
rwinnicki@hotmail.com  
(815) 953-8559

Verification Date

03/01/2025 11:23am EST



VERIFIER INFO

Position in firm

EVP - Survey

Relationship

Supervisor

Licensed engineer

No

Known applicant

36 years

Related to applicant

Yes, Brother

Licensed surveyor

|                   |             |
|-------------------|-------------|
| Board             | Illinois LS |
| License Number    | 035.003976  |
| Date of Licensure | 05/19/2017  |



EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement Yes

The description above accurately reflects the work personally performed by the applicant Yes

The time claimed by the applicant for this experience accurate Yes



COMMENTS

None

**WORK EXPERIENCE**

*Krause Surveying Inc  
Illinois (United States)  
Professional Land Surveyor  
July 2020—October 2023*

*Verified by  
**Carl John Krause III**  
carl\_krause3@krausesurveying.com*

*Experience Summary  
**Full-Time**  
**Surveying: 3 years, 3 months**  
**Experience under licensed surveyor:  
3 years, 3 months***

**TASKS**

As a Professional Land Surveyor at Krause Surveying, my main function is to oversee survey projects from start to finish. This includes serving as the signing surveyor for any work in the state of Colorado. When a new job comes in, I determine what research and field work is necessary to complete the job. If need be, I contact the client for instruction or with any questions about the work to be completed. I perform any research I can from the office, or direct a crew on the research that needs to be performed in person at county offices. My research includes previous surveys (both from other firms, as well as in-house), legal descriptions, adjoining deeds, monument records, and local control. I outline the necessary field tasks to be completed by the field crew before they head into the field. From the office I support the crews during their field work by computing additional search points and stake out points as needed. I review the field work after completion and check it for completeness and accuracy. Following this, I compute the boundary and prepare final staking files for the crew. Once the final field work is complete, I review the staking. After final review, I write any necessary new legal descriptions or check previous legal descriptions. I then draft the plat from start to finish utilizing CAD software. I perform a final review of the plat and completed work before it is ready to be signed. If the job involves another signing surveyor, I will have a conference to review the job with him and answer any questions about the work I performed.

**REPRESENTATIVE PROJECTS**

The Indiana Cross Roads Wind Farm, project number 210722, is an ongoing project I have managed since we began it in July of 2021. This is a Wind Farm that encompasses roughly 46 square miles in White County, Indiana. My first task was to help prepare the bid and work proposal for this project. Then I performed the boundary research, including researching GLO records, in-house surveys, control monuments, county survey records, deeds, monument records, and easements. I oversaw field crew operations for boundary and ALTA field location. I reviewed the field data for accuracy and completeness and processed it all in the office. Afterwards, I began initial section computations and breakdown, and computed additional section and property line search locations for crews. I plotted all researched and client provided deeds, surveys, and title commitment tracts, along with any easements. When more field data was needed to plot these items, I would again provide computations for crews to investigate. When I was satisfied with all of my boundary computations, I provided a detailed review of my work to the senior PLS. I spent considerable time with him reviewing lines, and making any changes per his direction. I provided a master drawing of all compiled data and linework for the lead drafter. Most recently, I am redlining ALTA sheets as they are drafted, prior to final review.

I was our signing surveyor for the Panorama East Wind Farm, project number 220719, in Weld County, Colorado during July and August of 2022. I previously performed much of the initial field surveying and boundary calculations for this project in 2020 when I was working at a preceding firm. For this project, my task was to as-built and certify all above ground improvements constructed for the wind farm including wind turbines, foundations, roads, and overhead transmission lines. My first step for completing the as-builts was to coordinate with the project manager in charge of the field crews. I gave direction on what improvements needed to be located and how the crews should perform the as-builts. Once field work was complete and I received the field data, I processed and checked all the field work for completeness. Then I inserted the as-built data into a CAD drawing containing the planned improvement locations. After doing so, I compared the locations of all the improvements and checked for any that were located outside of the prescribed tolerances for error. I found 3 items that were in conflict, so I prepared a brief report of my findings for the contractor. This report showed the items of note and their constructed locations relative to the planned locations. I then provided my as-built data to the drafting department so that it could be shown on the survey. Finally, I reviewed the final survey for completeness and accuracy before signing and sealing.

Another job I oversaw was the Smith survey, project number 230205, completed in March of 2023. This involved surveying, dividing, and writing legal descriptions for four parcels totaling roughly 359 acres in Iroquois County, Illinois. I completed all initial research, including our previous surveys in the area, other recorded surveys, monument records, adjacent deeds, and GLO records. I prepared a field file for the crew with all pertinent information and instruction. After field work was completed, I reviewed the data for completeness and accuracy. I performed the initial section line and boundary computations, comparing our current

work with record documents. Due to the nature of the project, I had to spend significant time speaking with the seller, buyer, and farm manager about the parcel specifics and how to achieve their end goal while meeting county zoning requirements. Once I was satisfied with my boundary calculations, I outlined all my findings and boundary computations to the senior PLS at my company. After approval I created a staking file for the field crew. Following staking, I reviewed the as-staked data. I plotted and created legal descriptions for two new easements for access purposes. I then drafted the plat, and created four new legal descriptions for the parcels. After I made any supervisor-directed changes, I sent the completed drawing file to the senior PLS for his final review.

VERIFICATION

**Work Experience**  
Krause Surveying Inc  
Illinois (United States)  
Jul. 2020 — Oct. 2023

**Verifier**  
Carl John Krause III  
carl\_krause3@krausesurveying.com  
(815) 693-1452

**Verification Date**  
12/12/2023 02:46pm EST

**i** VERIFIER INFO

**Position in firm**  
President

**Relationship**  
Supervisor

**Licensed engineer**  
No

**Known applicant**  
20 years

**Related to applicant**  
No

|                          |             |
|--------------------------|-------------|
| <b>Licensed surveyor</b> |             |
| <b>Board</b>             | Illinois LS |
| <b>License Number</b>    | 035.003655  |
| <b>Date of Licensure</b> | 12/30/2005  |

**≡** EXPERIENCE DESCRIPTION

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Knowledge of the applicant's work during the time covered by this endorsement            | Yes |
| The description above accurately reflects the work personally performed by the applicant | Yes |
| The time claimed by the applicant for this experience accurate                           | Yes |

**💬** COMMENTS

All of Travis's statements are accurate



## WORK EXPERIENCE

Blew & Associates, PA  
Arkansas (United States)  
Project Manager  
April 2020—June 2020

Verified by  
**Robert Winnicki**  
robert.winnicki@blewinc.com

Experience Summary  
**Full-Time**  
**Surveying: 2 months**  
**Experience under licensed surveyor:**  
**2 months**



### TASKS

I served as a Project Manager at Blew Inc. The main function of this role was overseeing field crews. I directed the operations for 2-4 field crews on a daily basis. This included project research, review of field data, boundary search calculations and computations, basic drafting functions, final boundary computations, and reviewing final plats. The majority of the projects consisted of ALTA surveys, with some larger wind energy projects. On these larger projects, I also performed some field work to locate section corners and boundary evidence.



### REPRESENTATIVE PROJECTS

One of my main projects was the Panorama Wind Farm, which I began working on in April of 2020, and continued working on until I left the company in June. This was a Wind Farm that included 3 phases, spanning roughly 80 square miles in Weld County, Colorado. I began with boundary research. This included researching GLO records, in-house surveys, control monuments, county survey records, deeds, monument records, and easements. I then oversaw field crew operations as they began the initial section and property boundary work. At the end of each field day, I reviewed the field data for accuracy and completeness. Using this data, I began initial section computations and breakdown. I used this data to compute additional search locations for missing or yet-to-be located section and property corners, and provided these to the field crews. I also performed much of the field work for the section breakdown in 2 of the 3 phases. Once this field work was complete, I made my initial section line calculations and review. Once the section lines were finalized, I began to plot deed and surveyed property lines, along with any easements. I then supervised additional non-boundary related ALTA field location and compiled all of this data into AutoCAD drawings. Upon approval, I sent this information to the draftsman in charge of project drafting. I also served as a point of contact for the client regarding project status, scheduling, and private property access.

On a more consistent basis, I was responsible for managing the daily work of 2-4 field crews on numerous projects. This included performing research and providing it to the crews, coordinating field work schedules, reviewing field work for completeness and accuracy, performing initial drafting of basic linework and improvement location, coordination and review with the drafting department, and final plat review & signing. Many of these projects I worked on were for larger portfolios, often between 3-12 sites. One of these included an ALTA for 5 sites covering roughly 60 acres for a medical complex. I worked on this during the second week of May, 2020.

Another covered nearly 400 acres spanning 3 parcels and was to be developed into a large subdivision. This job was completed on May 27th thru the 29th, 2020.

I also oversaw many smaller lot surveys, individual ALTA surveys, and larger 20+ acre boundary surveys, on a daily basis during my time at Blew.

## VERIFICATION

### Work Experience

Blew & Associates, PA  
Arkansas (United States)  
Apr. 2020 — Jun. 2020

### Verifier

Robert Winnicki  
robert.winnicki@blewinc.com  
(815) 953-8559

### Verification Date

02/16/2021 08:38pm EST



### VERIFIER INFO

#### Position in firm

Project Manager

#### Relationship

Supervisory Project Manager

#### Licensed engineer

No

#### Known applicant

32 years

#### Related to applicant

Yes, Sibling

#### Licensed surveyor

##### Board

Illinois LS

##### License Number

035003976

##### Date of Licensure

05/19/2017



### EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



### COMMENTS

None

## WORK EXPERIENCE

Ruen-Yeager & Associates  
Idaho (United States)  
Junior Project Manager  
October 2019—January 2020

Verified by  
Steven Ronald Sprague  
srs@ruenyeager.com

Experience Summary  
**Full-Time**  
**Surveying: 3 months**  
**Experience under licensed surveyor: 3 months**

### TASKS

While I have only been in this position for about 4 months, I have gained significant experience and instruction since beginning in this role. As a junior project manager, my duties have expanded over previous positions to include both field and office roles on an equal basis. The field tasks have been commensurate with most of my previous crew chief duties. These include: field notes, data management, job research and planning, cadastral and PLSS surveys, ALTA and topographic surveys, and construction staking. I now also handle all survey estimates and proposals for one of our survey offices. This includes researching, communicating with clients, writing scopes of services, and coordinating with superiors to formulate bids. I have been handling all of the county document research tasks within two counties in our work area. When field work must be coordinated with other field personal, I sometimes fill that role. Data collected by both myself and other field crews is my responsibility for processing tasks. In addition, I have expanded my CAD abilities and use them regularly in the drafting of plats, records of survey, and exhibits. There have been several occasions where I have prepared legal descriptions for parcels or easements. I am responsible for proof-reading and redlining right of way plans to assist the licensed surveyors. I have also been fortunate to work directly with the two licensed surveyors on parcel boundary resolutions and calculations. Under their direction, I have resolved several survey boundaries and expanded my knowledge of the process. Finally, I have contributed to the creation and implementation of a new system of standard field crew survey practices within the company.

### REPRESENTATIVE PROJECTS

The Pleasantview/SH-53 right of way project is a recently completed (Oct.-Jan.) project that I helped with periodically since being hired. While my role was somewhat limited, I participated in tasks new to me in my career. Namely, reviewing and redlining right of way plans, legal descriptions, and exhibits. Essentially, I was responsible for these processes to assist the PLS in charge. This involved double-reading the legal descriptions, cross-checking legals with plans and exhibits, and proof-reading plans and exhibits for any necessary alterations. This involved roughly 20 parcels, over 30 plan sheets, and several client revisions. Additionally, I performed all the closure and acreage checks for the legal descriptions, and created deliverable closure reports. I also performed a final review of deliverable legals and reports prior to PLS stamping.

The Winter minor subdivision plat is an on-going (Nov. - present) project that I have participated in. I, along with another field surveyor, performed an initial boundary survey of the property while also collecting enough field data to help locate the client's proposed subdivision lines. I then downloaded and processed all the data, and created a new drawing. I returned to the field to stake proposed line locations so that the client could review or revise them. Once the client settled on a site plan, I drafted approximately 75% of the preliminary plat and exhibit. I also performed all the initial boundary resolution and research in preparation for review by the licensed surveyor. When the drafting was handed over to a CAD technician, I sat in during the drafting process to learn additional drafting techniques.

The Botelho boundary survey is another ongoing (Dec.- present) project, located near the Canadian border. Consisting of two parcels, I have had a lead role in the project from the beginning. I helped prepare the project bid and proposal along with another junior project manager. The PLS and I met with the client to discuss the project scope and timeline, and to secure the project contract. I coordinated with the PLS in charge to ensure I understood his expectations from me regarding the field work. Before commencing work, I spent a day at the county recorder's, assessor's, and roads and bridges offices performing research and gathering all available deeds, surveys, and plats. I then performed all the initial field work alone over the course of three days, including all boundary and improvement location. All the compiled documents and data files were managed and processed by me. I took diligent field notes and sketches of all work performed. After the initial field work, I then sat in with the PLS and assisted with the boundary resolution. This allowed me to help him while I also gained great experience first hand. When several missing documents were unable to be located, I contacted an area title company for assistance in locating said documents. This project is nearly complete, and I will be returning to the field to set the missing boundary corners in the near future.

# EMPLOYMENT VERIFICATION

Generated on January 27, 2020  
Travis Winnicki (18-647-94)

## VERIFICATION

### Work Experience

Ruen-Yeager & Associates  
Idaho (United States)  
Oct. 2019 — Jan. 2020

### Verifier

Steven Ronald Sprague  
srs@ruenyeager.com  
(208) 818-9715

### Verification Date

01/27/2020 02:58pm EST



## VERIFIER INFO

### Position in firm

Professional Land Surveyor

### Relationship

Supervisor

### Licensed engineer

No

### Known applicant

6 months

### Related to applicant

No

### Licensed surveyor

|                   |            |
|-------------------|------------|
| Board             | Idaho      |
| License Number    | 13554      |
| Date of Licensure | 12/12/2008 |



## EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement Yes

The description above accurately reflects the work personally performed by the applicant Yes

The time claimed by the applicant for this experience accurate Yes



## COMMENTS

None



## WORK EXPERIENCE

Baseline Engineering Corp.  
Colorado (United States)  
Survey Crew Chief  
November 2015—September 2019

Verified by  
Aaron Demo  
aaron@baselinecorp.com

Experience Summary  
**Full-Time**  
**Surveying: 3 years, 10 months**  
**Experience under licensed surveyor:**  
**3 years, 10 months**

### TASKS

While working at Baseline, I primarily served as a field crew chief. Towards the end of my time there, I began to be trained for the role of project manager. As my training progressed, I started to take on some of the tasks that are representative of that position. I was primarily the lead boundary and civil crew chief, though the company did a substantial amount of work for the oil and gas industry. I worked on mostly boundary, ALTA, topographic, and construction surveys. This involved all of the normal crew chief tasks, including occasional research, field notes, job prep and planning with project managers, GPS and conventional instrument operation, and field calculations for cadastral, sectional breakdown, and construction surveying. I downloaded and managed field data and job files. I also trained co-workers and new hires as needed.

When I began training for a project manager role, my job scope began to expand as my skillset broadened. Initially, I was enrolled in company provided manager training. I was also instructed by project managers and draftsmen in CAD techniques and data processing with TBC.

Around this time, I began to handle tasks like processing my own data through OPUS and TBC. I also did occasional drafting when work load dictated.

As the company oil and gas survey work load increased, I transitioned into that sector of surveying as well. I began performing pipeline as-built and construction surveys. I also led crews in facility staking and as-builts. In the office, I assisted survey technicians by compiling and redlining data for local government required well-certificates.

### REPRESENTATIVE PROJECTS

The Extraction-Broomfield (Project #15272) oil and gas development was probably the largest on-going project while I was at Baseline. This took place over the course of my time at Baseline, from early 2016 until I left in 2019. It consisted of several proposed facility sites, along with numerous pipeline routes. I was the lead field crew chief for the project during my time there. Initially, this involved establishing sufficient GPS control to cover approximately a dozen sections. Following this, my crew searched for and located all the section corner monuments pertinent to the project area. During the process we verified or updated any corner records already filed. If none existed, we created a new monument record sheet. After all the PLSS work was complete, we began large scale topographic design and improvement surveys of all the subject parcels. This amounted to hundreds of acres, and eventually tens of thousands of topo points. While in the field, I oversaw and coordinated work between all field crews. I worked closely with the project manager to ensure timelines were being met and areas were being mapped completely. When the construction processes began, I was crew chief for access, pad, and facility staking. This ranged from general earthwork staking to precise facility equipment layout. We also staked temporary work easements and property lines as needed. Eventually, I was tasked with as-built surveying of all site construction and earthwork.

The Encana Oasis CGF (Project #226) is a oil and liquids central processing facility near Erie, Colorado. Prior to my hiring, Baseline had been contracted to perform all control and construction staking for the site. At some point during the middle of construction, the four primary site control monuments had been either disturbed or destroyed by maintenance workers. During late 2017 and thru early 2018, I was tasked with solving the problem of how to restore control that was in agreement with the original control, as well as the previously constructed facilities. Upon completing this task, I was to continue the previous crew's role of facility layout. I met with the facility construction manager and his staff for background on the project, and to present our approach. I first went out and inspected the remaining monuments for signs of disturbance. I researched the previous crew's notes and data to determine how they established the local control. Afterwards, I ran several traverses and level loops through the 3 remaining monuments. I tied these to offsite control used to establish the site. I continued to confer with both site management and our PLS, and reported my findings. I ended up determining that one original monument had been spared and was undisturbed. Using this, the offsite control, and several facility fixtures, we were able to re-establish new control monuments. This enabled work to continue on site, and we were able to finish our construction layout for the project. I took detailed notes and reports on what my crew had determined, and the work we performed.

As one of my project manager training tasks, I was assigned a small lot survey at 1919 Ford Street (Project #15342) near the

Baseline office in Golden, Colorado. I was to manage and execute the project from the start to a near-finished product. This took place in April of 2018. During the project, I received coaching from the PLS who would eventually be reviewing and stamping the survey. I did the initial research of subdivision plats and previous surveys. I planned all the field work. Along with my rodman, I performed all the initial field work and subsequent boundary staking. The initial field work included searching for all pertinent lot and block corners, locating adjacent roads, alleys, and walks, and locating all improvements to the property. We also locating any possible encroachments. After the initial field work, I downloaded and processed all the gathered data with Trimble Business Center. I created a CAD drawing, and drafted all linework from the field improvement location. I also reviewed the boundary data, and with the PLS in charge, created a boundary resolution. I created a staking file, and returned to set the missing property corners.

# EMPLOYMENT VERIFICATION

Generated on January 27, 2020  
Travis Winnicki (18-647-94)

## VERIFICATION

### Work Experience

Baseline Engineering Corp.  
Colorado (United States)  
Nov. 2015 — Sep. 2019

### Verifier

Aaron Demo  
aaron@baselinecorp.com  
(970) 593-8554

### Verification Date

01/27/2020 02:05pm EST



## VERIFIER INFO

### Position in firm

Survey Division Manager

### Relationship

manager

### Licensed engineer

No

### Known applicant

4 years

### Related to applicant

No

### Licensed surveyor

|                   |            |
|-------------------|------------|
| Board             | Colorado   |
| License Number    | 38285      |
| Date of Licensure | 01/02/0011 |



## EXPERIENCE DESCRIPTION

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Knowledge of the applicant's work during the time covered by this endorsement            | Yes |
| The description above accurately reflects the work personally performed by the applicant | Yes |
| The time claimed by the applicant for this experience accurate                           | Yes |



## COMMENTS

None

**WORK EXPERIENCE**

*Adam & Goldsworthy, Inc.  
Washington (United States)  
Survey Crew Chief  
May 2014—July 2015*

*Verified by  
Gavin McLean Oak  
gavin@agols.com*

*Experience Summary  
Full-Time  
Surveying: 1 year, 2 months  
Experience under licensed surveyor:  
1 year, 2 months*

 **TASKS**

During the relatively short time period that I worked for Adam & Goldsworthy, the majority of my duties as crew chief took place in the field. As a crew chief, I was responsible for meeting with the project manager each morning to discuss project scope, details, and execution. I would load the pertinent files onto the data collector, and all the necessary equipment and supplies into the survey van. When applicable, I would help with maintaining any field equipment, including: sharpening brush axes and machetes, leveling prism rods, checking tri-brach calibration, and inspecting tri-pods. In the field, my crew would usually begin by locating existing control monuments. Otherwise, I would evaluate how to proceed with establishing new control in the project area. I took diligent field notes and sketches of each project. I typically worked in conjunction with another experienced field surveyor. This meant that he and I could often share duties. I would often rotate our tasks and roles. This meant I was alternately responsible for basically every facet of the field work: driving to and from the site, serving as rodman, running the instrument, clearing brush, taking notes, monument searches, etc. After completing field work, I would download the electronic data and file the notes and job folder.

While working in the office, I was able to hone some of my CAD skills. When field work was slow, or the office was backed up, I would assist in drafting. This consisted of importing data, cataloging new control, preliminary checks and assessing of boundary information, and drawing linework for field location. I would usually do all of this preliminary drawing before handing the job off to a drafter or project manager for completion.

 **REPRESENTATIVE PROJECTS**

One significant project which I served as crew chief on was the staking of a new waterline from Port Gamble to Big Valley for the Kitsap County Public Works in the summer of 2014. The project consisted of preliminary route staking for a new waterline through roughly 5 miles of forested, rugged terrain. Control for the project had been previously set. The task was to recover this control, brush line of sight along the project centerline, and stake at roughly 200' intervals along the project centerline. After meeting with the project manager and discussing job scope, I reviewed the previous field work drawings and notes. I used this information to locate three initial control points to begin our survey. As my partner ran the instrument, he would stake me to line, and I would set a temporary line stake. Then I would brush line as far as the next control point, recover it, and setup a fore-sight station. I would then have him stake me to line on my return trip. I would set the required line stakes, station and paint them, and record the data in the field book. I would retrieve the previous backsight, while he moved the instrument, beginning the process again. This continued over the whole project. Each day I reported our progress to the project manager, and downloaded all pertinent field data and notes.

In March of 2015, I also had a lead crew chief role on the Kingston, WA Public Works topography. This required mapping everything within and adjacent to city street right of ways for approximately 12 blocks. This required collecting boundary information to accurately locate the right-of-way extents. After planning with the project manager, I then reviewed the previous surveys and planned search areas for block and lot corners. I began by setting on existing control recovered near our work area. While I was running the rod, I would stake possible monument locations and search for any corners that could be tied from each station setup. I would sketch and reference all control and survey monuments. After ties to any boundary monuments, I had us progress to collecting the site topography. I would sketch and measure all the improvements and infrastructure being mapped, while also noting point ranges and descriptions as my partner located with the robotic instrument. This progressed station by station until finishing our survey of the project area and closing the control network. At the end of each work day, I downloaded the data and filed the field notes and job file.

I was the crew chief and initial drafter on the Phelps boundary and topographic survey. It took place in June of 2015 and consisted of a boundary and topographic survey of a 10-acre parcel and extravagant home site. I began by reviewing the record maps, corner records, and surveys in the field packet. I took diligent field notes and sketches for the project. I started by leading us in locating the corners of the quarter-section using corner records, and verifying the information. Then, setting on existing control, I projected new control as needed to collect ties to each corner. Using the quarter section data, I was able to compute search



coordinates for our aliquot parcel and adjoining parcels. My crew traversed and located all existing monuments at these search areas and located any fence/occupation evidence. I then located positions for additional control that would be needed to cover our topographic area, and confirmed these with my partner. The above average landscaping and infrastructure on this property made this a relatively substantial task. Work progressed with me sketching all field location and noting all point descriptions, and my partner running the robotic total station and collecting point data. This proceeded section by section, with me reviewing each area before moving on. After collecting all field data, I downloaded and processed all field work. For the initial drafting, I drew preliminary boundary lines and control lines in AutoCAD. I also drew the basic linework and breaklines, and reviewed the data for any blunders. I did all the basic drafting within my ability before turning the drawing over to an experienced drafter for final drafting.

## VERIFICATION

### Work Experience

Adam & Goldsworthy, Inc.  
Washington (United States)  
May. 2014 — Jul. 2015

### Verifier

Gavin McLean Oak  
gavin@agols.com  
(360) 779-4299

### Verification Date

01/28/2020 05:01pm EST



### VERIFIER INFO

#### Position in firm

project manager

#### Relationship

employee

#### Licensed engineer

No

#### Known applicant

6

#### Related to applicant

No

#### Licensed surveyor

|       |            |
|-------|------------|
| Board | Washington |
|-------|------------|

|                |       |
|----------------|-------|
| License Number | 45168 |
|----------------|-------|

|                   |            |
|-------------------|------------|
| Date of Licensure | 12/09/2008 |
|-------------------|------------|



### EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



### COMMENTS

None

**WORK EXPERIENCE**

*Parkland College  
Illinois (United States)  
Student Survey Technician  
February 2013—May 2013*

*Verified by  
**Todd Horton**  
thorton@parkland.edu*

*Experience Summary  
**Part-Time**  
**Surveying: 1 month (25%)**  
**Experience under licensed surveyor:  
1 month***

**TASKS**

I was selected for this position during my final semester at Parkland College. The position was very short in duration, approximately 1 - 6 hours a week for a few months. I was uniquely suited to assist in this role because of my previous work as a survey crew chief. My job was to assist Mr. Horton, the program director of the Construction Management and Land Surveying programs. I did so on a very limited part time schedule in between college courses. This included helping with the preparation of slides and visual aids for courses, as well as assisting with instruction for student labs. I also assisted with researching new material and technology that may be useful for future instruction. Finally, I participated in the perpetuation of on campus control monuments.

**REPRESENTATIVE PROJECTS**

Each of these projects took place during the time-frame of my final semester at Parkland College in the spring of 2013.

One of my projects was to familiarize myself with Microsurvey's STARNET software, used for the performance of least -squares adjustments. The end goal was evaluate it for possible future instruction in control survey courses. I explored the program capabilities and followed some of the tutorials. I then reported my findings to Mr. Horton.

I also assisted with student field labs on a make-up basis. Essentially, students needing to complete missed field labs were supervised and instructed by me. These consisted of basic survey procedures like instrument setup or leveling.

I helped Mr. Horton review the data for the on campus control network. This was a series of control monuments and monument data sheets that had been previously established. He wanted to verify the conditions and information on those data sheets was correct. I performed a static GPS observation on several monuments and verified that the references and "to-reach" information was correct.

## VERIFICATION

**Work Experience**

Parkland College  
Illinois (United States)  
Feb. 2013 — May. 2013

**Verifier**

Todd Horton  
thorton@parkland.edu  
(217) 373-3785

**Verification Date**

01/28/2020 06:30pm EST



## VERIFIER INFO

**Position in firm**

Director, Construction Management & Land  
Surveying programs

**Known applicant**

8 years

**Relationship**

Supervisor and instructor

**Related to applicant**

No

**Licensed engineer**

|                          |             |
|--------------------------|-------------|
| <b>Board</b>             | Illinois PE |
| <b>License Number</b>    | 062046758   |
| <b>Date of Licensure</b> | 07/17/1991  |
| <b>Discipline</b>        | Civil       |

**Licensed surveyor**

|                          |             |
|--------------------------|-------------|
| <b>Board</b>             | Illinois LS |
| <b>License Number</b>    | 035003717   |
| <b>Date of Licensure</b> | 12/19/2007  |



## EXPERIENCE DESCRIPTION

|                                                                                                 |     |
|-------------------------------------------------------------------------------------------------|-----|
| <b>Knowledge of the applicant's work during the time covered by this endorsement</b>            | Yes |
| <b>The description above accurately reflects the work personally performed by the applicant</b> | Yes |
| <b>The time claimed by the applicant for this experience accurate</b>                           | Yes |



## COMMENTS

Mr. Winnicki was an exemplary technician, providing excellent insights that have steered our land surveying program toward greater success. Given his work with us and his subsequent experience, I would eagerly welcome an opportunity to work with Mr. Winnicki again. I am confident his contributions to the land surveying profession will continue to be solid and enduring.



## WORK EXPERIENCE

Krause Surveying Inc  
Illinois (United States)  
Survey Crew Chief  
February 2005—January 2013

Verified by  
**Carl Krause III**  
carl\_krause3@krausesurveying.com

Experience Summary  
**Full-Time**  
**Surveying: 7 years, 11 months**  
**Experience under licensed surveyor:**  
**7 years, 2 months**

### TASKS

I started as a rodman under the tutelage of Carl Krause III, PLS. He taught me the basic concepts of land surveying, and instructed me on field monument search procedures (with and without metal detectors), instrument setup and care, survey methods and principles, and basic calculations. I worked on mostly boundary, topographic, and ALTA surveys under his supervision. My responsibilities included loading the survey truck in the morning, vehicle maintenance, maintaining equipment, and helping with data and file management in the office. In the field, I ran the GPS and total station, pounded lath and stakes, dug for monuments, and cleared line.

As crew chief, I led 1-4 man crews in the performance of boundary, topographic, ALTA, and construction surveys. This included: initial research, both in-office and at county facilities, survey planning, use of GPS/total station/levels, line clearing, boundary calculations and proportioning, field notes, data downloading and processing in Leica software, and minor drafting projects in the office.

As I progressed in experience, I took on more in-depth projects. I calculated my own search locations for boundary projects including aliquot, metes and bounds, and subdivision lots. I was in charge of several large scale wind energy survey projects, which required the field location and breakdown of dozens of PLSS sections each. I led the field work for many boundary surveys, ranging from small acreage to over a thousand acres. I also began drafting on a limited basis, usually basic linework or drafting monument records for filing with the county.

### REPRESENTATIVE PROJECTS

One of the earlier surveys I participated in was the Wade Light survey (project 070143) in January 2007. This was a boundary and topographic survey of around 130 acres in Iroquois County, Illinois. As a rodman, I first accompanied the PLS, Mr. Krause, to the county offices to perform research on area surveys, deeds, and corner records. He explained the scope and general process we would use to perform the work, and I loaded the truck with the necessary supplies before heading into the field. Once in the field, I assisted Mr. Krause with monument searches and location. I ran the GPS rover used to collect the boundary and PLSS data, under his direct supervision. Once we moved on to the topographic mapping portion, I utilized the GPS to collect data both on foot and on an ATV. I also served as rodman in locations requiring use of a total station. Mr. Krause performed a boundary resolution following the initial field work. On the final trip, I set the property stakes and lath while my crew chief staked positions with the GPS rover.

The Fowler Ridge Wind Farm is one of the largest onshore wind energy projects in the world, spanning over roughly 50,000 acres. Located in Benton County, Indiana, it was the first wind energy project in which I was responsible for all the field work. Our work occurred periodically from 2007 to 2010. The end goal was ALTA surveys for all the sections included in the project, and construction staking for the project infrastructure. This included all precursory research. Research was performed online, at county offices, and at the county surveyor's office. This included GLO plats and notes, surveys, and corner records for dozens of sections. This also included sifting through our in house records, as Krause Surveying had also performed a notable amount of work in Indiana over the years. Upon completing all research, the first task was completing a full boundary survey of all the land encompassed within the proposed project footprint, a little less than 100 sections. This required recovering all PLSS corners, as well as any cadastral monuments, taking weeks for my rodman and I to complete. We also verified or updated any corner records at this time. We often stayed in a hotel and worked on the project for 5-10 days consecutively. Upon completing this, we moved on to field location of all roads, railroads, utilities, fences, etc. I downloaded and processed all field data, notes, and records. My next tasks involved construction layout for the project wind turbines, access roads, temporary access routes for heavy equipment, overhead and underground electric lines, and maintenance buildings. Finally, I performed as-built surveys of all site construction. All said and done, the project took place over nearly two years, and I gained a significant amount of experience during its course.

The McLean County Soy Capitol (# 120529) project consisted of a boundary survey of multiple parcels totaling around 1000 acres in May 2012. Most of the parcels were aliquot parts, with a few metes and bounds descriptions for smaller building/home sites. After getting the contract, I headed up all research. This began with in-house searching of our records for any nearby survey work.

I retrieved all pertinent GLO plats and notes, as well as monument records. I then spent a day at the McLean county Assessor's and Recorder's offices looking for any local plats, surveys, deeds etc. After compiling all the data, I conferred with the PLS in charge and we formed a plan for the field work. This began with initial section and parcel corner searches for several sections. After the initial found monuments were measured, I calculated additional search locations for the subsequent trip. During the second and third trip, my rodman and I also located all the useful lines of occupation and boundary evidence. We also located any improvements, including: buildings, utilities, roads, irrigation ditches, etc. Once all the initial field work was completed, I compiled and processed the data to be handed off to the PLS. The PLS completed a boundary resolution and final check of the field work, before my crew returned and staked any missing corners.

## VERIFICATION

### Work Experience

Krause Surveying Inc  
Illinois (United States)  
Feb. 2005 — Jan. 2013

### Verifier

Carl Krause III  
carl\_krause3@krausesurveying.com  
(815) 676-6227

### Verification Date

01/27/2020 09:57am EST



## VERIFIER INFO

### Position in firm

President / PLS

### Known applicant

16 Years

### Relationship

Employer

### Related to applicant

No

### Licensed engineer

No

### Licensed surveyor

#### Board

Illinois LS

#### License Number

035.003655

#### Date of Licensure

12/30/2005



## EXPERIENCE DESCRIPTION

Knowledge of the applicant's work during the time covered by this endorsement

Yes

The description above accurately reflects the work personally performed by the applicant

Yes

The time claimed by the applicant for this experience accurate

Yes



## COMMENTS

Travis may be one of the most intelligent, capable and persistent PLS candidates I know.  
From the start of his employment, I knew he would be a Professional at some point.  
I am proud to have had a small part in his training.

**LICENSES**

| <b>Initial/Comity</b> | <b>Type</b> | <b>Number</b> | <b>Issue Date</b> | <b>Expiration Date</b> |
|-----------------------|-------------|---------------|-------------------|------------------------|
| Initial               | PS          | 38724         | March 2020        | October 2027           |

**EXAMS**

| <b>Exam</b> | <b>Hours</b> | <b>Exam Date</b> | <b>Additional Information</b> |
|-------------|--------------|------------------|-------------------------------|
| NCEES FS    | 6            | June 2019        | —                             |
| NCEES PS    | 7            | January 2020     | —                             |

**ADDITIONAL INFORMATION**

|                            |                                  |
|----------------------------|----------------------------------|
| <b>Disciplinary Action</b> | None                             |
| <b>Notes</b>               | PLS - License Method Examination |

**VERIFICATION**

**Verifier**  
Jaquaya Johnson

**Verification Date**  
09/26/2025 05:46pm EDT

**Board**  
Colorado State Board of Licensure for Architects, Professional  
Engineers, and Professional Land Surveyors



**LICENSES**

| Initial/Comity | Type | Number   | Issue Date | Expiration Date |
|----------------|------|----------|------------|-----------------|
| Comity         | PS   | PS 20811 | April 2025 | December 2026   |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                                                                                                                                                           |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                                                                                                                      |
| Notes               | Mr. Winnicki has taken and passed both the Wyoming Take-Home exam and the Wyoming State-Specific exam.<br>FS and PS were accepted from Colorado.<br>PS Comity (Colorado). |

**VERIFICATION****Verifier**  
Troy Niesen**Verification Date**  
04/09/2025 10:55am EDT**Board**  
Wyoming Board of Professional Engineers and Professional Land Surveyors



# STATE OF WISCONSIN

## Department of Safety and Professional Services

### Electronic Licensure Verification

This real-time Licensure Verification page is electronically certified proof of licensure, as requested, and as it appears in the files of the State Of Wisconsin - DPS as of **Wednesday, April 1, 2026 11:46:46 AM - Central Daylight Time**

[Printer Friendly](#)

#### License Information

|                              |                                        |
|------------------------------|----------------------------------------|
| <b>Name</b>                  | WINNICKI, TRAVIS LENARD                |
| <b>Credential Type</b>       | Professional Land Surveyor             |
| <b>Credential Number</b>     | 4039-8                                 |
| <b>Location</b>              | SANDPOINT, ID                          |
| <b>Status</b>                | credential license is current (active) |
| <b>Issue Date</b>            | 09/26/2024                             |
| <b>Expiration Date</b>       | 01/31/2028                             |
| <b>Disciplinary Order(s)</b> | No                                     |
| <b>Licensee</b>              | TRAVIS LENARD WINNICKI                 |

The information above is the only certification information provided by this Department. To expedite the certification process, the above format is the standard format for all professions required by this Department.

A handwritten signature in black ink, reading "Aloysius F. Rohmeyer".

**Aloysius F. Rohmeyer**  
**Record Custodian**  
**Department of Safety and Professional Services**

**LICENSES**

| Initial/Comity | Type | Number   | Issue Date    | Expiration Date |
|----------------|------|----------|---------------|-----------------|
| Comity         | PS   | 21032334 | November 2021 | January 2027    |

**EXAMS**

| Exam               | Hours | Exam Date      | Additional Information |
|--------------------|-------|----------------|------------------------|
| Non-NCEES State PS | 4     | September 2021 | WA PLS                 |

**ADDITIONAL INFORMATION**

|                     |                 |
|---------------------|-----------------|
| Disciplinary Action | None            |
| Notes               | LSIT & PLS - CO |

**VERIFICATION****Verifier**  
Nghiem Pham**Verification Date**  
02/07/2025 09:42am EST**Board**  
Washington State Board of Registration for Professional  
Engineers and Land Surveyors

**LICENSES**

| Initial/Comity | Type | Number        | Issue Date | Expiration Date |
|----------------|------|---------------|------------|-----------------|
| Comity         | PS   | 14209315-2201 | March 2025 | March 2027      |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |         |
|---------------------|---------|
| Disciplinary Action | None    |
| Notes               | Not Set |

**VERIFICATION****Verifier**  
Sharon Smalley  
  
**Verification Date**  
03/10/2025 07:38pm EDT**Board**  
Utah Professional Engineers and Professional Land Surveyors  
Board





### LICENSES

| Initial/Comity | Type | Number | Issue Date     | Expiration Date |
|----------------|------|--------|----------------|-----------------|
| Comity         | PS   | 17221  | September 2024 | September 2026  |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |         |
|---------------------|---------|
| Disciplinary Action | None    |
| Notes               | Not Set |

### VERIFICATION

**Verifier**  
Kimberly Haibeck

**Verification Date**  
10/07/2024 12:43pm EDT

**Board**  
South Dakota State Board of Technical Professions



Winnicki, Travis  
(18-647-94)

twinnicki1@gmail.com  
DOB: 01/18/1986

### LICENSES

| Initial/Comity | Type | Number    | Issue Date | Expiration Date |
|----------------|------|-----------|------------|-----------------|
| Comity         | PS   | 103110PLS | July 2024  | June 2028       |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |         |
|---------------------|---------|
| Disciplinary Action | None    |
| Notes               | Not Set |

### VERIFICATION

**Verifier**  
Tina Sorensen

**Verification Date**  
05/26/2026 04:43pm EDT

**Board**  
Oregon State Board of Examiners for Engineering and Land  
Surveying

**LICENSES**

| Initial/Comity | Type | Number   | Issue Date | Expiration Date |
|----------------|------|----------|------------|-----------------|
| Comity         | PS   | LS-40581 | May 2024   | December 2026   |

**EXAMS**

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

**ADDITIONAL INFORMATION**

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                         |
| Notes               | FS and PS accepted from CO.<br>Passed ND's 2hr orientation exam on 5/1/2024. |

**VERIFICATION****Verifier**  
Seth Johnson**Verification Date**  
11/21/2024 12:03pm EST**Board**  
North Dakota State Board of Registration for Professional  
Engineers and Land Surveyors



### LICENSES

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | 9903   | May 2024   | September 2026  |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |                   |
|---------------------|-------------------|
| Disciplinary Action | None              |
| Notes               | FS AND PS FROM CO |

### VERIFICATION

|                                                                                           |                                                                                             |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>Verifier</b><br>Andrew Voong<br><br><b>Verification Date</b><br>10/02/2024 07:53pm EDT | <b>Board</b><br>California Board for Professional Engineers, Land Surveyors, and Geologists |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|





## LICENSES

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | 1943   | June 2024  | June 2027       |

## EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

## ADDITIONAL INFORMATION

|                     |                                                                                               |
|---------------------|-----------------------------------------------------------------------------------------------|
| Disciplinary Action | None                                                                                          |
| Notes               | FS & PS exams accepted from CO. He passed the Arkansas 2.5-hr State Specific Exam on 5/31/24. |

## VERIFICATION

**Verifier**  
Virginia Davis**Verification Date**  
06/24/2025 10:59am EDT**Board**  
Arkansas Board of Licensure for Professional Engineers &  
Professional Surveyors



## VERIFICATION OF LICENSURE OR EXAMINATION

Winnicki, Travis  
(18-647-94)

twinnicki1@gmail.com  
DOB: 01/18/1986

### LICENSES

| Initial/Comity | Type | Number | Issue Date | Expiration Date |
|----------------|------|--------|------------|-----------------|
| Comity         | PS   | 86462  | April 2026 | June 2030       |

### EXAMS

| Exam                          | Hours | Exam Date | Additional Information |
|-------------------------------|-------|-----------|------------------------|
| No exams in this jurisdiction |       |           |                        |

### ADDITIONAL INFORMATION

|                     |         |
|---------------------|---------|
| Disciplinary Action | None    |
| Notes               | Not Set |

### VERIFICATION

**Verifier**  
Ruby Kelley

**Verification Date**  
06/02/2026 03:33pm EDT

**Board**  
Arizona State Board of Technical Registration

# Application Summary

## Application

Name: **ANDERSON, SHAKAR**

DTN: **4257946**

Address: **310 N BUENA VISTA AVE, ORLANDO, FL 32835-1202**

Address: **310 N BUENA VISTA AVE, ORLANDO, FL 32835-1202**

## Education

- |    |                                                                                  |                 |
|----|----------------------------------------------------------------------------------|-----------------|
| 1. | Institution: <b>SEMINOLE STATE COLLEGE 100 WELDON BOULEVARD SANFORD, FLORIDA</b> | <b>2025</b>     |
|    | Degree: <b>32773</b>                                                             |                 |
|    | Foreign: <b>BACHELORS</b>                                                        |                 |
|    | Major: <b>CONSTRUCTION</b>                                                       |                 |
|    | Enrolled: <b>No</b>                                                              | <b>Verified</b> |
| 2. | Institution: <b>VALENCIA COLLEGE 1800 KIRKMAN ROAD ORLANDO, F LORIDA 32811</b>   | <b>2022</b>     |
|    | Degree: <b>TECHNICAL CERTIFICATS</b>                                             |                 |
|    | Foreign: <b>No</b>                                                               |                 |
|    | Major: <b>COMPUTER-AIDED DESIGN, CIVIL SURVEYIN</b>                              |                 |
|    | Enrolled: <b>No</b>                                                              | <b>Verified</b> |

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------------|----------------------|---------------------|----------------|
| Online App Recd. Data Updated by System | 05/12/2026           | REGENIA LEE         |                |
| New Documents Received. Please look.    | 05/12/2026           | REGENIA LEE         |                |
| Letter - LS Complete                    | 05/11/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency       | 05/11/2026           | REGENIA LEE         |                |
| Application Received                    | 05/11/2026           | REGENIA LEE         |                |
| Enter/Update Person Details             | 05/11/2026           | REGENIA LEE         |                |
| Education Verified                      | 05/11/2026           | REGENIA LEE         |                |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

[www.800helpfla.com](http://www.800helpfla.com)

1-800-HELP-FLA (435-7352)

FL Only

850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

Title  
First Name **Shakar**  
Middle Initial  
Last Name **Anderson**  
Suffix  
Date of Birth **8/7/2001**  
Race **Black or African American**  
Social Security Number **[REDACTED]**  
Gender  
Home Address **310 N Buena Vista Ave  
Orlando ,Florida,32835  
USA**  
Mailing Address **310 N Buena Vista Ave  
Orlando ,Florida,32835  
USA**  
Email address **shakaranderson876@gmail.com**  
Home Phone **321-217-4543**  
Cellular Phone **321-217-4543**  
Business Phone  
Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

- InstitutionName: **Valencia College**  
Degree: **Associate in Science**  
GraduationYear: **2022**  
City,State: **Orlando, Florida**  
Country: **USA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:  
2. InstitutionName: **Seminole State College**

Degree: **Bachelor of Science**  
 GraduationYear: **2025**  
 City,State: **Orlando, Florida**  
 Country: **USA**  
 CurrentlyEnrolled: **NO**  
 AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No** FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other **No** pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the **No** licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

## SPECIAL TESTING ACCOMODATIONS



Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

**NO**

**AUTHORIZATION**

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **shakar876**

Signature Date: **5/11/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

# Application Summary

## Application

Name: **ASMUS, WESLEY**

DTN: **4266646**

Address: **547 SE GILES MARTIN AVE, LAKE CITY, FL 32024-0274**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA USA** **2026**  
Degree: **BACHELORS** Major: **GEOMATICS**  
Foreign: **No** Enrolled: **No** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete                    | 05/26/2026           | REGENIA LEE         |                |
| Online App Recd. Data Updated by System | 05/26/2026           | REGENIA LEE         |                |
| New Documents Received. Please look.    | 05/26/2026           | REGENIA LEE         |                |
| Out of State License Verified           | 05/26/2026           | REGENIA LEE         |                |
| Education Verified                      | 05/26/2026           | REGENIA LEE         |                |
| Application Received                    | 05/23/2026           | SYSTEM CSTRACK      |                |
| Enter/Update Person Details             | 05/23/2026           | SYSTEM CSTRACK      |                |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700  
[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA (435-7352)  
FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

Title  
First Name **Wesley**  
Middle Initial **M**  
Last Name **Asmus**  
Suffix  
Date of Birth **5/14/2003**  
Race **White or Caucasian**  
Social Security Number **[REDACTED]**  
Gender  
Home Address **547 SE Giles Martin Ave  
Lake City,Florida,32024  
USA**  
Mailing Address **547 SE Giles Martin Ave  
Lake City,Florida,32024  
USA**  
Email address **Wesleyasmus@outlook.com**  
Home Phone **386-288-5093**  
Cellular Phone  
Business Phone  
Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

1. InstitutionName: **University of Florida**  
Degree: **Geomatics**  
GraduationYear: **2026**  
City,State: **Gainesville, Florida**  
Country: **USA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:

**CRIMINAL/CIVIL LITIGATION INFORMATION**

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No**
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No** FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? **No**

## EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

## SPECIAL TESTING ACCOMODATIONS

Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

**NO**

## AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release



to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Wesley Asmus**

Signature Date: **5/22/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

# Application Summary

## Application

Name: **BAIN, IAN**

DTN: **4270405**

Address: **3994 DEQUATTRO DR UNIT 3309, ROCKLEDGE, FL 32955-7538**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA** **2027**  
 Degree: **BACHELORS** Major: **GEOMATICS**  
 Foreign: **No** Enrolled: **Yes** **Verified**

## Experience

**Total: 11 Responsible: 72**

1. Employer: **VHB, INC. 225 EAST ROBINSON STREET, SUITE 300 ORLANDO, FLORIDA 32801**  
 Phone: **407-965-0516** From: **05/01/2019** To: **05/20/2026**  
 Reference: **SCOT A. CARPENTER, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **11** Qualified Mths: **72** **Verified**

## Checklist

| <u>Items Required</u>             | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete              | 06/03/2026           | REGENIA LEE         |                |
| Education Verified                | 06/03/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency | 06/02/2026           | REGENIA LEE         |                |
| Application Received              | 06/02/2026           | REGENIA LEE         |                |
| Enter/Update Person Details       | 06/02/2026           | REGENIA LEE         |                |
| Experience Verified               | 06/02/2026           | REGENIA LEE         |                |

## Division of Consumer Services

# BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS APPLICATION FOR SURVEYOR IN TRAINING

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax



**WILTON SIMPSON**  
**COMMISSIONER**

Please remit application to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

## APPLICANT INFORMATION

**Name:**

Ian Bain

**Suffix:**

**Date of Birth:**

01 / 23 / 1998

**\*\* Social Security Number:**

**Home Address** (if applicable please include suite, apartment and/or unit numbers):

3994 DeQuattro Dr UNIT 3309

**City:**

Orlando

**State:**

Florida

**Zip Code:**

32955

- 4326

**County** (if address is in Florida):

Brevard

**Country:**

United States of America

☒ **Please check if mailing address is the same as home address. If not:**

**Mailing Address** (if applicable please include suite, apartment and/or unit numbers):

**City:**

**State:**

**Zip Code:**

**County** (if address is in Florida):

**Country:**

**Email Address:**

lbain@vvhb.com

**Contact Number(s):**

( ) - ( 941 ) 313 - 1223  
Home Phone Cellular Phone

( 407 ) 982 - 4475 ( ) -  
Business Phone Facsimile

**\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.**

## EDUCATION HISTORY

**Highest Grade Completed (Please check one):**

High School:

☐ 1 ☐ 2 ☐ 3 ☐ 4

College:

☐ 1 ☐ 2 ☐ 3 ☒ 4

Graduate School:

☐ 1 ☐ 2

| Name and Address of School,<br>College, or University Attended | Year of<br>Graduation | Degree and Major | Currently<br>enrolled?<br><small>If Yes*, date of<br/>anticipated<br/>graduation.</small> | Foreign School<br><small>Was your school located<br/>overseas?</small> |
|----------------------------------------------------------------|-----------------------|------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| University of Florida                                          | 2027                  | Geomatics        | <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No<br>_____*            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    |
|                                                                |                       |                  | <input type="checkbox"/> Yes* <input type="checkbox"/> No<br>_____*                       | <input type="checkbox"/> Yes <input type="checkbox"/> No               |

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Title:**

Geomatics Project Manager 1

**Employer / Company Name:**

VHB, Inc

**Employer / Company Address:**

225 E Robinson Ste 300

**City:**

Orlando

**State:**

FL

**Zip Code:**

32801

-

**Supervisor's Name:**

Scot Carpenter

**Contact Number:**

813-477-8556

**Dates of Employment:**

From: May 2019

To\*: Current

**Number of Hours Per Week:**

40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

**Total Months of Experience:** 83

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below.** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
- ☒ Yes ☐ No



- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☐ No
- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Attach additional sheets as necessary.:

**Court or administrative agency rendering the decision, judgment, or order:**

Sarasota County

**State / Governmental agency which brought the action:**

Sarasota County

**Nature of conviction, judgment, order, or action:**

Drug Possession

**Date of Action:**

01 / 20 / 2018

**Docket Number:**

Unknown

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

Arrested for drug Possession at Age 20, completed Pre-Trial Diversion including probation and community service per court order. Completed every step and charges were dropped. Please see Attached sheet for more detailed explanation per Regenia Lee

### PRIOR NAME INFORMATION

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☒ No

If you answered yes, please provide name(s) below:

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

## EXAMINATION INFORMATION

Please complete the following:

### Fundamentals of Land Surveying (Part I)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

### Principals and Practice (Part II)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

## SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

**\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services no less than 90 days prior to the examination date at 1-800-HELP-FLA (435-7352), or 850-410-3800.**

## AUTHORIZATION

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature: ibain@vhb.com

Digitally signed by ibain@vhb.com  
DN: CN=ibain@vhb.com  
Reason: I am approving this document  
Date: 2026.04.23 21:13:06-04'00'

Signature Date: 04/23/2026

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.





WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Ian Bain                                                                                                                                                                                                                                                                                                                      |                          | <b>Title:</b><br>Geomatics Project Manager 1                      |  |
| <b>Employer / Company Name:</b><br>VHB, Inc.                                                                                                                                                                                                                                                                                                            |                          | <b>Employer / Company Address:</b><br>225 E. Robinson St. STE 300 |  |
| <b>City:</b><br>Orlando                                                                                                                                                                                                                                                                                                                                 | <b>State:</b><br>Florida | <b>Zip Code:</b><br>32801 - 4326                                  |  |
| <b>Employer Contact Name:</b><br>Scot A. Carpenter                                                                                                                                                                                                                                                                                                      |                          | <b>Contact Number:</b><br>407-965-0516                            |  |
| <b>Dates of Employment:</b><br>From: 05/2019 To*: Present                                                                                                                                                                                                                                                                                               |                          | <b>Number of Hours Per Week:</b><br>40                            |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                            |                          | <b>Number of Hours Per Week:</b>                                  |  |
| From: _____                                                                                                                                                                                                                                                                                                                                             | To: _____                | _____                                                             |  |
| From: _____                                                                                                                                                                                                                                                                                                                                             | To: _____                | _____                                                             |  |
| From: _____                                                                                                                                                                                                                                                                                                                                             | To: _____                | _____                                                             |  |
| <b>Total Months of Experience:</b><br>Routine (in months): 11 + Responsible Charge (in months): 72 = <b>Total Months of Experience</b> 83<br>If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S. |                          |                                                                   |  |

**Verifying Surveyor:** Please provide a summary of experience and duties performed by the applicant

Ian Bain has served as a Geomatics Crew Chief and Project Manager in responsible charge of co

Scot A. Carpenter, PSM 6177

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Scot A Carpenter

Digitally signed by Scot A Carpenter  
Date: 2026.05.20 16:23:49 -0400

Signature of licensed surveyor and mapper  
verifying experience

05/20/2026

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

# Application Summary

## Application

Name: **BARBOUR, BRANDON**

DTN: **4270867**

Address: **111 E WASHINGTON ST UNIT 2614, ORLANDO, FL 32801-2383**

## Education

- |                                                                           |                                      |
|---------------------------------------------------------------------------|--------------------------------------|
| 1. Institution: <b>UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA USA</b>     | <b>2026</b>                          |
| Degree: <b>CERTIFICATE</b>                                                | Major: <b>GEOMATICS</b>              |
| Foreign: <b>No</b>                                                        | Enrolled: <b>Yes</b> <b>Verified</b> |
| 2. Institution: <b>UNIVERSITY OF CENTRAL FLORIDA ORLANDO, FLORIDA USA</b> | <b>2024</b>                          |
| Degree: <b>BACHELORS</b>                                                  | Major: <b>GENERAL STUDIES</b>        |
| Foreign: <b>No</b>                                                        | Enrolled: <b>No</b> <b>Verified</b>  |

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete                    | 06/04/2026           | REGENIA LEE         |                |
| Enter/Update License Information        | 06/04/2026           | REGENIA LEE         |                |
| Online App Recd. Data Updated by System | 06/04/2026           | REGENIA LEE         |                |
| New Documents Received. Please look.    | 06/04/2026           | REGENIA LEE         |                |
| Check for Exam                          | 06/04/2026           | REGENIA LEE         |                |
| Create Exam Letter                      | 06/04/2026           | REGENIA LEE         |                |
| Approved by Board                       | 06/04/2026           | REGENIA LEE         |                |
| Education Verified                      | 06/04/2026           | REGENIA LEE         |                |
| Enter/Update Person Details             | 06/03/2026           | SYSTEM CSTRACK      |                |
| Application Received                    | 06/03/2026           | SYSTEM CSTRACK      |                |





**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

[www.800helpfla.com](http://www.800helpfla.com)

1-800-HELP-FLA (435-7352)  
FL Only

850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

**APPLICANT INFORMATION**

|                        |                                                                        |
|------------------------|------------------------------------------------------------------------|
| Title                  |                                                                        |
| First Name             | <b>Brandon</b>                                                         |
| Middle Initial         | <b>S</b>                                                               |
| Last Name              | <b>Barbour</b>                                                         |
| Suffix                 |                                                                        |
| Date of Birth          | <b>9/26/2001</b>                                                       |
| Race                   | <b>White or Caucasian</b>                                              |
| Social Security Number |                                                                        |
| Gender                 |                                                                        |
| Home Address           | <b>111 E Washington St Unit 2614<br/>Orlando,Florida,32801<br/>USA</b> |
| Mailing Address        | <b>111 E Washington St Unit 2614<br/>Orlando,Florida,32801<br/>USA</b> |
| Email address          | <b>brandon8barbour@gmail.com</b>                                       |
| Home Phone             |                                                                        |
| Cellular Phone         | <b>772-801-8475</b>                                                    |
| Business Phone         |                                                                        |
| Fax                    |                                                                        |

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

|                            |                                      |
|----------------------------|--------------------------------------|
| 1. InstitutionName:        | <b>University of Central Florida</b> |
| Degree:                    | <b>B.G.S.</b>                        |
| GraduationYear:            | <b>2024</b>                          |
| City,State:                | <b>Orlando, Florida</b>              |
| Country:                   | <b>USA</b>                           |
| CurrentlyEnrolled:         | <b>NO</b>                            |
| AnticipatedGraduationDate: |                                      |

772

|                     |                              |
|---------------------|------------------------------|
| 2. InstitutionName: | <b>University of Florida</b> |
|---------------------|------------------------------|

Degree: **Certificate**  
GraduationYear: **2026**  
City,State: **Gainesville, Florida**  
Country: **USA**  
CurrentlyEnrolled: **YES**  
AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, **No** possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

## LICENSURE HISTORY INFORMATION

### Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records **No** have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.**
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other **No** pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the **No** licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |



Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

NO

## AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state<sup>774</sup> of Florida. [ ]

Applicant Signature: **Brandon Barbour**

Signature Date: **6/3/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

# Application Summary

## Application

Name: **BETHEA, SHERMAN**

DTN: **4268008**

Address: **3475 PALMETTO ST, ZOLFO SPRINGS, FL 33890-3424**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA 32611** **2026**  
 Degree: **CERTIFICATE** Major: **GEOMATICS**  
 Foreign: **No** Enrolled: **Yes** **Verified**
2. Institution: **WARNER UNIVERSITY 13895 US 27 NORTH LAKE WALES, FLORIDA 33859** **2018**  
 Degree: **BACHELORS** Major: **NATURAL SCIENCE AND MATHEMATIC AGR**  
 Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 11 Responsible: 56**

1. Employer: **SHERRY KIRKLAND, FLORIDA LICENSED SURVEYOR 425 SOUTH FIRST AVENUE BARTOW, FLORIDA 33830**  
 Phone: **863-838-3864** From: **01/03/2022** To: **03/09/2026**  
 Reference: **SHERRY KIRKLAND, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **50** **Verified**
2. Employer: **PICKETT AND ASSOCIATES, LLC 5010 WEST NASSAU STREET TAMPA, FLORIDA 33607**  
 Phone: **813-877-7770** From: **06/29/2020** To: **12/31/2021**  
 Reference: **GREGORY PRATHER, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **11** Qualified Mths: **6** **Verified**

## Checklist

| <u>Items Required</u>       | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete        | 05/27/2026           | REGENIA LEE         |                |
| Application Received        | 05/27/2026           | REGENIA LEE         |                |
| Enter/Update Person Details | 05/27/2026           | REGENIA LEE         |                |
| Education Verified          | 05/27/2026           | REGENIA LEE         |                |
| Experience Verified         | 05/27/2026           | REGENIA LEE         |                |



## Division of Consumer Services

**BOARD OF PROFESSIONAL SURVEYORS  
AND MAPPERS APPLICATION FOR  
SURVEYOR IN TRAINING**

 Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

 1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

**WILTON SIMPSON  
COMMISSIONER**

Please remit application to:

 FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION****Name:**SHERMAN N. BETHEA**Suffix:**MR.**Date of Birth:**11 / 9 / 1994**\*\* Social Security Number:**

[REDACTED]

**Home Address** (if applicable please include suite, apartment and/or unit numbers):3475 PALMETTO ST**City:**ZOLFO SPRINGS**State:**FL**Zip Code:**33090**County** (if address is in Florida):HARDEE**Country:**UNITED STATES
☒ **Please check if mailing address is the same as home address. If not:**
**Mailing Address** (if applicable please include suite, apartment and/or unit numbers):**City:****State:****Zip Code:****County** (if address is in Florida):**Country:****Email Address:****Contact Number(s):**
 ( ) -  
Home Phone

 ( 863 ) 245 - 8885  
Cellular Phone

 ( ) -  
Business Phone

 ( ) -  
Facsimile

\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.

 Red on  
5/27/26  
R2

# EDUCATION HISTORY

## Highest Grade Completed (Please check one):

High School:

☐ 1 ☐ 2 ☐ 3 ☒ 4

College:

☐ 1 ☐ 2 ☐ 3 ☒ 4

Graduate School:

☐ 1 ☐ 2

| Name and Address of School,<br>College, or University Attended | Year of<br>Graduation | Degree and Major                 | Currently<br>enrolled?<br><small>If Yes*, date of<br/>anticipated<br/>graduation.</small> | Foreign School<br><small>Was your school located<br/>overseas?</small> |
|----------------------------------------------------------------|-----------------------|----------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| WARNER UNIVERSITY                                              | 2018                  | BACHELOR<br>AGRICULTURAL STUDIES | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    |
| UNIVERSITY OF FLORIDA                                          | 2026                  | GEOMATICS                        | <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    |

Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

Title:

LEAD SURVEY CREW CHIEF

Employer / Company Name:

30 SOUTH, LLC

Employer / Company Address:

425 SOUTH FIRST AVE

City:

BARTON

State:

FL

Zip Code:

33830

Supervisor's Name:

SHERY KIRKLAND

Contact Number:

(863) 838-3064

Dates of Employment:

From: 1/3/2022

To\*: PRESENT

Number of Hours Per Week:

40

Did the applicant ever work on a part-time basis? ☐ Yes ☒ No

Number of Hours Per Week:

From:

To:

From:

To:

From:

To:

Total Months of Experience:

50

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. If you answered yes to any of the following, please explain your answer below. (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
- ☐ Yes ☒ No



- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No
- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Attach additional sheets as necessary.:

**Court or administrative agency rendering the decision, judgment, or order:**

**State / Governmental agency which brought the action:**

**Nature of conviction, judgment, order, or action:**

**Date of Action:**

**Docket Number:**

**Have all sanctions been satisfied?**

☐ Yes ☐ No

**Description:**

### PRIOR NAME INFORMATION

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☒ No

**If you answered yes, please provide name(s) below:**

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

## EXAMINATION INFORMATION

Please complete the following:

### Fundamentals of Land Surveying (Part I)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

### Principals and Practice (Part II)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

## SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services no less than 90 days prior to the examination date at 1-800-HELP-FLA (435-7352), or 850-410-3800.

## AUTHORIZATION

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature: Sherman Betta

Signature Date: 3/4/2026

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                            |                            |                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br><u>Sherman Bethea</u>                                                                                                                                                            |                            | <b>Title:</b><br><u>Lead Survey Crew Chief</u>                   |  |
| <b>Employer / Company Name:</b><br><u>30 South, LLC</u>                                                                                                                                                    |                            | <b>Employer / Company Address:</b><br><u>425 South First Ave</u> |  |
| <b>City:</b><br><u>Bartow</u>                                                                                                                                                                              | <b>State:</b><br><u>FL</u> | <b>Zip Code:</b><br><u>33830</u>                                 |  |
| <b>Employer Contact Name:</b><br><u>Sherry Kirkland</u>                                                                                                                                                    |                            | <b>Contact Number:</b><br><u>863-838-3864</u>                    |  |
| <b>Dates of Employment:</b><br>From: <u>01/03/2022</u> To*: <u>Present</u>                                                                                                                                 |                            | <b>Number of Hours Per Week:</b><br><u>40</u>                    |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                               |                            | <b>Number of Hours Per Week:</b>                                 |  |
| From: _____                                                                                                                                                                                                | To: _____                  | _____                                                            |  |
| From: _____                                                                                                                                                                                                | To: _____                  | _____                                                            |  |
| From: _____                                                                                                                                                                                                | To: _____                  | _____                                                            |  |
| <b>Total Months of Experience:</b>                                                                                                                                                                         |                            |                                                                  |  |
| Routine (in months): <u>0</u> + Responsible Charge (in months): <u>50</u> = <b>Total Months of Experience</b> <u>50</u>                                                                                    |                            |                                                                  |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S. |                            |                                                                  |  |

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Sherman Bethea serves as a Survey Crew Chief for 30 South, LLC, directing and supervising field survey operations for boundary, topographic, construction and drone operations. He coordinates daily field activities, supervises crew members and ensures the survey work is performed in accordance to project requirements & professional standards. Duties include interpreting plats, plans & legals to guide field procedures, locate & evaluate boundary evidence, field calculations, supervised & coordination of field personnel for daily tasks.

Sherry A. Kirkland 436648  
Print name and license number of  
surveyor and mapper verifying experience

Sealed

Sherry A. Kirkland  
Signature of licensed surveyor and mapper  
verifying experience

03/09/26  
Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                            |                     |                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Sherman Bethea                                                                                                                                                                   |                     | <b>Title:</b><br>Junior Party Chief                         |  |
| <b>Employer / Company Name:</b><br>Pickett and Associates, LLC                                                                                                                                             |                     | <b>Employer / Company Address:</b><br>5010 W. Nassau Street |  |
| <b>City:</b><br>Tampa                                                                                                                                                                                      | <b>State:</b><br>FL | <b>Zip Code:</b><br>33607                                   |  |
| <b>Employer Contact Name:</b><br>Greg Prather                                                                                                                                                              |                     | <b>Contact Number:</b><br>813-877-7770                      |  |
| <b>Dates of Employment:</b><br>From: 06/29/2020 To*: 12/31/2021                                                                                                                                            |                     | <b>Number of Hours Per Week:</b><br>40                      |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                               |                     | <b>Number of Hours Per Week:</b>                            |  |
| From: _____                                                                                                                                                                                                | To: _____           | _____                                                       |  |
| From: _____                                                                                                                                                                                                | To: _____           | _____                                                       |  |
| From: _____                                                                                                                                                                                                | To: _____           | _____                                                       |  |
| <b>Total Months of Experience:</b><br>Routine (in months): 11 + Responsible Charge (in months): 6 = <b>Total Months of Experience</b> 17                                                                   |                     |                                                             |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S. |                     |                                                             |  |

**Verifying Surveyor:** Please provide a summary of experience and duties performed by the applicant

Sherman worked as a Junior Party Chief and Crew Member performing boundary surveys, topographic surveys, control surveys, hydrographic surveys and construction staking.

Gregory A. Prather, PSM 5135

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Digitally signed by Gregory A. Prather  
Date: 2016.04.01 14:37:51 -0500  
Signature of licensed surveyor and mapper  
verifying experience

April 1, 2026

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



# Application Summary

## Application

Name: **BROWNELL, STEVEN**

DTN: **4270778**

Address: **1903 NW 77TH AVE, MARGATE, FL 33063-6817**

## Education

1. Institution: **EVERGLADES UNIVERSITY MIAMI, FLORIDA** **2026**  
Degree: **BACHELORS** Major: **SURVEYING MANAGEMENT**  
Foreign: **No** Enrolled: **No** **Verified**

## Checklist

| <u>Items Required</u>       | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------|----------------------|---------------------|----------------|
| Exam Roster Created         | 06/03/2026           | REGENIA LEE         |                |
| Letter - LS Complete        | 06/03/2026           | REGENIA LEE         |                |
| Generate Exam Roster        | 06/03/2026           | REGENIA LEE         |                |
| Application Received        | 06/03/2026           | REGENIA LEE         |                |
| Enter/Update Person Details | 06/03/2026           | REGENIA LEE         |                |
| Check for Exam              | 06/03/2026           | REGENIA LEE         |                |
| Approved by Board           | 06/03/2026           | REGENIA LEE         |                |
| Education Verified          | 06/03/2026           | REGENIA LEE         |                |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services

2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

[www.800helpfla.com](http://www.800helpfla.com)

1-800-HELP-FLA (435-7352)  
FL Only

850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

**ADDITIONAL INFORMATION**

Document Tracking No# **4270752** Application Date **06/03/2026 09:29:32 AM**

**APPLICANT INFORMATION**

Title  
First Name **Steven**  
Middle Initial **M**  
Last Name **Brownell**  
Suffix  
Date of Birth **10/25/1976**  
Race **White or Caucasian**  
Social Security Number **[REDACTED]**  
Gender  
Home Address **1903 NW 77TH AVE  
MARGATE,Florida,33063  
USA**  
Mailing Address **1903 NW 77TH AVE  
MARGATE,Florida,33063  
USA**  
Email address **sbrownell@erbrownell.com**  
Home Phone **786-635-4700**  
Cellular Phone **786-635-4700**  
Business Phone  
Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

1. InstitutionName: **Everglades University**  
Degree: **Bachelors in Surveying Management**  
Graduation Year: **2026**  
City,State: **MIAMI, Florida**  
Country: **USA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." Yes

Date of Action: **03/29/1994**

Docket Number **M-93-039697**

Court or  
administrative  
agency  
rendering the  
decision, judgment  
or order:

**Miami-Dade County**

Governmental  
agency  
which brought the  
action:

**FL FISH & WILDLIFE COMM**

Details:

**Case involved three boating-related charges. The Boating Safety Regulation and Boat/Expired Registration civil infractions were dismissed. The Boat/Registration Failure to Comply misdemeanor charge resulted in adjudication withheld with fine and costs. No adjudication of guilt was entered, and this matter did not result in a conviction.**

## List of Uploaded Documents

a) Document Name: **CaseDispositionFormEntryM-93-039697.pdf** Document Type: **Criminal Records/History**

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? No

## LICENSURE HISTORY INFORMATION

## Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. No

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other No pleading with any fraud or deceit, or is there any such case or investigation pending?



3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the No licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

#### EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

#### SPECIAL TESTING ACCOMODATIONS

Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Sbrownell678**

Signature Date: **6/3/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

# Application Summary

## Application

Name: **CASTELLANO, JORGE**

DTN: **4271772**

Address: **13078 CALCITE BLUE AVE, WIMAUMA, FL 33598-5576**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA 32611** **2026**  
 Degree: **CERTIFICATE** Major: **GEOMATICS**  
 Foreign: **No** Enrolled: **No** **Verified**
2. Institution: **UNIVERSIDAD DE LOS ANDES MERIDA VENEZUELA** **2014**  
 Degree: **BACHELORS** Major: **CIVIL ENGINEERING**  
 Foreign: **No** Enrolled: **No** **Unverified**

## Experience

**Total: 18 Responsible: 36**

1. Employer: **VIZCAYA SURVEYING AND MAPPING, INC. 13217 SW 46TH LANE WIMAUMA, FLORIDA 33175**  
 Phone: **305-898-4186** From: **10/25/2021** To: **06/01/2026**  
 Reference: **ARTURO TOIRAC, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **18** Qualified Mths: **36** **Verified**

## Checklist

| <u>Items Required</u>             | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u>                                                                                             |
|-----------------------------------|----------------------|---------------------|------------------------------------------------------------------------------------------------------------|
| Letter - LS Complete              | 06/10/2026           | REGENIA LEE         |                                                                                                            |
| Education Verified                | 06/10/2026           | REGENIA LEE         | 15 semester hours in surveying and mapping and a minimum of 24 months of surveying and mapping experience. |
| Letter - LS Individual Deficiency | 06/05/2026           | REGENIA LEE         |                                                                                                            |
| Application Received              | 06/05/2026           | REGENIA LEE         |                                                                                                            |
| Enter/Update Person Details       | 06/05/2026           | REGENIA LEE         |                                                                                                            |
| Experience Verified               | 06/05/2026           | REGENIA LEE         |                                                                                                            |



# EDUCATION HISTORY

**Highest Grade Completed (Please check one):**

High School:

☐1 ☐2 ☐3 ☐4

College:

☐1 ☐2 ☐3 ☒4

Graduate School:

☐1 ☐2

| Name and Address of School,<br>College, or University Attended | Year of<br>Graduation | Degree and Major | Currently<br>enrolled?<br><i>If Yes*, date of<br/>anticipated<br/>graduation.</i> | Foreign School<br><i>Was your school located<br/>overseas?</i>      |
|----------------------------------------------------------------|-----------------------|------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|
| UNIVERSIDAD DE LOS ANDES MERI                                  | 2014                  | CIVIL ENGINEER   | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No<br>_____*    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| UNIVERSITY OF FLORIDA                                          | 2026                  | GEOMATIC CER     | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No<br>_____*    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Title:**

OPERATION MANAGER

**Employer / Company Name:**

VIZCAYA SURVEYING AND MAPPING INC

**Employer / Company Address:**

13217 SW 46TH LN

**City:**

MIAMI

**State:**

FL

**Zip Code:**

33175 -

**Supervisor's Name:**

ARTURO TOIRAC

**Contact Number:**

305 223 6060

**Dates of Employment:**

From: 10/25/21

To\*: CURRENT

**Number of Hours Per Week:**

40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☐ No

**Number of Hours Per Week:**

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

**Total Months of Experience:** 54

## BACKGROUND INFORMATION

**Please select either yes or no to the questions below. If you answered yes to any of the following, please explain your answer below. (make additional copies as needed).**

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
- ☐ Yes ☒ No



- b. Has any judgment or decree of a court been entered against you in this or any other state, province, ☐ Yes ☒ No district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending?
- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, ☐ Yes ☒ No occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

Please provide this information for each separate conviction, judgment, etc. Attach additional sheets as necessary.:

Court or administrative agency rendering the decision, judgment, or order:

State / Governmental agency which brought the action:

Nature of conviction, judgment, order, or action:

|                    |                |                                                          |
|--------------------|----------------|----------------------------------------------------------|
| Date of Action:    | Docket Number: | Have all sanctions been satisfied?                       |
| ____ / ____ / ____ | _____          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Description:

PRIOR NAME INFORMATION

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☐ No

If you answered yes, please provide name(s) below:

|             |               |
|-------------|---------------|
| Name: _____ | Suffix: _____ |
| Name: _____ | Suffix: _____ |

## EXAMINATION INFORMATION

Please complete the following:

### Fundamentals of Land Surveying (Part I)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

### Principals and Practice (Part II)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

## SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

**\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services no less than 90 days prior to the examination date at 1-800-HELP-FLA (435-7352), or 850-410-3800.**

## AUTHORIZATION

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature:



Signature Date: 06/01/2026

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

WILTON SIMPSON  
COMMISSIONER

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                      |                     |                                                        |  |
|----------------------------------------------------------------------|---------------------|--------------------------------------------------------|--|
| <b>Applicant Name:</b><br>JORGE ALEJANDRO CASTELLANO BENITEZ         |                     | <b>Title:</b><br>OPERATION MANAGER                     |  |
| <b>Employer / Company Name:</b><br>VIZCAYA SURVEYING AND MAPPING INC |                     | <b>Employer / Company Address:</b><br>13217 SW 46TH LN |  |
| <b>City:</b><br>WIMAUMA                                              | <b>State:</b><br>FL | <b>Zip Code:</b><br>33175                              |  |
| <b>Employer Contact Name:</b><br>ARTURO TOIRAC                       |                     | <b>Contact Number:</b><br>305 898 4186                 |  |

|                                                                                                                   |           |                                        |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------|
| <b>Dates of Employment:</b><br>From: 10/25/21 To*: CURRENT                                                        |           | <b>Number of Hours Per Week:</b><br>40 |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |           | <b>Number of Hours Per Week:</b>       |
| From: _____                                                                                                       | To: _____ | _____                                  |
| From: _____                                                                                                       | To: _____ | _____                                  |
| From: _____                                                                                                       | To: _____ | _____                                  |

**Total Months of Experience:**  
Routine (in months): 18 + Responsible Charge (in months): 36 = **Total Months of Experience** 54

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S.

**Verifying Surveyor:** Please provide a summary of experience and duties performed by the applicant

SEE PAG 7

ARTURO R TOIRAC P.S.M. 3102

Print name and license number of  
surveyor and mapper verifying experience



Signature of licensed surveyor and mapper  
verifying experience

06/01/2026

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Mr. Jorge Castellano has worked under my supervision at Vizcaya Surveying and Mapping, Inc., participating in Boundary Surveys, Topographic Surveys, ALTA/NSPS Land Title Surveys, Construction Layout, and As-Built Surveys. His responsibilities have included field data collection and processing using GNSS/GPS equipment, robotic total stations, photogrammetry, and LiDAR technology.

Mr. Castellano has also performed data processing, CAD drafting, preparation of legal descriptions, public records research, and coordination of surveying and mapping projects. Throughout his employment, he has demonstrated technical competence, professionalism, and a solid understanding of surveying principles and practices while assuming increasing levels of responsibility in the execution and coordination of projects under the supervision of a licensed Professional Surveyor and Mapper in the State of Florida.

Due to the surveying experience Mr. Castellano acquired prior to joining our company, including managing personnel and overseeing multiple surveying projects abroad, he has been a valuable asset to our organization. His previous experience and leadership abilities enabled him to advance rapidly within our operations, taking on significant responsibilities in project planning, field coordination, data management, and operational oversight. His contributions have greatly supported the efficiency and growth of our surveying and mapping services.



# Application Summary

## Application

Name: **COURTIER, JACK**

DTN: **4271787**

Address: **815 14TH ST N, SAINT PETERSBURG, FL 33705-1251**

## Education

- |           |                                                                                             |                                                |
|-----------|---------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>1.</b> | Institution: <b>UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA 32611</b>                        | <b>2026</b>                                    |
|           | Degree: <b>CERTIFICATE</b>                                                                  | Major: <b>GEOMATICS</b>                        |
|           | Foreign: <b>No</b>                                                                          | Enrolled: <b>No</b> <b>Verified</b>            |
| <b>2.</b> | Institution: <b>UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE TAMPA,FLORIDA 33620</b> | <b>2019</b>                                    |
|           | Degree: <b>BACHELORS</b>                                                                    | Major: <b>ENVIRONMENTAL SCIENCE AND POLICY</b> |
|           | Foreign: <b>No</b>                                                                          | Enrolled: <b>No</b> <b>Verified</b>            |

## Checklist

| <u>Items Required</u>       | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete        | 06/05/2026           | REGENIA LEE         |                |
| Application Received        | 06/05/2026           | REGENIA LEE         |                |
| Enter/Update Person Details | 06/05/2026           | REGENIA LEE         |                |
| Education Verified          | 06/05/2026           | REGENIA LEE         |                |



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL SURVEYORS  
AND MAPPERS APPLICATION FOR  
SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please remit application to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

Name:

Jack Courtier

Suffix:

Date of Birth:

06/09/1996

\*\* Social Security Number:

[REDACTED]

Home Address (if applicable please include suite, apartment and/or unit numbers):

815 14<sup>th</sup> STREET NORTH

City:

SAINT PETERSBURG

State:

FL

Zip Code:

33705

County (if address is in Florida):

PINELLAS

Country:

USA

☒ Please check if mailing address is the same as home address. If not:

Mailing Address (if applicable please include suite, apartment and/or unit numbers):

City:

State:

Zip Code:

County (if address is in Florida):

Country:

Email Address:

jackcourtier@hotmail.com

Contact Number(s):

(727) 1439 - 3236  
Home Phone

(727) 1439 - 3236  
Cellular Phone

( ) -  
Business Phone

( ) -  
Facsimile

\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.

Recd  
6/5/26  
P2

## EDUCATION HISTORY

**Highest Grade Completed (Please check one):**

High School:

☐ 1 ☐ 2 ☐ 3 ☐ 4

College:

☐ 1 ☐ 2 ☐ 3 ☒ 4

Graduate School:

☐ 1 ☐ 2

| Name and Address of School,<br>College, or University Attended | Year of<br>Graduation | Degree and Major                  | Currently<br>enrolled?<br><small>If Yes*, date of<br/>anticipated<br/>graduation.</small> | Foreign School<br><small>Was your school located<br/>overseas?</small> |
|----------------------------------------------------------------|-----------------------|-----------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| UNIVERSITY OF SOUTH<br>FLORIDA                                 | 2019                  | B.S OF ENVIRON-<br>MENTAL SCIENCE | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No<br>_____*            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    |
| UNIVERSITY OF FLORIDA                                          | 2026                  | GEOMATICS                         | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No<br>_____*            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    |

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Title:**  
SURVEY CREW CHIEF

**Employer / Company Name:**  
GEORGE F YOUNG

**Employer / Company Address:**  
830 CENTRAL AVENUE

**City:**  
SAINT PETERSBURG

**State:**  
FL

**Zip Code:**  
33701

**Supervisor's Name:**  
MIKE CURLEY

**Contact Number:**  
727-692-7289

**Dates of Employment:**  
From: FEB 2024 To\*: CURRENT

**Number of Hours Per Week:**  
40-50

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

**Total Months of Experience:** 27

## BACKGROUND INFORMATION

**Please select either yes or no to the questions below. If you answered yes to any of the following, please explain your answer below. (make additional copies as needed).**

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
- ☐ Yes ☒ No

- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No
- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Attach additional sheets as necessary.:

**Court or administrative agency rendering the decision, judgment, or order:**

**State / Governmental agency which brought the action:**

**Nature of conviction, judgment, order, or action:**

**Date of Action:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Docket Number:**

\_\_\_\_\_

**Have all sanctions been satisfied?**

☐ Yes ☐ No

**Description:**

#### PRIOR NAME INFORMATION

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☒ No

**If you answered yes, please provide name(s) below:**

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

## EXAMINATION INFORMATION

Please complete the following:

### Fundamentals of Land Surveying (Part I)

Have you passed this exam?

☐ Yes ☒ No

State Board: \_\_\_\_\_

Year Passed: \_\_\_\_\_

### Principals and Practice (Part II)

Have you passed this exam?

☐ Yes ☒ No

State Board: \_\_\_\_\_

Year Passed: \_\_\_\_\_

## SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

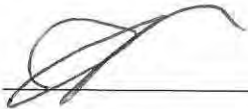
**\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services no less than 90 days prior to the examination date at 1-800-HELP-FLA (435-7352), or 850-410-3800.**

## AUTHORIZATION

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature: \_\_\_\_\_



Signature Date: \_\_\_\_\_

05/11/2026



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                            |                            |                                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------|--|
| <b>Applicant Name:</b><br><u>JACK COURTIER</u>                                                                                                                                                             |                            | <b>Title:</b><br><u>CREW CHIEF</u>                              |  |
| <b>Employer / Company Name:</b><br><u>GEORGE F YOUNG, INC</u>                                                                                                                                              |                            | <b>Employer / Company Address:</b><br><u>830 CENTRAL AVENUE</u> |  |
| <b>City:</b><br><u>ST. PETERSBURG</u>                                                                                                                                                                      | <b>State:</b><br><u>FL</u> | <b>Zip Code:</b><br><u>33701</u>                                |  |
| <b>Employer Contact Name:</b><br><u>MICHAEL CURLEY</u>                                                                                                                                                     |                            | <b>Contact Number:</b><br><u>727-692-7289</u>                   |  |
| <b>Dates of Employment:</b><br>From: <u>2/19/2024</u> To*: <u>STILL EMPLOYED</u>                                                                                                                           |                            | <b>Number of Hours Per Week:</b><br><u>40 +/-</u>               |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                               |                            | <b>Number of Hours Per Week:</b>                                |  |
| From: _____                                                                                                                                                                                                | To: _____                  | _____                                                           |  |
| From: _____                                                                                                                                                                                                | To: _____                  | _____                                                           |  |
| From: _____                                                                                                                                                                                                | To: _____                  | _____                                                           |  |
| <b>Total Months of Experience:</b>                                                                                                                                                                         |                            |                                                                 |  |
| Routine (in months): <u>26</u> + Responsible Charge (in months): <u>2</u> = Total Months of Experience <u>28</u>                                                                                           |                            |                                                                 |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S. |                            |                                                                 |  |

**Verifying Surveyor:** Please provide a summary of experience and duties performed by the applicant

MICHAEL S CURLEY LS6361

Print name and license number of  
surveyor and mapper verifying experience

Sealed

[Signature]

Signature of licensed surveyor and mapper  
verifying experience

5/13/2026

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

# Application Summary

## Application

Name: **DEVITO, KEVIN**

DTN: **4257397**

Address: **4274 70TH STREET CIR E, PALMETTO, FL 34221-7354**

## Education

1. Institution: **UNIVERSITY OF MAINE 5781 WINGATE HALL ORONO, MAINE 04469** **2026**  
 Degree: **BACHELORS** Major: **SURVEYING ENGINEERING TECHNOLOGY**  
 Foreign: **No** Enrolled: **Yes** **Verified**

## Experience

**Total: 9**

**Responsible: 48**

1. Employer: **GEORGE F YOUNG 830 CENTRAL AVENUE, SUITE 500 ST. PETERSBURG, FLORIDA 33701**  
 Phone: **727-822-4317** From: **07/12/2021** To: **05/05/2026**  
 Reference: **MICHAEL CURLEY, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **9** Qualified Mths: **48** **Verified**

## Checklist

| <u>Items Required</u>             | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete              | 05/11/2026           | REGENIA LEE         |                |
| Enter/Update Person Details       | 05/11/2026           | REGENIA LEE         |                |
| Education Verified                | 05/11/2026           | REGENIA LEE         |                |
| Experience Verified               | 05/08/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency | 05/05/2026           | REGENIA LEE         |                |
| Application Received              | 05/05/2026           | REGENIA LEE         |                |



**WILTON SIMPSON**  
**COMMISSIONER**

**BOARD OF PROFESSIONAL SURVEYORS  
AND MAPPERS APPLICATION FOR  
SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please remit application to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

**Name:**

Kevin Devito

**Suffix:**

**Date of Birth:**

01 / 16 / 1999

**\*\* Social Security Number:**

[REDACTED]

**Home Address** (if applicable please include suite, apartment and/or unit numbers):

4274 70th Street Cir E

**City:**

St Petersburg

**State:**

FL

**Zip Code:**

34221 -

**County** (if address is in Florida):

Manatee

**Country:**

USA

☒ **Please check if mailing address is the same as home address. If not:**

**Mailing Address** (if applicable please include suite, apartment and/or unit numbers):

**City:**

**State:**

**Zip Code:**

**County** (if address is in Florida):

**Country:**

**Email Address:**

**Contact Number(s):**

( ) - ( 631 ) 626 - 9972  
Home Phone Cellular Phone

( ) - ( ) -  
Business Phone Facsimile

**\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.**

Recd May 5,  
2024  
RL



## EDUCATION HISTORY

### Highest Grade Completed (Please check one):

High School:

☐1 ☐2 ☐3 ☐4

College:

☐1 ☐2 ☐3 ☒4

Graduate School:

☐1 ☐2

**Name and Address of School,  
College, or University Attended**

**Year of  
Graduation**

**Degree and Major**

**Currently  
enrolled?**  
*If Yes\*, date of  
anticipated  
graduation.*

**Foreign School**  
*Was your school located  
overseas?*

|                     |      |                   |                                                                       |                                                                     |
|---------------------|------|-------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------|
| Suny Broome         | 2019 | Civil Engineering | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No* | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| University of Maine | 2026 | Surveying Engine  | <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No* | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Title:**

Party Chief

**Employer / Company Name:**

George F Young, Inc

**Employer / Company Address:**

299 Dr M.L.K. Jr St N

**City:**

St Petersburg

**State:**

FL

**Zip Code:**

33701

-

**Supervisor's Name:**

Michael J. Curley

**Contact Number:**

7278224317

**Dates of Employment:**

From: 2021

To\*: Present

**Number of Hours Per Week:**

40+

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From:

To:

From:

To:

From:

To:

**Total Months of Experience:** 57

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below.** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
- ☐ Yes ☒ No



- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No
- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Attach additional sheets as necessary.:

**Court or administrative agency rendering the decision, judgment, or order:**

**State / Governmental agency which brought the action:**

**Nature of conviction, judgment, order, or action:**

**Date of Action:**

**Docket Number:**

**Have all sanctions been satisfied?**

☐ Yes ☐ No

**Description:**

### PRIOR NAME INFORMATION

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☒ No

**If you answered yes, please provide name(s) below:**

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

## EXAMINATION INFORMATION

Please complete the following:

### Fundamentals of Land Surveying (Part I)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

### Principals and Practice (Part II)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

## SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

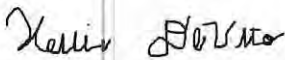
**\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services no less than 90 days prior to the examination date at 1-800-HELP-FLA (435-7352), or 850-410-3800.**

## AUTHORIZATION

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature:



Digitally signed by Kevin Devito  
DN: cn=Kevin Devito, c=US, o=George F Young  
Inc., ou=Survey, email=kdevito@gsofgetyoung.com  
Reason: I agree to the specified portions of this  
document  
Date: 2026.04.01 13:59:33 -04'00'

Signature Date: 4/01/2026

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                            |                     |                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Kevin Devito                                                                                                                                                                     |                     | <b>Title:</b><br>Party Chief                                     |  |
| <b>Employer / Company Name:</b><br>George F Young                                                                                                                                                          |                     | <b>Employer / Company Address:</b><br>830 Central Ave, Suite 500 |  |
| <b>City:</b><br>St Petersburg                                                                                                                                                                              | <b>State:</b><br>FL | <b>Zip Code:</b><br>33701 -                                      |  |
| <b>Employer Contact Name:</b><br>Michael J. Curley                                                                                                                                                         |                     | <b>Contact Number:</b><br>7278224317                             |  |
| <b>Dates of Employment:</b><br>From: 7/12/2021 To*: Present                                                                                                                                                |                     | <b>Number of Hours Per Week:</b><br>40+                          |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                               |                     | <b>Number of Hours Per Week:</b>                                 |  |
| From: _____                                                                                                                                                                                                | To: _____           | _____                                                            |  |
| From: _____                                                                                                                                                                                                | To: _____           | _____                                                            |  |
| From: _____                                                                                                                                                                                                | To: _____           | _____                                                            |  |
| <b>Total Months of Experience:</b>                                                                                                                                                                         |                     |                                                                  |  |
| Routine (in months): 9 + Responsible Charge (in months): 48 = <b>Total Months of Experience</b> 57                                                                                                         |                     |                                                                  |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S. |                     |                                                                  |  |

**Verifying Surveyor:** Please provide a summary of experience and duties performed by the applicant

Boundary, Construction, Topographic, Scanning, Subsurface Utilities, Hydro graphic, CAD

Michael J. Curley PLS 6361

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

5/5/2026

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

# Application Summary

## Application

Name: **EDMUNDS, MATTHEW**

DTN: **4267977**

Address: **5250 24TH AVE N, SAINT PETERSBURG, FL 33710-5150**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA USA** **2026**  
Degree: **BACHELORS** Major: **GEOMATICS**  
Foreign: **No** Enrolled: **No** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete                    | 06/16/2026           | REGENIA LEE         |                |
| Education Verified                      | 06/16/2026           | REGENIA LEE         |                |
| Online App Recd. Data Updated by System | 05/28/2026           | REGENIA LEE         |                |
| New Documents Received. Please look.    | 05/28/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency       | 05/27/2026           | REGENIA LEE         |                |
| Application Received                    | 05/27/2026           | REGENIA LEE         |                |
| Enter/Update Person Details             | 05/27/2026           | REGENIA LEE         |                |





**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

[www.800helpfla.com](http://www.800helpfla.com)

1-800-HELP-FLA (435-7352)

FL Only

850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

Title  
First Name **Matthew**  
Middle Initial  
Last Name **Edmunds**  
Suffix  
Date of Birth **9/3/2002**  
Race **White or Caucasian**  
Social Security Number **[REDACTED]**  
Gender  
Home Address **5250 24th Ave N  
St. Petersburg, Florida, 33710  
USA**  
Mailing Address **5250 24th Ave N  
St. Petersburg, Florida, 33710  
USA**  
Email address **edmunds.matt20@gmail.com**  
Home Phone  
Cellular Phone **727-256-4250**  
Business Phone  
Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

1. InstitutionName: **University of Florida**  
Degree: **BS**  
GraduationYear: **2026**  
City, State: **Gainesville, Florida**  
Country: **USA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:

**CRIMINAL/CIVIL LITIGATION INFORMATION**

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No**
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. **No**
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? **No**

## EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

## SPECIAL TESTING ACCOMODATIONS

Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

**NO**

## AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release

to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Matthew Edmunds**

Signature Date: **5/27/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

# Application Summary

## Application

Name: **GARCIA MENDEZ, JORGE**

DTN: **4268845**

Address: **18690 SW 358TH ST, MIAMI, FL 33034**

Address: **18960 SW 358TH ST, MIAMI 33034**

## Education

- |                                                                            |                                      |
|----------------------------------------------------------------------------|--------------------------------------|
| 1. Institution: <b>UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA</b>          | <b>2026</b>                          |
| Degree: <b>CERTIFICATE</b>                                                 | Major: <b>GEOMATICS</b>              |
| Foreign: <b>No</b>                                                         | Enrolled: <b>No</b> <b>Verified</b>  |
| 2. Institution: <b>FLORIDA INTERNATIONAL UNIVERSITY MIAMI, FLORIDA USA</b> | <b>2025</b>                          |
| Degree: <b>BACHELORS</b>                                                   | Major: <b>MECHANICAL ENGINEERING</b> |
| Foreign: <b>No</b>                                                         | Enrolled: <b>No</b> <b>Verified</b>  |

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete                    | 06/02/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency       | 06/02/2026           | REGENIA LEE         |                |
| Enter/Update License Information        | 06/02/2026           | REGENIA LEE         |                |
| Online App Recd. Data Updated by System | 06/02/2026           | REGENIA LEE         |                |
| New Documents Received. Please look.    | 06/02/2026           | REGENIA LEE         |                |
| Education Verified                      | 06/02/2026           | REGENIA LEE         |                |
| Enter/Update Person Details             | 05/29/2026           | SYSTEM CSTRACK      |                |
| Application Received                    | 05/29/2026           | SYSTEM CSTRACK      |                |





**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
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2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

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850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

Title  
First Name **Jorge**  
Middle Initial **E**  
Last Name **Garcia Mendez**  
Suffix  
Date of Birth **10/31/1996**  
Race **Spanish, Hispanic or Latino**  
Social Security Number **[REDACTED]**  
Gender  
Home Address **18960 sw 358th st  
miami,Florida,33034  
USA**  
Mailing Address **18690 sw 358th st  
miami,Florida,33034  
USA**  
Email address **barcelonaje@gmail.com**  
Home Phone **786-510-0031**  
Cellular Phone  
Business Phone  
Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

- InstitutionName: **Florida International University**  
Degree: **Mechanical Engineering Bachelor**  
GraduationYear: **2025**  
City,State: **miami, Florida**  
Country: **USA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:  
2. InstitutionName: **University of Miami**

Degree: **Geomatics Certificate**  
GraduationYear: **2026**  
City,State: **miami, Florida**  
Country: **USA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No** FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? **No**

## EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

## SPECIAL TESTING ACCOMODATIONS

Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

NO

AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Jorge E. Garcia Mendez**                      Signature Date: **5/29/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

# Application Summary

## Application

Name: **HAMMER, ROY**

DTN: **4270857**

Address: **151 BULL FROG LN, UMATILLA, FL 32784-9446**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA 32611** **2026**  
Degree: **CERTIFICATE** Major: **GEOMATICS**  
Foreign: **No** Enrolled: **Yes** **Verified**
2. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA 32611** **2018**  
Degree: **CERTIFICATE** Major: **GIS SYSTEMS FOR URBAN AND REGIONAL**  
Foreign: **No** Enrolled: **No** **Verified**
3. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA 32611** **2017**  
Degree: **BACHELIORS** Major: **GEOLOGY**  
Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 9**

**Responsible: 48**

1. Employer: **SOUTHEASTERN SURVEYING AND MAPPING CO. 8404 US HIGHWAY 441 LEESBURG, FLORIDA 34788**  
Phone: **850-559-1820** From: **08/01/2021** To: **05/26/2026**  
Reference: **ALEX D. JENKINS, III - LICENSED SURVEYOR** Phone: **Unknown**  
Months Exp: **9** Qualified Mths: **48** **Verified**

## Checklist

| <u>Items Required</u>       | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete        | 06/03/2026           | REGENIA LEE         |                |
| Enter/Update Person Details | 06/03/2026           | REGENIA LEE         |                |
| Application Received        | 06/03/2026           | REGENIA LEE         |                |
| Education Verified          | 06/03/2026           | REGENIA LEE         |                |
| Experience Verified         | 06/03/2026           | REGENIA LEE         |                |



## Division of Consumer Services

# BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS APPLICATION FOR SURVEYOR IN TRAINING

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax



WILTON SIMPSON  
COMMISSIONER

Please remit application to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

## APPLICANT INFORMATION

Name:

Roy Brooks Hammer

Suffix:

III

Date of Birth:

05 / 31 / 1995

\*\* Social Security Number:

[REDACTED]

Home Address (if applicable please include suite, apartment and/or unit numbers):

151 BULL FROG LANE

City:

UMATILLA

State:

FL

Zip Code:

32784

County (if address is in Florida):

LAKE

Country:

USA

☒ Please check if mailing address is the same as home address. If not:

Mailing Address (if applicable please include suite, apartment and/or unit numbers):

City:

State:

Zip Code:

County (if address is in Florida):

Country:

Email Address:

Contact Number(s):

( ) - ( 407 ) 314 - 4703  
Home Phone Cellular Phone

( ) - ( ) -  
Business Phone Facsimile

\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472.015, Florida Statutes. Social Security numbers are not a public record under Florida law.

# EDUCATION HISTORY

Highest Grade Completed (Please check one):

High School:

☐ 1 ☐ 2 ☐ 3 ☒ 4

College:

☐ 1 ☐ 2 ☐ 3 ☒ 4

Graduate School:

☐ 1 ☐ 2

| Name and Address of School,<br>College, or University Attended          | Year of<br>Graduation                                                        | Degree and Major | Currently<br>enrolled?<br>If Yes*, date of<br>anticipated<br>graduation.         | Foreign School<br>Was your school located<br>overseas?              |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------|
| SEMINOLE HIGH SCHOOL                                                    | 2013                                                                         | H.S. DIPLOMA     | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| UNIVERSITY OF FLORIDA<br>UNIVERSITY OF FLORIDA<br>UNIVERSITY OF FLORIDA | 2017<br>2018 - GIS FOR URBAN AND REGIONAL<br>PLANNERS<br>CURRENT - GEOMATICS | B.S. GEOLOGY     | <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No<br>8/2026 * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

Title:

RODMAN (8/2021 - 4/2022), PARTY CHIEF (5/2022 - 4/2026), CAD TECH (4/2026 - PRESENT)

Employer / Company Name:

SOUTHEASTERN SURVEYING & MAPPING CO.

Employer / Company Address:

8404 US Hwy 441

City:

LEESBURG

State:

FL

Zip Code:

34788

Supervisor's Name:

ALEX JENKINS III

Contact Number:

850-559-1828

Dates of Employment:

From: 8/2021

To\*: PRESENT

Number of Hours Per Week:

40-50

Did the applicant ever work on a part-time basis? ☐ Yes ☒ No

Number of Hours Per Week:

From:

To:

From:

To:

From:

To:

Total Months of Experience: 57

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. If you answered yes to any of the following, please explain your answer below. (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
- ☐ Yes ☒ No

- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No
- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Attach additional sheets as necessary.:

**Court or administrative agency rendering the decision, judgment, or order:**

**State / Governmental agency which brought the action:**

**Nature of conviction, judgment, order, or action:**

**Date of Action:**

**Docket Number:**

**Have all sanctions been satisfied?**

☐ Yes ☐ No

**Description:**

### PRIOR NAME INFORMATION

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☒ No

**If you answered yes, please provide name(s) below:**

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_



## EXAMINATION INFORMATION

Please complete the following:

### Fundamentals of Land Surveying (Part I)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

### Principals and Practice (Part II)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

## SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

**\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services no less than 90 days prior to the examination date at 1-800-HELP-FLA (435-7352), or 850-410-3800.**

## AUTHORIZATION

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature:



Signature Date:

5/26/2026

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.





WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                            |                     |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------|
| Applicant Name:<br><u>ROY BROOKS HAMMER III</u>                                                                                                                                                            |                     | Title:<br><u>CAD TECHNICIAN</u>                       |
| Employer / Company Name:<br><u>SOUTHEASTERN SURVEYING &amp; MAPPING CO.</u>                                                                                                                                |                     | Employer / Company Address:<br><u>8404 US Hwy 441</u> |
| City:<br><u>LEESBURG</u>                                                                                                                                                                                   | State:<br><u>FL</u> | Zip Code:<br><u>34708</u>                             |
| Employer Contact Name:<br><u>ALEX JENKINS III</u>                                                                                                                                                          |                     | Contact Number:<br><u>850-559-1820</u>                |
| Dates of Employment:<br>From: <u>8/2021</u> To*: <u>PRESENT</u>                                                                                                                                            |                     | Number of Hours Per Week:<br><u>40-50</u>             |
| Did the applicant ever work on a part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                 |                     | Number of Hours Per Week:                             |
| From: _____ To: _____                                                                                                                                                                                      |                     | _____                                                 |
| From: _____ To: _____                                                                                                                                                                                      |                     | _____                                                 |
| From: _____ To: _____                                                                                                                                                                                      |                     | _____                                                 |
| Total Months of Experience:<br>Routine (in months): <u>9</u> + Responsible Charge (in months): <u>48</u> = Total Months of Experience <u>57</u>                                                            |                     |                                                       |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S. |                     |                                                       |

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

(8/2021 - 4/2022) EYEMAN/RODMAN: OPERATED & MAINTAINED SURVEY EQUIPMENT WHILE COMPLETING FIELD WORK.  
(5/2022 - 4/2026) PARTY CHIEF: LED CREW COLLECTING DATA FOR A VARIETY OF DIFFERENT SURVEYS. TRAINED CREWS AND DETERMINED STRATEGY/METHODS FOR FIELD WORK.  
(4/2026 - PRESENT) CAD TECH: MANAGE & ANALYZE SURVEY DATA WHILE PREPARING DELIVERABLES.

ALEX D. JENKINS III 7631

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Alex Jenkins III  
Signature of licensed surveyor and mapper  
verifying experience

05/26/2026

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



# Application Summary

## Application

Name: **KAMCHEV, ANGELCHO**

DTN: **4263284**

Address: **9289 VENEZIA PLANTATION DR, ORLANDO, FL 32829-8114**

## Education

- |    |                                                                                          |                 |
|----|------------------------------------------------------------------------------------------|-----------------|
| 1. | Institution: <b>SAINT CYRIL AND METHODIUS UNIVERSITY SKOPJE, NORTH MACEDONIA,</b>        | <b>2026</b>     |
|    | Degree: <b>SKOPJE UNKNOWN</b>                                                            |                 |
|    | Foreign: <b>MASTERS</b>                                                                  |                 |
|    | Major: <b>GEODESY</b>                                                                    |                 |
|    | Enrolled: <b>No</b>                                                                      | <b>Verified</b> |
| 2. | Institution: <b>FACULTY OF CIVIL ENGINEERING UNIVERSITY OF SKOPJE - SAINTS CYRIL AND</b> | <b>1991</b>     |
|    | Degree: <b>METHODIUS - MACEDONIA</b>                                                     |                 |
|    | Foreign: <b>BACHELORS</b>                                                                |                 |
|    | Major: <b>CIVIL ENGINEERING</b>                                                          |                 |
|    | Enrolled: <b>No</b>                                                                      | <b>Verified</b> |

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u>              |
|-----------------------------------------|----------------------|---------------------|-----------------------------|
| Letter - LS Complete                    | 05/18/2026           | REGENIA LEE         |                             |
| Online App Recd. Data Updated by System | 05/18/2026           | REGENIA LEE         |                             |
| New Documents Received. Please look.    | 05/18/2026           | REGENIA LEE         |                             |
| Enter/Update Person Details             | 05/15/2026           | SYSTEM CSTRACK      |                             |
| Letter - LS Complete                    | 05/15/2026           | REGENIA LEE         |                             |
| Application Received                    | 05/15/2026           | REGENIA LEE         |                             |
| Enter/Update License Information        | 05/15/2026           | REGENIA LEE         |                             |
| Education Verified                      | 05/15/2026           | REGENIA LEE         | EDUCATION VERIFIED BY NCEES |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

[www.800helpfla.com](http://www.800helpfla.com)

1-800-HELP-FLA (435-7352)

FL Only

850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

Title  
First Name **Angelcho**  
Middle Initial  
Last Name **Kamchev**  
Suffix  
Date of Birth **6/23/1991**  
Race **White or Caucasian**  
Social Security Number **[REDACTED]**  
Gender  
Home Address **9289 Venezia Plantation Dr  
Orlando,Florida,32829-8114  
USA**  
Mailing Address **9289 Venezia Plantation Dr  
Orlando,Florida,32829-8114  
USA**  
Email address **angelco.kamcev@gmail.com**  
Home Phone **312-550-3952**  
Cellular Phone **312-550-3952**  
Business Phone  
Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

- InstitutionName: **Saint Cyril and Methodius University**  
Degree: **Bachelors**  
GraduationYear: **2015**  
City,State: **Skopje, North Macedonia, Skopje**  
Country: **UN**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:  
2. InstitutionName: **Saint Cyril and Methodius University**

Degree: **Masters**  
 GraduationYear: **2026**  
 City,State: **Skopje, North Macedonia, Skopje**  
 Country: **UN**  
 CurrentlyEnrolled: **NO**  
 AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No** FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other **No** pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the **No** licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

## SPECIAL TESTING ACCOMODATIONS

NO

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

Applicant Signature: **Angelcho Kamchev**

864



## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

# Application Summary

## Application

Name: **KIGHT-FITZ, ROBERT**

DTN: **4268418**

Address: **436 SW JIM WITT RD, LAKE CITY, FL 32025-2419**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA** 2019  
Degree: **BACHELORS** Major: **CIVIL ENGINEERING**  
Foreign: **No** Enrolled: **No** **Verified**
2. Institution: **FLORIDA GATEWAY COLLEGE 149 SE COLLEGE PLACE LAKE CITY, FLORIDA** 2016  
Degree: **32025 ASSOCIATES** Major: **GENERAL STUDIES**  
Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 7 Responsible: 0**

1. Employer: **BRITT SURVEYING AND MAPPING, LLC 1438 SW MAIN BOULEVARD LAKE CITY, FLORIDA**  
Phone: **32025**  
Reference: **386-752-7163** From: **05/01/2016** To: **08/31/2016**  
Months Exp: **L. SCOTT BRITT, LICENSED SURVEYOR** Phone: **Unknown**  
**3** Qualified Mths: **0** **Verified**
2. Employer: **BRITT SURVEYING AND MAPPING, LLC 1438 SW MAIN BOULEVARD LAKE CITY, FLORIDA**  
Phone: **32025**  
Reference: **386-752-7163** From: **07/01/2014** To: **08/01/2014**  
Months Exp: **L. SCOTT BRITT, LICENSED SURVEYOR** Phone: **Unknown**  
**1** Qualified Mths: **0** **Verified**
3. Employer: **BRITT SURVEYING AND MAPPING, LLC 1438 SW MAIN BOULEVARD LAKE CITY, FLORIDA**  
Phone: **32025**  
Reference: **386-752-7163** From: **11/01/2013** To: **12/01/2013**  
Months Exp: **L. SCOTT BRITT, LICENSED SURVEYOR** Phone: **Unknown**  
**1** Qualified Mths: **0** **Verified**
4. Employer: **BRITT SURVEYING AND MAPPING, LLC 1438 SW MAIN BOULEVARD LAKE CITY, FLORIDA**  
Phone: **32025**  
Reference: **386-752-7163** From: **06/01/2013** To: **08/01/2013**  
Months Exp: **L. SCOTT BRITT, LICENSED SURVEYOR** Phone: **Unknown**  
**2** Qualified Mths: **0** **Verified**

## Checklist

| <u>Items Required</u>       | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete        | 05/28/2026           | REGENIA LEE         |                |
| Enter/Update Person Details | 05/28/2026           | REGENIA LEE         |                |
| Application Received        | 05/28/2026           | REGENIA LEE         |                |
| Education Verified          | 05/28/2026           | REGENIA LEE         |                |
| Experience Verified         | 05/28/2026           | REGENIA LEE         |                |



**WILTON SIMPSON**  
**COMMISSIONER**

Division of Consumer Services

**BOARD OF PROFESSIONAL SURVEYORS  
AND MAPPERS APPLICATION FOR  
SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please remit application to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

*All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.*

**APPLICANT INFORMATION**

**Name:**

Robert Pearce Kight-Fitz

**Suffix:**

**Date of Birth:**

12 / 27 / 1994

**\*\* Social Security Number:**

**Home Address** (if applicable please include suite, apartment and/or unit numbers):

436 SW Jim Witt Rd

**City:**

Lake City

**State:**

FL

**Zip Code:**

32025 - 2419

**County** (if address is in Florida):

Columbia

**Country:**

United State of America

☒ **Please check if mailing address is the same as home address. If not:**

**Mailing Address** (if applicable please include suite, apartment and/or unit numbers):

**City:**

**State:**

**Zip Code:**

**County** (if address is in Florida):

**Country:**

**Email Address:**

pearcefitz@gmail.com

**Contact Number(s):**

( ) - ( 386 ) 965 - 1307  
Home Phone Cellular Phone

( ) - ( ) -  
Business Phone Facsimile

**\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.**

## EDUCATION HISTORY

### Highest Grade Completed (Please check one):

High School:

☐1 ☐2 ☐3 ☐4

College:

☐1 ☐2 ☐3 ☒4

Graduate School:

☐1 ☐2

| Name and Address of School,<br>College, or University Attended | Year of<br>Graduation | Degree and Major                          | Currently<br>enrolled?<br><i>If Yes*, date of<br/>anticipated<br/>graduation.</i> | Foreign School<br><i>Was your school located<br/>overseas?</i>      |
|----------------------------------------------------------------|-----------------------|-------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|
| University of Florida                                          | 2019                  | Bachelor, Civil<br>Engineering            | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No*             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Florida Gateway College                                        | 2016                  | Associates in Science,<br>General Studies | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No*             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Title:**

Rodman/Survey CAD Technician

**Employer / Company Name:**

Britt Surveying and Mapping, LLC

**Employer / Company Address:**

1438 SW Main Blvd

**City:**

Lake City

**State:**

FL

**Zip Code:**

32025 - 1106

**Supervisor's Name:**

Scott Britt

**Contact Number:**

386-752-7163

**Dates of Employment:**

From: June 2013

To\*: August 2013

**Number of Hours Per Week:**

40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From:

To:

From:

To:

From:

To:

**Total Months of Experience:**

2

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below.** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
- ☐ Yes ☒ No

# EDUCATION HISTORY

**Highest Grade Completed (Please check one):**

High School:

☐1 ☐2 ☐3 ☐4

College:

☐1 ☐2 ☐3 ☒4

Graduate School:

☐1 ☐2

| Name and Address of School, College, or University Attended | Year of Graduation | Degree and Major                       | Currently enrolled?<br>If Yes*, date of anticipated graduation.        | Foreign School<br>Was your school located overseas?                 |
|-------------------------------------------------------------|--------------------|----------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------|
| University of Florida                                       | 2019               | Bachelor, Civil Engineering            | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Florida Gateway College                                     | 2016               | Associates in Science, General Studies | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Title:**

Rodman/Survey CAD Technician

**Employer / Company Name:**

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**Employer / Company Address:**

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**City:**

Lake City

**State:**

FL

**Zip Code:**

32025 - 1106

**Supervisor's Name:**

Scott Britt

**Contact Number:**

386-752-7163

**Dates of Employment:**

From: November 2013

To\*: December 2013

**Number of Hours Per Week:**

40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From:

To:

From:

To:

From:

To:

**Total Months of Experience:** 1

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below.** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
- ☐ Yes ☒ No



## EDUCATION HISTORY

### Highest Grade Completed (Please check one):

High School:

☐ 1 ☐ 2 ☐ 3 ☐ 4

College:

☐ 1 ☐ 2 ☐ 3 ☒ 4

Graduate School:

☐ 1 ☐ 2

| Name and Address of School,<br>College, or University Attended | Year of<br>Graduation | Degree and Major                          | Currently<br>enrolled?<br><i>If Yes*, date of<br/>anticipated<br/>graduation.</i> | Foreign School<br><i>Was your school located<br/>overseas?</i>      |
|----------------------------------------------------------------|-----------------------|-------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|
| University of Florida                                          | 2019                  | Bachelor, Civil<br>Engineering            | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No<br>_____*    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Florida Gateway College                                        | 2016                  | Associates in Science,<br>General Studies | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No<br>_____*    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Title:**

Rodman/Survey CAD Technician

**Employer / Company Name:**

Britt Surveying and Mapping, LLC

**Employer / Company Address:**

1438 SW Main Blvd

**City:**

Lake City

**State:**

FL

**Zip Code:**

32025 - 1106

**Supervisor's Name:**

Scott Britt

**Contact Number:**

386-752-7163

**Dates of Employment:**

From: July 2014

To\*: August 2014

**Number of Hours Per Week:**

40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

**Total Months of Experience:** 1

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below.** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. ☐ Yes ☒ No

**EDUCATION HISTORY****Highest Grade Completed (Please check one):**

High School:

☐1 ☐2 ☐3 ☐4

College:

☐1 ☐2 ☐3 ☒4

Graduate School:

☐1 ☐2Name and Address of School,  
College, or University AttendedYear of  
Graduation

Degree and Major

Currently  
enrolled?  
If Yes\*, date of  
anticipated  
graduation.Foreign School  
Was your school located  
overseas?

|                         |      |                                        |                                                                        |                                                                     |
|-------------------------|------|----------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------|
| University of Florida   | 2019 | Bachelor, Civil Engineering            | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Florida Gateway College | 2016 | Associates in Science, General Studies | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):****Title:**

Rodman/Survey CAD Technician

**Employer / Company Name:**

Britt Surveying and Mapping, LLC

**Employer / Company Address:**

1438 SW Main Blvd

**City:**

Lake City

**State:**

FL

**Zip Code:**

32025 - 1106

**Supervisor's Name:**

Scott Britt

**Contact Number:**

386-752-7163

**Dates of Employment:**

From: May 2016

To\*: August 2016

**Number of Hours Per Week:**

40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No**Number of Hours Per Week:**

From:

To:

From:

To:

From:

To:

**Total Months of Experience:** 3**BACKGROUND INFORMATION****Please select either yes or no to the questions below. If you answered yes to any of the following, please explain your answer below. (make additional copies as needed).**

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. ☐ Yes ☒ No

- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No
- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Attach additional sheets as necessary.:

**Court or administrative agency rendering the decision, judgment, or order:**

**State / Governmental agency which brought the action:**

**Nature of conviction, judgment, order, or action:**

**Date of Action:** \_\_\_\_\_ **Docket Number:** \_\_\_\_\_ **Have all sanctions been satisfied?**  
☐ Yes ☐ No

**Description:**

**PRIOR NAME INFORMATION**

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?  
☒ Yes ☐ No

**If you answered yes, please provide name(s) below:**

**Name:** Pearce Fitz **Suffix:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_



## EXAMINATION INFORMATION

Please complete the following:

### Fundamentals of Land Surveying (Part I)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

### Principals and Practice (Part II)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

## SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

**\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services no less than 90 days prior to the examination date at 1-800-HELP-FLA (435-7352), or 850-410-3800.**

## AUTHORIZATION

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature:



Signature Date:

5/28/26

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.



Florida Department of Agriculture and Consumer Services

Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
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www.FDACS.gov • 850-410-3804 Fax



**WILTON SIMPSON  
COMMISSIONER**

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                            |                     |                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Robert Kight-Fitz                                                                                                                                                                |                     | <b>Title:</b><br>Rodman/Survey CAD Technician           |  |
| <b>Employer / Company Name:</b><br>Britt Surveying and Mapping, LLC                                                                                                                                        |                     | <b>Employer / Company Address:</b><br>1438 SW Main Blvd |  |
| <b>City:</b><br>Lake City                                                                                                                                                                                  | <b>State:</b><br>FL | <b>Zip Code:</b><br>32025 - 1106                        |  |
| <b>Employer Contact Name:</b><br>Scott Britt                                                                                                                                                               |                     | <b>Contact Number:</b><br>386-752-7163                  |  |
| <b>Dates of Employment:</b><br>From: May 2016 To*: August 2016                                                                                                                                             |                     | <b>Number of Hours Per Week:</b><br>40                  |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                               |                     | <b>Number of Hours Per Week:</b>                        |  |
| From:                                                                                                                                                                                                      | To:                 |                                                         |  |
| From:                                                                                                                                                                                                      | To:                 |                                                         |  |
| From:                                                                                                                                                                                                      | To:                 |                                                         |  |
| <b>Total Months of Experience:</b>                                                                                                                                                                         |                     |                                                         |  |
| Routine (in months): 3 + Responsible Charge (in months): 0 = Total Months of Experience 3                                                                                                                  |                     |                                                         |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S. |                     |                                                         |  |

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Assisted field survey crews with topographic and boundary surveys using total stations and conventional surveying instruments. Collected field measurements, established survey control points, maintained field notes, and verified survey data accuracy. Processed and reduced field survey data for use in mapping and engineering design. Prepared survey drawings using CAD software.

L. Scott Britt

Print name and license number of  
surveyor and mapper verifying experience

Sealed

[Signature]

Signature of licensed surveyor and mapper  
verifying experience

5-26-26

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

Florida Department of Agriculture and Consumer Services

Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

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2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

**Applicant Name:**

Robert Kight-Fitz

**Title:**

Rodman/Survey CAD Technician

**Employer / Company Name:**

Britt Surveying and Mapping, LLC

**Employer / Company Address:**

1438 SW Main Blvd

**City:**

Lake City

**State:**

FL

**Zip Code:**

32025 - 1106

**Employer Contact Name:**

Scott Britt

**Contact Number:**

386-752-7163

**Dates of Employment:**

From: July 2014

To\*: August 2014

**Number of Hours Per Week:**

40

Did the applicant ever work on a part-time basis? ☐ Yes ☒ No

**Number of Hours Per Week:**

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

**Total Months of Experience:**

Routine (in months): 1 + Responsible Charge (in months): 0 = Total Months of Experience 1

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Assisted field survey crews with topographic and boundary surveys using total stations and conventional surveying instruments. Collected field measurements, established survey control points, maintained field notes, and verified survey data accuracy.

L. Scott Britt  
Print name and license number of  
surveyor and mapper verifying experience

Sealed

[Signature]  
Signature of licensed surveyor and mapper  
verifying experience

5-26-26  
Date

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Tallahassee, FL 32399-6500

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|                                                                                                                                                                                                                                                                                                                                                      |                     |                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Robert Kight-Fitz                                                                                                                                                                                                                                                                                                          |                     | <b>Title:</b><br>Rodman/Survey CAD Technician           |  |
| <b>Employer / Company Name:</b><br>Britt Surveying and Mapping, LLC                                                                                                                                                                                                                                                                                  |                     | <b>Employer / Company Address:</b><br>1438 SW Main Blvd |  |
| <b>City:</b><br>Lake City                                                                                                                                                                                                                                                                                                                            | <b>State:</b><br>FL | <b>Zip Code:</b><br>32025 - 1106                        |  |
| <b>Employer Contact Name:</b><br>Scott Britt                                                                                                                                                                                                                                                                                                         |                     | <b>Contact Number:</b><br>386-752-7163                  |  |
| <b>Dates of Employment:</b><br>From: November 2013 To*: December 2013                                                                                                                                                                                                                                                                                |                     | <b>Number of Hours Per Week:</b><br>40                  |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                         |                     | <b>Number of Hours Per Week:</b>                        |  |
| From:                                                                                                                                                                                                                                                                                                                                                | To:                 |                                                         |  |
| From:                                                                                                                                                                                                                                                                                                                                                | To:                 |                                                         |  |
| From:                                                                                                                                                                                                                                                                                                                                                | To:                 |                                                         |  |
| <b>Total Months of Experience:</b><br>Routine (in months): 1 + Responsible Charge (in months): 0 = <b>Total Months of Experience</b> 1<br>If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S. |                     |                                                         |  |

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Assisted field survey crews with topographic and boundary surveys using total stations and conventional surveying instruments. Collected field measurements, established survey control points, maintained field notes, and verified survey data accuracy.

L. Scott Britt  
Print name and license number of  
surveyor and mapper verifying experience

Sealed

[Signature]  
Signature of licensed surveyor and mapper  
verifying experience

5-26-26  
Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services

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Tallahassee, FL 32399-6500

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**Applicant Name:**

Robert Kight-Fitz

**Title:**

Rodman/Survey CAD Technician

**Employer / Company Name:**

Britt Surveying and Mapping, LLC

**Employer / Company Address:**

1438 SW Main Blvd

**City:**

Lake City

**State:**

FL

**Zip Code:**

32025 - 1106

**Employer Contact Name:**

Scott Britt

**Contact Number:**

386-752-7163

**Dates of Employment:**

From: June 2013

To\*: August 2013

**Number of Hours Per Week:**

40

Did the applicant ever work on a part-time basis? ☐ Yes ☒ No

**Number of Hours Per Week:**

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

**Total Months of Experience:**

Routine (in months): 2 + Responsible Charge (in months): 0 = Total Months of Experience 2

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S.

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L. Scott Britt

Print name and license number of  
surveyor and mapper verifying experience

Sealed

[Signature]

Signature of licensed surveyor and mapper  
verifying experience

5-26-26

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



# Application Summary

## Application

Name: **KINSEY, BRENT**

DTN: **4273651**

Address: **14 SUNNY PINES CIR, DAYTONA BEACH, FL 32118-5219**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA 32611** **2024**  
 Degree: **CERTIFICATE** Major: **GEOMATICS**  
 Foreign: **No** Enrolled: **No** **Verified**
2. Institution: **UNIVERSITY OF SOUTH FLORIDA LEROY COLLINS BOULEVARD TAMPA, FLORIDA 33620** **2012**  
 Degree: **BACHELORS** Major: **MARKETING**  
 Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 10**

**Responsible: 39**

1. Employer: **MARK DOWST & ASSOCIATES 536 NORTH HALIFAX ROAD DAYTONA BEACH, FLORIDA 32118**  
 Phone: **386-258-7999** From: **02/06/2023** To: **09/24/2025**  
 Reference: **LEE DOWSI, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **31** **Verified**
2. Employer: **SLIGER & ASSOCIATES, INC. 3921 NOVA ROAD PORT ORANGE, FLORIDA 32127**  
 Phone: **386-216-2935** From: **07/19/2021** To: **02/03/2023**  
 Reference: **C.O. VAN KLEECK, JR, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **10** Qualified Mths: **8** **Verified**

## Checklist

| <u>Items Required</u>             | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete              | 06/11/2026           | REGENIA LEE         |                |
| Education Verified                | 06/11/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency | 06/10/2026           | REGENIA LEE         |                |
| Application Received              | 06/10/2026           | REGENIA LEE         |                |
| Enter/Update Person Details       | 06/10/2026           | REGENIA LEE         |                |
| Experience Verified               | 06/10/2026           | REGENIA LEE         |                |





# BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS APPLICATION FOR SURVEYOR IN TRAINING

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please remit application to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

**WILTON SIMPSON**  
**COMMISSIONER**

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

## APPLICANT INFORMATION

**Name:**

Brent Kinsey

**Suffix:**

**Date of Birth:**

05 / 15 / 1988

**\*\* Social Security Number:**

[REDACTED]

**Home Address** (if applicable please include suite, apartment and/or unit numbers):

14 Sunny Pines Cir

**City:**

Deland

**State:**

FL

**Zip Code:**

32118

-

**County** (if address is in Florida):

Volusia

**Country:**

USA

☒ Please check if mailing address is the same as home address. If not:

**Mailing Address** (if applicable please include suite, apartment and/or unit numbers):

**City:**

**State:**

**Zip Code:**

-

**County** (if address is in Florida):

**Country:**

**Email Address:**

brentakinsey@gmail.com

**Contact Number(s):**

( ) - ( 386 ) 852 - 9245  
Home Phone Cellular Phone

( ) - ( ) -  
Business Phone Facsimile

**\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.**

# EDUCATION HISTORY

**Highest Grade Completed (Please check one):**

High School:

College:

Graduate School:

☐1 ☐2 ☐3 ☐4

☐1 ☐2 ☐3 ☒4

☐1 ☐2

| Name and Address of School,<br>College, or University Attended | Year of<br>Graduation | Degree and Major | Currently<br>enrolled?<br><i>If Yes*, date of<br/>anticipated<br/>graduation.</i> | Foreign School<br><i>Was your school located<br/>overseas?</i>      |
|----------------------------------------------------------------|-----------------------|------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|
| University of Florida                                          | 2024                  | Geomatics Cert   | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No<br>_____*    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| University of South Florida                                    | 2012                  | BS Business      | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No<br>_____*    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Title:**

Survey Party Chief

**Employer / Company Name:**

Florida Department of Transportation

**Employer / Company Address:**

719 S Woodland Blvd

**City:**

Deland

**State:**

FL

**Zip Code:**

32720 -

**Supervisor's Name:**

Joe Bishop

**Contact Number:**

386-943-5127

**Dates of Employment:**

From: 12/22/25

To\*: Current

**Number of Hours Per Week:**

40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

**Total Months of Experience:** 27

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below.** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
- ☒ Yes ☐ No

## EDUCATION HISTORY

**Highest Grade Completed (Please check one):**

High School:

☐ 1 ☐ 2 ☐ 3 ☐ 4

College:

☐ 1 ☐ 2 ☐ 3 ☒ 4

Graduate School:

☐ 1 ☐ 2

| Name and Address of School,<br>College, or University Attended | Year of<br>Graduation | Degree and Major | Currently<br>enrolled?<br><i>If Yes*, date of<br/>anticipated<br/>graduation.</i> | Foreign School<br><i>Was your school located<br/>overseas?</i>      |
|----------------------------------------------------------------|-----------------------|------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|
| University of Florida                                          | 2024                  | Geomatics Cert   | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No<br>_____*    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| University of South Florida                                    | 2012                  | BS Business      | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No<br>_____*    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Title:**

Survey Party Chief

**Employer / Company Name:**

Mark Dowst & Associates

**Employer / Company Address:**

536 N Halifax Dr St 100

**City:**

Daytona Beach

**State:**

FL

**Zip Code:**

32118

-

**Supervisor's Name:**

Lee Thibodeau

**Contact Number:**

386-258-7999

**Dates of Employment:**

From: 02/06/2023

To\*: 12/18/2025

**Number of Hours Per Week:**

40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

**Total Months of Experience:** 34

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below.** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
- ☒ Yes ☐ No



## EDUCATION HISTORY

**Highest Grade Completed (Please check one):**

High School:

☐ 1 ☐ 2 ☐ 3 ☐ 4

College:

☐ 1 ☐ 2 ☐ 3 ☒ 4

Graduate School:

☐ 1 ☐ 2

| Name and Address of School,<br>College, or University Attended | Year of<br>Graduation | Degree and Major | Currently<br>enrolled?<br><i>If Yes*, date of<br/>anticipated<br/>graduation.</i> | Foreign School<br><i>Was your school located<br/>overseas?</i>      |
|----------------------------------------------------------------|-----------------------|------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|
| University of Florida                                          | 2024                  | Geomatics Cert   | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No<br>_____*    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| University of South Florida                                    | 2012                  | BS Business      | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No<br>_____*    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Title:**

Survey Party Chief

**Employer / Company Name:**

Sliger & Associates

**Employer / Company Address:**

3921 S Nova Rd

**City:**

Port Orange

**State:**

FL

**Zip Code:**

32127

-

**Supervisor's Name:**

Larry Hoffman

**Contact Number:**

386-761-5385

**Dates of Employment:**

From: 07/19/2021

To\*: 02/03/23

**Number of Hours Per Week:**

40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

**Total Months of Experience:** 18

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below.** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
- ☒ Yes ☐ No

- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☐ No
- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Attach additional sheets as necessary.:

**Court or administrative agency rendering the decision, judgment, or order:**

Hillsborough County, Florida

**State / Governmental agency which brought the action:**

Hillsborough County Sherriffs Office

**Nature of conviction, judgment, order, or action:**

DUI

**Date of Action:**

04 / 03 / 2011

**Docket Number:**

**Have all sanctions been satisfied?**

☒ Yes ☐ No

**Description:**

DUI during my junior year of college at University of South Florida. All fines paid, and community service completed within a month of final judgement.

### PRIOR NAME INFORMATION

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☒ No

**If you answered yes, please provide name(s) below:**

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_



## EXAMINATION INFORMATION

Please complete the following:

### Fundamentals of Land Surveying (Part I)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

### Principals and Practice (Part II)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

## SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

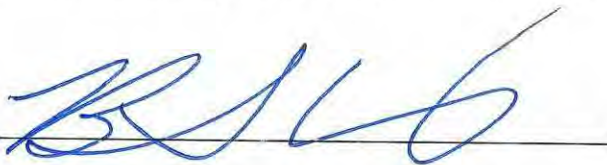
**\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services no less than 90 days prior to the examination date at 1-800-HELP-FLA (435-7352), or 850-410-3800.**

## AUTHORIZATION

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature:



Signature Date:

5/21/26

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                               |                             |                                                                                                |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------|--------------------------|
| <b>Applicant Name:</b><br><u>BRENT KINSEY</u>                                                                                                                                                                                                                                                                                 |                             | <b>Title:</b><br><u>CREW CHIEF</u>                                                             |                          |
| <b>Employer / Company Name:</b><br><u>SLIGER ASSOCIATES, INC.</u>                                                                                                                                                                                                                                                             |                             | <b>Employer / Company Address:</b><br><u>3921 NAVA ROAD</u>                                    |                          |
| <b>City:</b><br><u>PORT ORANGE</u>                                                                                                                                                                                                                                                                                            | <b>State:</b><br><u>FL.</u> | <b>Zip Code:</b><br><u>32127</u>                                                               |                          |
| <b>Employer Contact Name:</b><br><u>CLYDE D. VAN KLEECK, JR.</u>                                                                                                                                                                                                                                                              |                             | <b>Contact Number:</b><br><u>386-216-2935</u>                                                  |                          |
| <b>Dates of Employment:</b><br>From: <u>7/19/2021</u> To: <u>2/3/2023</u>                                                                                                                                                                                                                                                     |                             | <b>Number of Hours Per Week:</b><br><u>40+</u>                                                 |                          |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                  |                             | <b>Number of Hours Per Week:</b>                                                               |                          |
| From: _____                                                                                                                                                                                                                                                                                                                   | To: _____                   | _____                                                                                          |                          |
| From: _____                                                                                                                                                                                                                                                                                                                   | To: _____                   | _____                                                                                          |                          |
| From: _____                                                                                                                                                                                                                                                                                                                   | To: _____                   | _____                                                                                          |                          |
| <b>Total Months of Experience:</b>                                                                                                                                                                                                                                                                                            |                             |                                                                                                |                          |
| Routine (in months): <u>10</u> + Responsible Charge (in months): <u>8</u> = Total Months of Experience <u>18</u>                                                                                                                                                                                                              |                             |                                                                                                |                          |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S.                                                                                                                    |                             |                                                                                                |                          |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                                                                                                                                                       |                             |                                                                                                |                          |
| <u>MR. KINSEY ADVANCED TO CREW CHIEF POSITION IN A RELATIVELY SHORT PERIOD OF TIME. AS A CREW CHIEF HE PERFORMED VARIOUS TYPES OF SURVEYS INCLUDING BOUNDARIES, TOPOGRAPHICAL, WETLAND DELINEATION, AS WELL AS CONSTRUCTION LAYOUT. MR. KINSEY ALWAYS CONDUCTED HIS SURVEY WORK CAREFULLY, COMPLETELY AND PROFESSIONALLY.</u> |                             |                                                                                                |                          |
| <u>C.D. VAN KLEECK JR., P.S.M. #6149</u><br>Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                                                                                                      |                             | <u>[Signature]</u><br>Sealed Signature of licensed surveyor and mapper<br>verifying experience | <u>9/19/2025</u><br>Date |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
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FDACS  
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Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Brent Kinsey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | <b>Title:</b><br>Party Chief                                         |  |
| <b>Employer / Company Name:</b><br>Mark Dowst & Associates, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | <b>Employer / Company Address:</b><br>536 N. Halifax Ave., Suite 100 |  |
| <b>City:</b><br>Daytona Beach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>State:</b><br>Florida | <b>Zip Code:</b><br>32118 -                                          |  |
| <b>Employer Contact Name:</b><br>Lee H. Dowst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | <b>Contact Number:</b><br>386-258-7999                               |  |
| <b>Dates of Employment:</b><br>From: 02/06/2023 To*: Present                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | <b>Number of Hours Per Week:</b><br>40                               |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | <b>Number of Hours Per Week:</b>                                     |  |
| From: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | To: _____                | _____                                                                |  |
| From: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | To: _____                | _____                                                                |  |
| From: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | To: _____                | _____                                                                |  |
| <b>Total Months of Experience:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                      |  |
| Routine (in months): 0 + Responsible Charge (in months): 31 = <b>Total Months of Experience</b> 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                      |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                      |  |
| <b>Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                      |  |
| Brent serves as a survey party chief responsible for the training and supervision of a 2-3 man survey field crew as well as the maintenance and repair of survey equipment. He leads and participates in a variety of land survey related operations, such as locating and verifying horizontal and vertical control, preparing ALTA/NSPS, Tidal Water, Boundary, Topographic, Tree, Wetland, and As-Built Surveys, as well as level runs and construction staking. He is proficient in the use of Data Collection, GPS, and Robotic Total Stations. He is also proficient in locating necessary information from all available sources in order to complete assigned projects with little to no supervision. |                          |                                                                      |  |
| Lee H. Dowst, PLS #6860                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | 9/29/25                                                              |  |
| Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | Signature of licensed surveyor and mapper<br>verifying experience    |  |
| Sealed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Date                                                                 |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

# Application Summary

## Application

Name: **KOESTER, JEFFREY**

DTN: **4211112**

Address: **3223 FRIDINGER DR, PENSACOLA, FL 32526-9318**

## Education

1. Institution: **IDAHO STATE UNIVERSITY POCA TELLO, IDAHO USA** **2029**  
Degree: **BACHELORS** Major: **SURVEYING/ GEOMATICS ENGINEER TECH**  
Foreign: **No** Enrolled: **Yes** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u>                                      |
|-----------------------------------------|----------------------|---------------------|-----------------------------------------------------|
| Letter - LS Complete                    | 06/08/2026           | REGENIA LEE         |                                                     |
| Education Verified                      | 06/08/2026           | REGENIA LEE         | TRANSCRIPTS AND LETTER OF GOOD<br>STANDING RECEIVED |
| Check for Exam                          | 06/08/2026           | REGENIA LEE         |                                                     |
| Letter - LS Individual Deficiency       | 02/10/2026           | REGENIA LEE         |                                                     |
| Online App Recd. Data Updated by System | 02/10/2026           | REGENIA LEE         |                                                     |
| New Documents Received. Please look.    | 02/10/2026           | REGENIA LEE         |                                                     |
| Enter/Update Person Details             | 01/20/2026           | SYSTEM CSTRACK      |                                                     |
| Application Received                    | 01/20/2026           | SYSTEM CSTRACK      |                                                     |





**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

[www.800helpfla.com](http://www.800helpfla.com)

1-800-HELP-FLA (435-7352)

FL Only

850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

**APPLICANT INFORMATION**

Title  
First Name **Jeffrey**  
Middle Initial **A**  
Last Name **Koester**  
Suffix  
Date of Birth **3/3/1980**  
Race **White or Caucasian**  
Social Security Number **[REDACTED]**  
Gender  
Home Address **3223 Fridinger drive  
Pensacola,Florida,32526  
USA**  
Mailing Address **3223 Fridinger drive  
Pensacola,Florida,32526  
USA**  
Email address **Koester.jeff@gmail.com**  
Home Phone **850-266-3203**  
Cellular Phone **850-266-3203**  
Business Phone **850-706-2496**  
Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

1. InstitutionName: **Idaho State University**  
Degree: **Bachelor of Science**  
GraduationYear: **2029**  
City,State: **Pocatello, Idaho**  
Country: **USA**  
CurrentlyEnrolled: **YES**  
AnticipatedGraduationDate:

**CRIMINAL/CIVIL LITIGATION INFORMATION**

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

Yes

Date of Action: **06/01/2001**

Docket Number **N/A**

Court or  
administrative  
agency

rendering the  
decision,  
judgment or  
order:

**Calera Alabama**

Governmental  
agency  
which brought  
the action:

**Shelby County Alabama**

Details:

**This is rather embarrassing to have to list this, but roughly 25 years ago, i was working in the Birmingham Alabama area surveying to help build the Honda Plant. I drove through a Redlight Camera and my boss was mailed a ticket that he promptly threw in the trash. In 2008 i was at Pensacola Beach with my then girlfriend when she was pulled over for an expired license plate on her car. They requested everyones IDs in the car and i promptly handed mine over. They ran my ID and you would have sworn they had just caught Pablo Escobar with the way they were acting. I was informed that i had a bench warrant out for my arrest in Alabama. I promptly went and turned myself in, took care of the fine and they scheduled me for court later that night so i could remedy the situation right then and move on with my life. I have tried to get copies of the records to submit here, but i was informed the county in Alabama does not have any digital records of the instance since it was traffic related.**

### List of Uploaded Documents

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

No

## LICENSURE HISTORY INFORMATION

### Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.

No

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other **No** pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the **No** licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

SPECIAL TESTING ACCOMODATIONS

Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

**NO**

AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

|                                          |                                  |
|------------------------------------------|----------------------------------|
| Applicant Signature: <b>Jkoester0303</b> | Signature Date: <b>1/20/2026</b> |
|------------------------------------------|----------------------------------|

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.



# Application Summary

## Application

Name: **LORD, WALKER**

DTN: **4262280**

Address: **1508 SW HALTIWANGER RD, LAKE CITY, FL 32024-5472**

## Education

1. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA USA** 2022  
 Degree: **BACHELORS** Major: **GEOMATICS**  
 Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 19**

**Responsible: 40**

1. Employer: **FLORIDA DEPARTMENT OF TRANSPORTATION 1109 SOUTH MARION AVENUE LAKE CITY, FLORIDA 32025**  
 Phone: **386-961-7461** From: **07/07/2025** To: **05/07/2026**  
 Reference: **MICHAEL HARBERT, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **9** **Verified**

2. Employer: **T2 UTILITY ENGINEERS 159 SW SPENCER COURT LAKE CITY, FLORIDA 32024**  
 Phone: **850-703-7256** From: **01/19/2023** To: **07/03/2025**  
 Reference: **BYRON FAIRCLOTH, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **31** **Verified**

3. Employer: **T2 UTILITY ENGINEERS 159 SW SPENCER COURT LAKE CITY, FLORIDA 32024**  
 Phone: **850-703-7256** From: **05/22/2021** To: **12/19/2022**  
 Reference: **BYRON FAIRCLOTH, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **19** Qualified Mths: **0** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete                    | 06/03/2026           | REGENIA LEE         |                |
| Education Verified                      | 06/03/2026           | REGENIA LEE         |                |
| Experience Verified                     | 05/28/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency       | 05/18/2026           | REGENIA LEE         |                |
| Online App Recd. Data Updated by System | 05/14/2026           | REGENIA LEE         |                |
| New Documents Received. Please look.    | 05/14/2026           | REGENIA LEE         |                |
| Enter/Update Person Details             | 05/13/2026           | SYSTEM CSTRACK      |                |
| Application Received                    | 05/13/2026           | REGENIA LEE         |                |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes

*Mailing Address:*

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850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

Title  
First Name **walker**  
Middle Initial **B**  
Last Name **Lord**  
Suffix  
Date of Birth **5/13/1999**  
Race **White or Caucasian**  
Social Security Number **[REDACTED]**  
Gender  
Home Address **1508 Sw Haltiwanger rd  
Lake City ,Florida,32024  
USA**  
Mailing Address **1508 Sw Haltiwanger rd  
Lake City ,Florida,32024  
USA**  
Email address **walker0lord@gmail.com**  
Home Phone  
Cellular Phone **386-288-6328**  
Business Phone  
Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

- InstitutionName: **University of Florida**  
Degree: **Bachelors**  
GraduationYear: **2022**  
City,State: **Gainesville, Florida**  
Country: **USA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:  
2. InstitutionName: **Florida Gateway College**

Degree: **AA**  
 GraduationYear: **2020**  
 City,State: **Lake City, Florida**  
 Country: **USA**  
 CurrentlyEnrolled: **NO**  
 AnticipatedGraduationDate:

## CRIMINAL/CIVIL LETIGATION INFORMATION

### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No** FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other **No** pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the **No** licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

## SPECIAL TESTING ACCOMODATIONS

Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

**NO**

**AUTHORIZATION**

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Walker Lord**

Signature Date: **5/13/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

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www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                            |                     |                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Walker Lord                                                                                                                                                                      |                     | <b>Title:</b><br>Survey Technician III                   |  |
| <b>Employer / Company Name:</b><br>T2 Utility Engineers                                                                                                                                                    |                     | <b>Employer / Company Address:</b><br>159 SW Spencer Ct. |  |
| <b>City:</b><br>Lake City                                                                                                                                                                                  | <b>State:</b><br>FL | <b>Zip Code:</b><br>32024                                |  |
| <b>Employer Contact Name:</b><br>Byron Faircloth                                                                                                                                                           |                     | <b>Contact Number:</b><br>850.703.7256                   |  |
| <b>Dates of Employment:</b><br>From: 5-22-2021 To*: 7-3-2025                                                                                                                                               |                     | <b>Number of Hours Per Week:</b><br>30-50                |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                          |                     | <b>Number of Hours Per Week:</b><br>30                   |  |
| From: 5-22-2021 To: 12-19-2022                                                                                                                                                                             |                     |                                                          |  |
| From: To:                                                                                                                                                                                                  |                     |                                                          |  |
| From: To:                                                                                                                                                                                                  |                     |                                                          |  |
| <b>Total Months of Experience:</b><br>Routine (in months): 19 + Responsible Charge (in months): 31 = <b>Total Months of Experience</b> 50                                                                  |                     |                                                          |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S. |                     |                                                          |  |

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Walker's daily duties consisted of primarily leading a survey crew for survey acquisition for topographic surveys, right of way surveys, and utility surveys. He also logged months of time processing and creating survey reports for survey databases along with some right of way mapping.

|                                                                                              |                        |                                                                                                                                                                              |                                                                                   |                     |
|----------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------|
| Byron Faircloth, PSM #6764                                                                   | <b>Byron Faircloth</b> | <small>Digitally signed by Byron Faircloth<br/>DN: cn=Byron Faircloth, c=US,<br/>o=Unaffiliated,<br/>email=bfair1992@gmail.com<br/>Date: 2026.05.13 08:15:08 -05'00'</small> |                                                                                   | 05/13/26            |
| <small>Print name and license number of<br/>surveyor and mapper verifying experience</small> |                        | <small>Sealed</small>                                                                                                                                                        | <small>Signature of licensed surveyor and mapper<br/>verifying experience</small> | <small>Date</small> |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

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Please return this form to:

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Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

**WILTON SIMPSON  
COMMISSIONER**

**Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

|                                                                                                                                                                                                            |                                                     |                                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Walker Lord                                                                                                                                                                      |                                                     | <b>Title:</b><br>Survey Apprentice                                    |  |
| <b>Employer / Company Name:</b><br>Florida Department of Transportation                                                                                                                                    |                                                     | <b>Employer / Company Address:</b><br>1109 S. Marion Avenue, M.S.2022 |  |
| <b>City:</b><br>Lake City                                                                                                                                                                                  | <b>State:</b><br>FL                                 | <b>Zip Code:</b><br>32025 -                                           |  |
| <b>Employer Contact Name:</b><br>Michael Harbert                                                                                                                                                           |                                                     | <b>Contact Number:</b><br>386-961-7461                                |  |
| <b>Dates of Employment:</b><br>From: 7-7-2025                                                                                                                                                              | <b>Title:</b><br>To*: <u>Current</u> <u>5.20.26</u> | <b>Number of Hours Per Week:</b><br>40                                |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                          |                                                     | <b>Number of Hours Per Week:</b>                                      |  |
| From: _____                                                                                                                                                                                                | To: _____                                           | _____                                                                 |  |
| From: _____                                                                                                                                                                                                | To: _____                                           | _____                                                                 |  |
| From: _____                                                                                                                                                                                                | To: _____                                           | _____                                                                 |  |
| <b>Total Months of Experience:</b>                                                                                                                                                                         |                                                     |                                                                       |  |
| Routine (in months): <u>0</u> + Responsible Charge (in months): <u>9</u> = Total Months of Experience <u>9</u>                                                                                             |                                                     |                                                                       |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S. |                                                     |                                                                       |  |

**Verifying Surveyor:** Please provide a summary of experience and duties performed by the applicant

*WALKER HAS SHOWN GOOD KNOWLEDGE OF SURVEY AND HAS AN EAGERNESS TO CONTINUE IN THE WIDE WORLD OF SURVEYING.*

MICHAEL L. HARBERT 4995  
Print name and license number of  
surveyor and mapper verifying experience

Sealed

*[Signature]*  
Signature of licensed surveyor and mapper  
verifying experience

7 MAY 2026  
Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



# Application Summary

## Application

Name: **MCKNIGHT, LANCALOT**

DTN: **4249034**

Address: **7083 BANYAN LEAF DR APT 302, WEST PALM BEACH, FL 33413-1165**

## Education

1. Institution: **FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD BOCA RATON, FLORIDA** **2027**  
 Degree: **33431**  
 Foreign: **BACHELORS** Major: **GEOMATICS ENGINEERING**  
 No Enrolled: **Yes** **Verified**

## Experience

**Total: 0**

**Responsible: 53**

1. Employer: **LANDTECH SURVEYING AND LIENS 700 WEST HILLSBORO BOULEVARD, SUITE 2-102**  
 Phone: **DEERFIELD BEACH, FLORIDA 33441**  
 Reference: **Unknown** From: **04/07/2021** To: **09/04/2025**  
 Months Exp: **PABLO ALVAREZ, LICENSED SURVEYOR** Phone: **Unknown**  
 0 Qualified Mths: **53** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete                    | 06/24/2026           | REGENIA LEE         |                |
| Experience Verified                     | 06/24/2026           | REGENIA LEE         |                |
| Online App Recd. Data Updated by System | 04/09/2026           | REGENIA LEE         |                |
| New Documents Received. Please look.    | 04/09/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency       | 04/08/2026           | REGENIA LEE         |                |
| Enter/Update Person Details             | 04/08/2026           | REGENIA LEE         |                |
| Application Received                    | 04/08/2026           | REGENIA LEE         |                |
| Education Verified                      | 04/08/2026           | REGENIA LEE         |                |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
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FL Only

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Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

Title  
First Name **Lancalot**  
Middle Initial **R**  
Last Name **Mcknight**  
Suffix  
Date of Birth **10/29/2000**  
Race **White and Asian**  
Social Security Number **[REDACTED]**  
Gender  
Home Address **7083 Banyan leaf Dr APT 302  
West Palm Beach,Florida,33413  
USA**  
Mailing Address **7083 Banyan leaf Dr APT 302  
West Palm Beach,Florida,33413  
USA**  
Email address **bluelightning11@outlook.com**  
Home Phone **561-323-0083**  
Cellular Phone **561-323-0083**  
Business Phone  
Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

1. InstitutionName: **Florida Atlantic University**  
Degree: **Bachelors of Science**  
GraduationYear: **2027**  
City,State: **Boca Raton, Florida**  
Country: **USA**  
CurrentlyEnrolled: **YES**  
AnticipatedGraduationDate:

**CRIMINAL/CIVIL LITIGATION INFORMATION**

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, **No** possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

## LICENSURE HISTORY INFORMATION

### Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records **No** have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.**
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other **No** pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the **No** licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

## SPECIAL TESTING ACCOMODATIONS

Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

**NO**

## AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release



to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Lancalot Mcknight**

Signature Date: **4/8/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

THIS FORM IS TO BE COMPLETED BY FORMER OR CURRENT EMPLOYER VERIFYING WORK EXPERIENCE.  
Make additional copies as needed.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

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www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

Applicant Name: Lancelot Mcknight Title: Project Manager  
Employer / Company Name: Landtec Surveying and Liens Employer / Company Address: 700 W Hillsboro Blvd Suite 2-102  
City: Deerfield Beach State: FL Zip Code: 33441  
Employer Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Dates of Employment: From: 04/07/2021 To: Currently Employed Number of Hours Per Week: 40

Did the applicant ever work on a part-time basis? ☐ Yes ☒ No Number of Hours Per Week: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Total Months of Experience:  
Routine (in months): 0 + Responsible Charge (in months): 53 = Total Months of Experience 53

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in S. 472.005(6), F.S.

Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant

Manages field crews, routes, and equipment.

PABLO ALVAREZ  
Print name and license number of  
surveyor and mapper verifying experience

Sealed

PLS 7274  
Signature of licensed surveyor and mapper  
verifying experience

09/04/2025  
Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

# Application Summary

## Application

Name: **MITCHELL, ZACHARY**

DTN: **4257800**

Address: **283 EDINBURGH LN, ORANGE PARK, FL 32073-4231**

## Education

1. Institution: **UNIVERSITY OF PHOENIX PHOENIX, ARIZONA USA** **2026**  
 Degree: **BACHELORS** Major: **BUSINESS MANAGEMENT**  
 Foreign: **No** Enrolled: **Yes** **Verified**
2. Institution: **UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA USA** **2025**  
 Degree: **CERTIFICATE** Major: **GEOMATICS**  
 Foreign: **No** Enrolled: **No** **Verified**

## Experience

**Total: 57**

**Responsible: 103**

1. Employer: **SOUTHEASTERN SURVEYING AND MAPPING CORP. 6500 ALL AMERICAN BOULEVARD**  
 Phone: **ORLANDO, FLORIDA 32810**  
 Reference: **904-415-0744** From: **01/28/2013** To: **06/02/2026**  
 Months Exp: **THOMAS FERGUSON, LICENSED SURVEYOR** Phone: **Unknown**  
**57** Qualified Mths: **103** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete                    | 06/03/2026           | REGENIA LEE         |                |
| Experience Verified                     | 06/03/2026           | REGENIA LEE         |                |
| Education Verified                      | 06/03/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency       | 06/02/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency       | 05/12/2026           | REGENIA LEE         |                |
| Online App Recd. Data Updated by System | 05/11/2026           | REGENIA LEE         |                |
| New Documents Received. Please look.    | 05/11/2026           | REGENIA LEE         |                |
| Enter/Update Person Details             | 05/08/2026           | SYSTEM CSTRACK      |                |
| Application Received                    | 05/08/2026           | SYSTEM CSTRACK      |                |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

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FL Only

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Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

Title  
First Name **Zachary**  
Middle Initial **T**  
Last Name **Mitchell**  
Suffix  
Date of Birth **9/9/1987**  
Race **White or Caucasian**  
Social Security Number **[REDACTED]**  
Gender  
Home Address **283 edinburgh lane  
orange park,Florida,32073  
USA**  
Mailing Address **283 edinburgh lane  
orange park,Florida,32073  
USA**  
Email address **zmitchell@southeasternsurveying.com**  
Home Phone  
Cellular Phone **904-401-1855**  
Business Phone  
Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

- InstitutionName: **University of Phoenix**  
Degree: **Bachelors**  
GraduationYear: **2026**  
City,State: **Phoenix, Arizona**  
Country: **USA**  
CurrentlyEnrolled: **YES**  
AnticipatedGraduationDate:  
2. InstitutionName: **University of Florida**



|                            |                       |
|----------------------------|-----------------------|
| Degree:                    | Geomatics Certificate |
| GraduationYear:            | 2025                  |
| City,State:                | Gainesville, Florida  |
| Country:                   | USA                   |
| CurrentlyEnrolled:         | NO                    |
| AnticipatedGraduationDate: |                       |

CRIMINAL/CIVIL LETIGATION INFORMATION

Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."

Date of Action: 07/28/2013

Docket Number 13CT047725AD

Court or administrative agency rendering the decision, judgment or order: Duval County

Governmental agency which brought the action: State Attorney's Office

Details: I received a DUI arrest/ticket in 2013. I have had no other arrests or driving infractions since then.

Yes

List of Uploaded Documents

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending?

No

LICENSURE HISTORY INFORMATION

Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer “NO” because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.

When : 07/28/2013

Where : Duval County

License Type : Driver's License

Yes

Details : **Plead guilty to DUI in 2013. Completed probation in 6 months, and did all of the required assignments that go along with it.**

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, **No** counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending?

**3.** Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the **No** licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

## SPECIAL TESTING ACCOMMODATIONS

Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

**NO**

## AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Zachary Mitchell**

Signature Date: 5/8/2026

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

THIS FORM IS TO BE COMPLETED BY FORMER OR CURRENT EMPLOYER VERIFYING WORK EXPERIENCE.  
Make additional copies as needed.

Florida Department of Agriculture and Consumer Services

Division of Consumer Services

BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(b), Florida Administrative Code

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WILTON SIMPSON  
COMMISSIONER

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-8500

A specific experience record is required for licensure as a professional surveyor and mapper. The experience must be as a subordinate to a registered surveyor and mapper in the active practice of surveying and mapping. A specific amount of time consisting of responsible charge is also required.

472.005(6), Florida Statutes The term "responsible charge" means direct control and personal supervision of surveying and mapping work, but does not include experience as a chairperson, rodperson, instrument person, ordinary draftsman, digitizer, scribe, photo lab technician, ordinary stereo plotter operator, aerial photo pilot, photo interpreter or other positions of routine work.

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------|--|
| Applicant Name:<br><u>Zachary T. Mitchell</u>                                                                                                                                                                                                                                                                                                                                         |                     | Title:<br><u>Project Manager/Office Manager</u>                   |  |
| Employer / Company Name:<br><u>Southeastern Surveying and Mapping Corp.</u>                                                                                                                                                                                                                                                                                                           |                     | Employer / Company Address:<br><u>6500 All American Blvd.</u>     |  |
| City:<br><u>Orlando</u>                                                                                                                                                                                                                                                                                                                                                               | State:<br><u>FL</u> | Zip Code:<br><u>32810</u>                                         |  |
| Employer Contact Name:<br><u>THOMAS FERGUSON</u>                                                                                                                                                                                                                                                                                                                                      |                     | Contact Number:<br><u>904-415-0744</u>                            |  |
| Dates of Employment:<br>From: <u>01/28/2013</u> To: <u>Present</u>                                                                                                                                                                                                                                                                                                                    |                     | Number of Hours Per Week:<br><u>40+</u>                           |  |
| Did the applicant ever work on a part-time basis? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                 |                     | Number of Hours Per Week:                                         |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                 | To:                 |                                                                   |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                 | To:                 |                                                                   |  |
| From:                                                                                                                                                                                                                                                                                                                                                                                 | To:                 |                                                                   |  |
| Total Months of Experience:<br>Routine (in months): <u>57</u> + Responsible Charge (in months): <u>103</u> = Total Months of Experience <u>160</u><br>If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" above.                                      |                     |                                                                   |  |
| Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant<br><u>Responsible for managing surveying and mapping projects from proposal through deliverable, supervised field and office personnel, established scope and budgets, reviewed computations, plats, legal descriptions, and ensured compliance with Florida Surveying Standards</u> |                     |                                                                   |  |
| THOMAS F. FERGUSON<br>P.S.M. 5970                                                                                                                                                                                                                                                                                                                                                     |                     | 6/2/2016                                                          |  |
| Print name and license number of<br>surveyor and mapper verifying experience                                                                                                                                                                                                                                                                                                          |                     | Signature of licensed surveyor and mapper<br>verifying experience |  |

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

# Application Summary

## Application

Name: **MORALES, CHRISTIAN**

DTN: **4270849**

Address: **18523 ROCOCO RD, SPRING HILL, FL 34610-0089**

## Education

1. Institution: **UNIVERSITY PUERTO RICO MAYAGUEZ, PUERTO RICO 00681** **2008**  
Degree: **BACHELORS** Major: **SURVEYING TOPOGRAPHY**  
Foreign: **No** Enrolled: **No** **Verified**

## Checklist

| <u>Items Required</u>       | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete        | 06/03/2026           | REGENIA LEE         |                |
| Application Received        | 06/03/2026           | REGENIA LEE         |                |
| Enter/Update Person Details | 06/03/2026           | REGENIA LEE         |                |
| Education Verified          | 06/03/2026           | REGENIA LEE         |                |





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**BOARD OF PROFESSIONAL SURVEYORS  
AND MAPPERS APPLICATION FOR  
SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

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Please remit application to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

**Name:**

CHRISTIAN A. MORALES

**Suffix:**

**Date of Birth:**

01 / 12 / 1987

**\*\* Social Security Number:**

---

**Home Address** (if applicable please include suite, apartment and/or unit numbers):

18523 ROCOCO RD

**City:**

SPRING HILL

**State:**

FL

**Zip Code:**

34610

**County** (if address is in Florida):

PASCO

**Country:**

UNITED STATES

☒ **Please check if mailing address is the same as home address. If not:**

**Mailing Address** (if applicable please include suite, apartment and/or unit numbers):

**City:**

**State:**

**Zip Code:**

**County** (if address is in Florida):

**Country:**

**Email Address:**

CHRISTIANMORALES12@GMAIL.COM

**Contact Number(s):**

( ) -  
Home Phone

( 337 ) 534 - 1201  
Cellular Phone

( ) -  
Business Phone

( ) -  
Facsimile

**\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.**

## EDUCATION HISTORY

**Highest Grade Completed (Please check one):**

High School:

☐1 ☐2 ☐3 ☐4

College:

☐1 ☐2 ☐3 ☒4

Graduate School:

☐1 ☐2

**Name and Address of School,  
College, or University Attended**

**Year of  
Graduation**

**Degree and Major**

**Currently  
enrolled?**  
*If Yes\*, date of  
anticipated  
graduation.*

**Foreign School**  
*Was your school located  
overseas?*

|                           |      |                 |                                                                                |                                                                     |
|---------------------------|------|-----------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------|
| UNIVERSITY OF PUERTO RICO | 2008 | BS in Surveying | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No<br>_____* | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                           |      |                 | <input type="checkbox"/> Yes* <input type="checkbox"/> No<br>_____*            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Title:**

Survey CAD Technician

**Employer / Company Name:**

ECHO UES

**Employer / Company Address:**

4803 George Rd, Ste. 350

**City:**

Tampa

**State:**

FL

**Zip Code:**

33634

**Supervisor's Name:**

Mike Patterson, PSM

**Contact Number:**

7274015362

**Dates of Employment:**

From: Aug 2019

To\*: Present

**Number of Hours Per Week:**

40

**Did the applicant ever work on a part-time basis?** ☐ Yes ☒ No

**Number of Hours Per Week:**

From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

**Total Months of Experience:** 81

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below.** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. ☐ Yes ☒ No





## EXAMINATION INFORMATION

Please complete the following:

### Fundamentals of Land Surveying (Part I)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

### Principals and Practice (Part II)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

## SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

**\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services no less than 90 days prior to the examination date at 1-800-HELP-FLA (435-7352), or 850-410-3800.**

## AUTHORIZATION

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature:



Signature Date:

6-1-2026

**Additional work experience as a surveyor and mapper:**

Title: Survey Technician II

Employer/Company Name: FENSTERMAKER

Address: 135 Regency Square, Lafayette, LA 70508

Phone Number: 337-237-2200

Dates of Employment: March 2018 – August 2019

Number of Hours Per Week: 40

Total Months of Experience: 18

Title: Survey Party Chief

Employer/Company Name: Southern Survey Services

Address: 111 Arabian Dr, Lafayette, LA 70507

Phone Number: 337-565-6083

Dates of Employment: January 2018 – March 2018

Number of Hours Per Week: 40

Total Months of Experience: 2

Title: Survey Party Chief

Employer/Company Name: CB&I

Address: 3191 W Lincoln Rd, Lake Charles, LA 70605

Phone Number: 337-562-3515

Dates of Employment: October 2015 – November 2017

Number of Hours Per Week: 50

Total Months of Experience: 26

Title: Survey Party Chief / Sr. Survey Analyst

Employer/Company Name: John Chance Land Surveys Inc. (FUGRO LAND)

Address: 200 Dulles Drive, Lafayette, LA 70506

Phone Number: 337-237-1300

Dates of Employment: June 2008 – October 2015

Number of Hours Per Week: 40

Total Months of Experience: 89



## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

# Application Summary

## Application

Name: **OSBORNE, MILIJANA**

DTN: **4267947**

Address: **2516 YORK ST S, GULFPORT, FL 33707-5172**

## Education

1. Institution: **UNIVERSITY OF BANJA LUKA BANJA LUKA, RS BOSNIA AND HERZEGOVINA** 2015  
 Degree: **NO DEGREE** Major: **GEODESY AND SURVEYING COURSES**  
 Foreign: **Yes** Enrolled: **No** **Verified**

## Experience

**Total: 14 Responsible: 36**

1. Employer: **ZNS ENGINEERING 1023 MANATEE AVENUE WEST, 7TH FLOOR BRADENTON, FLORIDA**  
 Phone: **34205**  
 Reference: **941-748-8080** From: **04/04/2022** To: **03/03/2026**  
 Months Exp: **14** Months Exp: **14** Qualified Mths: **36** Phone: **Unknown** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete                    | 06/03/2026           | REGENIA LEE         |                |
| Experience Verified                     | 06/03/2026           | REGENIA LEE         |                |
| Education Verified                      | 06/02/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency       | 06/01/2026           | REGENIA LEE         |                |
| Online App Recd. Data Updated by System | 05/28/2026           | REGENIA LEE         |                |
| New Documents Received. Please look.    | 05/28/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency       | 05/27/2026           | REGENIA LEE         |                |
| Enter/Update Person Details             | 05/27/2026           | REGENIA LEE         |                |
| Application Received                    | 05/27/2026           | REGENIA LEE         |                |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

[www.800helpfla.com](http://www.800helpfla.com)

1-800-HELP-FLA (435-7352)

FL Only

850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

Title  
First Name **Milijana**  
Middle Initial  
Last Name **Osborne**  
Suffix  
Date of Birth **1/30/1991**  
Race **White or Caucasian**  
Social Security Number **[REDACTED]**  
Gender  
Home Address **2516 York St S  
Gulfport ,Florida,33707  
USA**  
Mailing Address **2516 York St S  
Gulfport ,Florida,33707  
USA**  
Email address **milijana\_o@icloud.com**  
Home Phone  
Cellular Phone **603-991-2989**  
Business Phone  
Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **YES**

**EDUCATION HISTORY**

1. InstitutionName: **University of Banja Luka**  
Degree: **No Degree**  
GraduationYear: **2015**  
City,State: **Banja Luka, RS**  
Country: **BOSNIA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:

**CRIMINAL/CIVIL LETIGATION INFORMATION**

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No**
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No**  
FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, No counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending?
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the No licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

## EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

## SPECIAL TESTING ACCOMODATIONS

Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

**NO**

## AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer

Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Milijana Osborne**

Signature Date: **5/27/2026**



## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

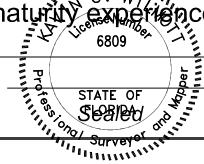
|                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>MILIJANA OSBORNE                                                                                                                                                                                                                                                                                                              |                     | <b>Title:</b><br>LAND SURVEYING TECHNICIAN                          |  |
| <b>Employer / Company Name:</b><br>ZNS ENGINEERING                                                                                                                                                                                                                                                                                                      |                     | <b>Employer / Company Address:</b><br>1023 MANATEE AVE W, 7TH FLOOR |  |
| <b>City:</b><br>BRADENTON                                                                                                                                                                                                                                                                                                                               | <b>State:</b><br>FL | <b>Zip Code:</b><br>34205 -                                         |  |
| <b>Employer Contact Name:</b><br>KAVIN C WILMOTT                                                                                                                                                                                                                                                                                                        |                     | <b>Contact Number:</b><br>(941)748-8080 EXT 147                     |  |
| <b>Dates of Employment:</b><br>From: 04/04/2022 To*: PRESENT                                                                                                                                                                                                                                                                                            |                     | <b>Number of Hours Per Week:</b><br>40+                             |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                            |                     | <b>Number of Hours Per Week:</b>                                    |  |
| From: _____                                                                                                                                                                                                                                                                                                                                             | To: _____           | _____                                                               |  |
| From: _____                                                                                                                                                                                                                                                                                                                                             | To: _____           | _____                                                               |  |
| From: _____                                                                                                                                                                                                                                                                                                                                             | To: _____           | _____                                                               |  |
| <b>Total Months of Experience:</b><br>Routine (in months): 14 + Responsible Charge (in months): 36 = <b>Total Months of Experience</b> 50<br>If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S. |                     |                                                                     |  |

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Milijana and I have worked together for over 4 years, during this time she has worked on various types of survey products. She has completed various types of surveys including but not limited to: Boundary, topographic, ALTA/NSPS surveys, sketch and description as well as the coordination and management of construction projects. Milijana performs deed research, review, and interpretation and incorporates field data into survey deliverables, prepare sketch & descriptions, she also reviews and/or prepare field packages for the crews. She has shown me that she had the maturity experience and competency to sit for and pass the examination.

KAVIN C. WILMOTT, FL PSM#6809

Print name and license number of  
surveyor and mapper verifying experience



Signature of licensed surveyor and mapper  
verifying experience

06/03/2026

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

# Application Summary

## Application

Name: **PANDEY, SABIN**

DTN: **4278339**

Address: **5160 SUNRIDGE PALMS DR, TAMPA, FL 33617-1428**

## Education

1. Institution: **TEXAS A&M UNIVERSITY - CORPUS CHRISTI 6300 OCEAN DRIVE, UNIT 5768** **2025**  
 Degree: **CORPUS CHRISTI, TEXAS 78412**  
 Foreign: **MASTERS** Major: **GEOSPATIAL SYSTEMS ENGINEERING**  
**No** Enrolled: **No** **Verified**
2. Institution: **PURBANCHAL UNIVERSITY KATHMANDU, BAGMATI PROVINCE NEPAL** **2020**  
 Degree: **BACHELORS** Major: **GEOMATIC ENGINEERING**  
 Foreign: **Yes** Enrolled: **No** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u>                                                                                                                                                                                                                     |
|-----------------------------------------|----------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Letter - LS Complete                    | 06/24/2026           | REGENIA LEE         |                                                                                                                                                                                                                                    |
| Online App Recd. Data Updated by System | 06/24/2026           | REGENIA LEE         |                                                                                                                                                                                                                                    |
| New Documents Received. Please look.    | 06/24/2026           | REGENIA LEE         |                                                                                                                                                                                                                                    |
| Education Verified                      | 06/24/2026           | REGENIA LEE         | AS PER JOSEF SILNEY & ASSOCIATES, INC., SABIN PANDEY HAS THE EQUIVALENT OF THE U.S. DEGREE OF BACHELORS IN SCIENCE IN GEOMATIC ENGINEERING EARNED AT A REGIONALLY ACCREDITED INSTITUTION OF HIGHER EDUCATION IN THE UNITED STATES. |
| Application Received                    | 06/23/2026           | SYSTEM CSTRACK      |                                                                                                                                                                                                                                    |
| Enter/Update Person Details             | 06/23/2026           | SYSTEM CSTRACK      |                                                                                                                                                                                                                                    |



**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

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Florida

Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

Title  
First Name **Sabin**  
Middle Initial **J**  
Last Name **Pandey**  
Suffix  
Date of Birth **9/22/1998**  
Race **Asian or Pacific Islander**  
Social Security Number **[REDACTED]**  
Gender  
Home Address **5160 Sunridge Palms Dr  
Tampa,Florida,33617  
USA**  
Mailing Address **5160 Sunridge Palms Dr  
Tampa,Florida,33617  
USA**  
Email address **sabinpandey2015@gmail.com**  
Home Phone  
Cellular Phone **361-232-6332**  
Business Phone  
Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

- InstitutionName: **Texas A&M University - Corpus Christi**  
Degree: **Masters**  
GraduationYear: **2025**  
City,State: **Corpus Christi, Texas**  
Country: **USA**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:  
2. InstitutionName: **Purbanchal University**

Degree: **Bachelors**  
GraduationYear: **2020**  
City,State: **Kathmandu, Bagmati Province**  
Country: **NEPAL**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:

#### CRIMINAL/CIVIL LETIGATION INFORMATION

##### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were **No** placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO."
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

#### LICENSURE HISTORY INFORMATION

##### Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No** FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? **No**

#### EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

#### SPECIAL TESTING ACCOMODATIONS



Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

NO

AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Sabin Pandey**

Signature Date: **6/23/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

# Application Summary

## Application

Name: **RIVERA, NATHAN**

DTN: **4280024**

Address: **17565 MURCOTT BLVD, LOXAHATCHEE, FL 33470-2628**

## Education

1. Institution: **FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD BOCA RATON, FLORIDA 2027**  
Degree: **33431**  
Foreign: **BACHELORS** Major: **CIVIL ENGINEERING**  
Enrolled: **Yes** **Verified**

## Experience

**Total: 5 Responsible: .5**

1. Employer: **ENGENUITY GROUP 1280 OLD CONCOURSE AVENUE, SUITE 101 WEST PALM BEACH, FLORIDA 33409**  
Phone: **561-655-1151** From: **09/29/2025** To: **06/18/2026**  
Reference: **CHRISTOPHER RAYMON, LICENSED SURVEYOR** Phone: **Unknown**  
Months Exp: **5** Qualified Mths: **.5** **Verified**

## Checklist

| <u>Items Required</u>       | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete        | 06/26/2026           | REGENIA LEE         |                |
| Enter/Update Person Details | 06/26/2026           | REGENIA LEE         |                |
| Application Received        | 06/26/2026           | REGENIA LEE         |                |
| Education Verified          | 06/26/2026           | REGENIA LEE         |                |
| Experience Verified         | 06/26/2026           | REGENIA LEE         |                |



WILTON SIMPSON  
COMMISSIONER

# **BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS APPLICATION FOR SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please remit application to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

## **APPLICANT INFORMATION**

**Name:**

Nathan Alexander Rivera

**Suffix:**

**Date of Birth:**

10 / 19 / 2000

**\*\* Social Security Number:**

**Home Address** (if applicable please include suite, apartment and/or unit numbers):

17565 Murcott Blvd

**City:**

Loxahatchee

**State:**

FL

**Zip Code:**

33470 -

**County** (if address is in Florida):

Palm Beach County

**Country:**

United States

☒ **Please check if mailing address is the same as home address. If not:**

**Mailing Address** (if applicable please include suite, apartment and/or unit numbers):

**City:**

**State:**

**Zip Code:**

**County** (if address is in Florida):

**Country:**

**Email Address:**

nathanrivera2021@fau.edu

**Contact Number(s):**

( ) - ( 561 ) 308 - 4087  
Home Phone Cellular Phone

( ) - ( ) -  
Business Phone Facsimile

**\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.**



## EDUCATION HISTORY

### Highest Grade Completed (Please check one):

High School:

☐ 1 ☐ 2 ☐ 3 ☒ 4

College:

☐ 1 ☐ 2 ☒ 3 ☐ 4

Graduate School:

☐ 1 ☐ 2

| Name and Address of School, College, or University Attended | Year of Graduation | Degree and Major | Currently enrolled?<br><i>If Yes*, date of anticipated graduation.</i>         | Foreign School<br><i>Was your school located overseas?</i>          |
|-------------------------------------------------------------|--------------------|------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Florida Atlantic University                                 | 2026               | Geomatics Engin  | <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No<br>2026 * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                                             |                    |                  | <input type="checkbox"/> Yes* <input type="checkbox"/> No<br>* *               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

**Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):**

**Title:**

Surveying Instrument Person

**Employer / Company Name:**

Engenuity Group Inc

**Employer / Company Address:**

1280 N Congress Ave

**City:**

West Palm Beach

**State:**

FL

**Zip Code:**

- 33409

**Supervisor's Name:**

Andre Rayman

**Contact Number:**

561-800-1719

**Dates of Employment:**

From: 09/29/2025

To\*: Present

**Number of Hours Per Week:**

32

**Did the applicant ever work on a part-time basis?** ☒ Yes ☐ No

**Number of Hours Per Week:**

From: 09/29/2025

To: 05/05/2025

24

From:

To:

From:

To:

**Total Months of Experience:** 8

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below.** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
- ☐ Yes ☒ No



- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No
- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Attach additional sheets as necessary.:

**Court or administrative agency rendering the decision, judgment, or order:**

**State / Governmental agency which brought the action:**

**Nature of conviction, judgment, order, or action:**

**Date of Action:**

**Docket Number:**

**Have all sanctions been satisfied?**

☐ Yes ☐ No

**Description:**

### PRIOR NAME INFORMATION

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☐ No

**If you answered yes, please provide name(s) below:**

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

## EXAMINATION INFORMATION

Please complete the following:

### Fundamentals of Land Surveying (Part I)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

### Principals and Practice (Part II)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

## SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

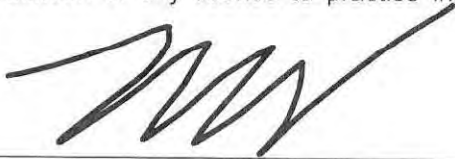
**\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services no less than 90 days prior to the examination date at 1-800-HELP-FLA (435-7352), or 850-410-3800.**

## AUTHORIZATION

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature:



Signature Date: 05/27/2026

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                     |                     |                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>Nathan Alexander Rivera                                                                                   |                     | <b>Title:</b><br>Surveying Instrument Person                    |  |
| <b>Employer / Company Name:</b><br>ENGINEERING GROUP                                                                                |                     | <b>Employer / Company Address:</b><br>1280 OLD CONCORD AVE #101 |  |
| <b>City:</b><br>WEST PALM BEACH                                                                                                     | <b>State:</b><br>FL | <b>Zip Code:</b><br>33409                                       |  |
| <b>Employer Contact Name:</b><br>CHRISTOPHER A RAYMAN                                                                               |                     | <b>Contact Number:</b><br>(561) 655-1151                        |  |
| <b>Dates of Employment:</b><br>From: 9/29/2025 To: 6/18/2026                                                                        |                     | <b>Number of Hours Per Week:</b><br>VARIED                      |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                   |                     | <b>Number of Hours Per Week:</b>                                |  |
| From: 9/29/2025 To: 5/08/2026                                                                                                       |                     | 24/40                                                           |  |
| From: 5/08/2026 To: 6/18/2026                                                                                                       |                     | 32/40                                                           |  |
| <b>Total Months of Experience:</b><br>Routine (in months): 5 + Responsible Charge (in months): 0.5 = Total Months of Experience 5.5 |                     | <i>MONTHS CALCULATED BASED ON ACTUAL HOURS WORKED</i>           |  |

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S.

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

1. SECOND ON SURVEY CREW
2. SECOND ON SUE CREW
3. LED CREW

CHRISTOPHER A RAYMAN

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

Date

6-18-2026

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.

# Application Summary

## Application

Name: **SANCHEZ, PEDRO**

DTN: **4257533**

Address: **8800 NW 107TH CT UNIT 103, DORAL, FL 33178-2129**

## Education

1. Institution: **UNIVERSIDAD DE ORIENTE BARCELONA, ANZOATEGUI VENEZUELA - VERIFIED** 2005  
 Degree: **BY NCEES BACHELORS**  
 Foreign: **Yes** Major: **CIVIL ENGINEERING**  
 Enrolled: **No** **Verified**

## Experience

**Total: 0**

**Responsible: 45**

1. Employer: **WGI, INC. 11410 NW 20TH STREET, SUITE 101 DORAL, FLORIDA 33178**  
 Phone: **786-232-1967** From: **07/25/2022** To: **05/14/2026**  
 Reference: **ROBERTO MANTECON, LICENSED SURVEYOR** Phone: **Unknown**  
 Months Exp: **0** Qualified Mths: **45** **Verified**

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u>              |
|-----------------------------------------|----------------------|---------------------|-----------------------------|
| Letter - LS Complete                    | 05/15/2026           | REGENIA LEE         |                             |
| Education Verified                      | 05/15/2026           | REGENIA LEE         | EDUCATION VERIFIED BY NCEES |
| Letter - LS Individual Deficiency       | 05/11/2026           | REGENIA LEE         |                             |
| Online App Recd. Data Updated by System | 05/11/2026           | REGENIA LEE         |                             |
| New Documents Received. Please look.    | 05/11/2026           | REGENIA LEE         |                             |
| Enter/Update Person Details             | 05/06/2026           | SYSTEM CSTRACK      |                             |
| Application Received                    | 05/06/2026           | SYSTEM CSTRACK      |                             |





**WILTON SIMPSON**

**Florida Department of Agriculture and Consumer Services  
Division of Consumer Services**

**BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

*Mailing Address:*

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700

[www.800helpfla.com](http://www.800helpfla.com)

1-800-HELP-FLA (435-7352)  
FL Only

850-488-2221 Calling Outside  
Florida

Fax 850-410-3804

**APPLICANT INFORMATION**

Title  
First Name **PEDRO**  
Middle Initial  
Last Name **SANCHEZ**  
Suffix  
Date of Birth **4/16/1981**  
Race **Spanish, Hispanic or Latino**  
Social Security Number  
Gender  
Home Address **8800 NW 107TH CT UNIT 103  
DORAL,Florida,33178  
USA**  
Mailing Address **8800 NW 107TH CT UNIT 103  
DORAL,Florida,33178  
USA**  
Email address **ing.pedrosanchez@gmail.com**  
Home Phone **786-985-8341**  
Cellular Phone **786-985-8341**  
Business Phone  
Fax

**PRIOR NAME INFORMATION**

Has Prior Name : **NO**

**EDUCATION HISTORY**

1. InstitutionName: **UNIVERSIDAD DE ORIENTE**  
Degree: **BACHELOR IN CIVIL ENGINEERING**  
GraduationYear: **2005**  
City,State: **BARCELONA, ANZOATEGUI**  
Country: **VEN**  
CurrentlyEnrolled: **NO**  
AnticipatedGraduationDate:

**CRIMINAL/CIVIL LITIGATION INFORMATION**

## Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **No**
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

## LICENSURE HISTORY INFORMATION

### Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. **No**
2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? **No**
3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? **No**

## EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

## SPECIAL TESTING ACCOMODATIONS

Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

**NO**

## AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release

to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **PEDRO SANCHEZ**

Signature Date: **5/6/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.



**THIS FORM IS TO BE COMPLETED BY FORMER OR CURRENT EMPLOYER VERIFYING WORK EXPERIENCE.**  
**Make additional copies as needed.**



**WILTON SIMPSON  
COMMISSIONER**

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION**

Chapter 472, Florida Statutes  
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Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                            |                     |                                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------|--|
| <b>Applicant Name:</b><br>PEDRO SANCHEZ                                                                                                                                                                    |                     | <b>Title:</b><br>GEOSPATIAL ANALYST II                                |  |
| <b>Employer / Company Name:</b><br>WGI, INC                                                                                                                                                                |                     | <b>Employer / Company Address:</b><br>11410 NW 20TH STREET, SUITE 101 |  |
| <b>City:</b><br>DORAL                                                                                                                                                                                      | <b>State:</b><br>FL | <b>Zip Code:</b><br>33178 -                                           |  |
| <b>Employer Contact Name:</b><br>ROBERTO MANTECON                                                                                                                                                          |                     | <b>Contact Number:</b><br>(786) 232 1967                              |  |
| <b>Dates of Employment:</b><br>From: 07/25/2022 To*: PRESENT                                                                                                                                               |                     | <b>Number of Hours Per Week:</b><br>40                                |  |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                               |                     | <b>Number of Hours Per Week:</b>                                      |  |
| From: _____                                                                                                                                                                                                | To: _____           | _____                                                                 |  |
| From: _____                                                                                                                                                                                                | To: _____           | _____                                                                 |  |
| From: _____                                                                                                                                                                                                | To: _____           | _____                                                                 |  |
| <b>Total Months of Experience:</b>                                                                                                                                                                         |                     |                                                                       |  |
| Routine (in months): _____ + Responsible Charge (in months): 45 = <b>Total Months of Experience</b> 45                                                                                                     |                     |                                                                       |  |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S. |                     |                                                                       |  |

**Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant**

Mr. Sanchez is a highly qualified surveying professional who has demonstrated increasing levels of responsibility in both field and office operations. As a Field Team Leader, he has directed survey crews, executed topographic and boundary surveys, construction staking, and geodetic control, while ensuring adherence to professional standards and project specifications.

As a Survey Technician, he has processed and analyzed survey data, managed GIS workflows, and performed complex coordinate geometry (COGO) computations using Autodesk Civil 3D.

In these roles, Mr. Sanchez has exercised independent technical judgment under my supervision as a licensed Professional Surveyor and Mapper, making key decisions, supervising operations, and ensuring the accuracy and quality of survey deliverables consistent with responsible charge.

ROBERTO MANTECON FL RLS 4431

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.



# Application Summary

## Application

Name: **SANDS, BRITNEY**

DTN: **4257416**

Address: **3151 NE 36TH PL, OCALA, FL 34479-3144**

## Education

- |    |                                                                |                                       |
|----|----------------------------------------------------------------|---------------------------------------|
| 1. | Institution: <b>UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA</b> | <b>2026</b>                           |
|    | Degree: <b>CERTIFICATE</b>                                     | Major: <b>GEOMATICS</b>               |
|    | Foreign: <b>No</b>                                             | Enrolled: <b>No</b> <b>Verified</b>   |
| 2. | Institution: <b>UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA</b> | <b>2025</b>                           |
|    | Degree: <b>BACHELORS</b>                                       | Major: <b>BUSINESS ADMINISTRATION</b> |
|    | Foreign: <b>No</b>                                             | Enrolled: <b>No</b> <b>Verified</b>   |

## Experience

**Total: 2**

**Responsible: 6**

- |    |                                                                                   |                          |                       |
|----|-----------------------------------------------------------------------------------|--------------------------|-----------------------|
| 1. | Employer: <b>REPSET SURVEY LLC 13125 SW 66TH STREET ROAD OCALA, FLORIDA 34481</b> |                          |                       |
|    | Phone: <b>352-875-4318</b>                                                        | From: <b>08/04/2024</b>  | To: <b>03/04/2025</b> |
|    | Reference: <b>JONATHAN FLOWERS, LICENSED SURVEYOR</b>                             | Phone: <b>Unknown</b>    |                       |
|    | Months Exp: <b>2</b>                                                              | Qualified Mths: <b>6</b> | <b>Verified</b>       |

## Checklist

| <u>Items Required</u>             | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete              | 05/18/2026           | REGENIA LEE         |                |
| Education Verified                | 05/18/2026           | REGENIA LEE         |                |
| Letter - LS Individual Deficiency | 05/05/2026           | REGENIA LEE         |                |
| Application Received              | 05/05/2026           | REGENIA LEE         |                |
| Enter/Update Person Details       | 05/05/2026           | REGENIA LEE         |                |
| Experience Verified               | 05/05/2026           | REGENIA LEE         |                |



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**BOARD OF PROFESSIONAL SURVEYORS  
AND MAPPERS APPLICATION FOR  
SURVEYOR IN TRAINING**

Chapter 472, Florida Statutes  
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www.FDACS.gov • 850-410-3804 Fax

Please remit application to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

All documents and attachments submitted with this application, with the exception of transcripts and social security numbers, are subject to public review pursuant to Chapter 119, F.S.

**APPLICANT INFORMATION**

Name:

Britney Sands

Suffix:

Date of Birth:

11 / 12 / 2002

\*\* Social Security Number:

Home Address (if applicable please include suite, apartment and/or unit numbers):  
3151 NE 36TH PLACE

City:

OCALA

State:

FL

Zip Code:

34479

County (if address is in Florida):

MARION

Country:

UNITED STATES

☒ Please check if mailing address is the same as home address. If not:

Mailing Address (if applicable please include suite, apartment and/or unit numbers):

City:

State:

Zip Code:

County (if address is in Florida):

Country:

Email Address:

BRITNEYLYNNSANDS41@GMAIL.COM

Contact Number(s):

( ) - ( 352 ) 318 - 8030  
Home Phone Cellular Phone

( ) - ( ) -  
Business Phone Facsimile

\*\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary, unless specifically required by federal statute. Social Security numbers must be recorded on all professional license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 104 Pub.L. 193, Sec 317. Social Security numbers will be used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. As such, disclosure of your Social Security number is required on this application under Sections 409.2577, 409.2598, and 472. 015, Florida Statutes. Social Security numbers are not a public record under Florida law.

Red  
5-1-26  
RL



## EDUCATION HISTORY

### Highest Grade Completed (Please check one):

High School:

☐1 ☐2 ☐3 ☐4

College:

☐1 ☐2 ☐3 ☒4

Graduate School:

☐1 ☐2

| Name and Address of School, College, or University Attended | Year of Graduation | Degree and Major  | Currently enrolled?<br><small>If Yes*, date of anticipated graduation.</small> | Foreign School<br><small>Was your school located overseas?</small>  |
|-------------------------------------------------------------|--------------------|-------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Univeristy of Florida                                       | 2025               | Bachelors in Bus  | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| University of Florida                                       | 2026               | Geomatics Certifi | <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Please list employment if applicable where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

Title:

→ Geomatics Certificate

→ Bachelors in Business Administration

Employer / Company Name:

Employer / Company Address:

City:

State:

Zip Code:

Supervisor's Name:

Contact Number:

Dates of Employment:

From:

To\*:

Number of Hours Per Week:

Did the applicant ever work on a part-time basis? ☐ Yes ☐ No

Number of Hours Per Week:

From:

To:

From:

To:

From:

To:

Total Months of Experience:

## BACKGROUND INFORMATION

Please select either yes or no to the questions below. **If you answered yes to any of the following, please explain your answer below.** (make additional copies as needed).

- a. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
- ☐ Yes ☒ No

- b. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraud or deceit, or is there any such case or investigation pending? ☐ Yes ☒ No
- c. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending? ☐ Yes ☒ No

Please provide this information for each separate conviction, judgment, etc. Attach additional sheets as necessary.:

**Court or administrative agency rendering the decision, judgment, or order:**

**State / Governmental agency which brought the action:**

**Nature of conviction, judgment, order, or action:**

**Date of Action:**

**Docket Number:**

**Have all sanctions been satisfied?**

☐ Yes ☐ No

**Description:**

### PRIOR NAME INFORMATION

Have you used, been known as, or called by another name (example: maiden name, pseudonym, nickname) or alias other than the name signed to the application?

☐ Yes ☒ No

**If you answered yes, please provide name(s) below:**

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_



## EXAMINATION INFORMATION

Please complete the following:

### Fundamentals of Land Surveying (Part I)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

### Principals and Practice (Part II)

Have you passed this exam?

☐ Yes ☒ No

State Board:

Year Passed:

## SPECIAL TESTING ACCOMMODATIONS

Please indicate if you require special testing accommodations due to disability.

☐ Yes\*\* ☒ No

\*\* If yes, please contact the Florida Department of Agriculture and Consumer Services no less than 90 days prior to the examination date at 1-800-HELP-FLA (435-7352), or 850-410-3800.

## AUTHORIZATION

I authorize all institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services any information, files or records requested by the Department in connection with the processing of this application. I further authorize the Florida Department of Agriculture and Consumer Services to release any information which is material to my application to the organizations, individuals and groups listed above.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of any license to practice in the State of Florida for the profession for which I am applying.

Applicant Signature:

Brian Sams

Signature Date:

4/27/2026



## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**BOARD OF PROFESSIONAL  
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Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                                                                                                            |  |                                                                                       |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|---------------------------|
| <b>Applicant Name:</b><br>Britney Sands                                                                                                                                                                    |  | <b>Title:</b><br>Survey Technician II                                                 |                           |
| <b>Employer / Company Name:</b><br>Clymer Farmer Barley Surveying, LLC                                                                                                                                     |  | <b>Employer / Company Address:</b><br>2100 SE 17th Street, Ocala, FL 34471, Suite 202 |                           |
| <b>City:</b><br>Ocala                                                                                                                                                                                      |  | <b>State:</b><br>FL                                                                   | <b>Zip Code:</b><br>34471 |
| <b>Employer Contact Name:</b><br>Tyler Tracz                                                                                                                                                               |  | <b>Contact Number:</b><br>352-437-2463                                                |                           |
| <b>Dates of Employment:</b><br>From: May 5, 2025 To*: present                                                                                                                                              |  | <b>Number of Hours Per Week:</b><br>40+                                               |                           |
| <b>Did the applicant ever work on a part-time basis?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                               |  |                                                                                       |                           |
| <b>From:</b>                                                                                                                                                                                               |  | <b>To:</b>                                                                            |                           |
| <b>From:</b>                                                                                                                                                                                               |  | <b>To:</b>                                                                            |                           |
| <b>From:</b>                                                                                                                                                                                               |  | <b>To:</b>                                                                            |                           |
| <b>Total Months of Experience:</b><br>Routine (in months): _____ + Responsible Charge (in months): 11 = <b>Total Months of Experience</b> 11                                                               |  |                                                                                       |                           |
| If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S. |  |                                                                                       |                           |

**Verifying Surveyor:** Please provide a summary of experience and duties performed by the applicant

APPLICANT HAS WORKED AS A SURVEY TECHNICIAN IN RESPONSIBLE CHARGE OF A VARIETY OF SURVEY TASKS. DUTIES HAVE INCLUDED PROCESSING FIELD DATA, DRAFTING/REVIEWING BOUNDARY AND TOPOGRAPHIC SURVEYS, CREATING/ANALYZING DTM, ELEVATION CERTIFICATES, WRITING LEGAL DESCRIPTIONS, COMPLETING TREE SURVEYS AND CALCULATIONS FOR CONSTRUCTION LAYOUT.

TYLER TRACZ, LS6962

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

4/27/26  
Date

\* If you indicate to "present," the time will be calculated to the day this form is signed and sealed.





WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

BOARD OF PROFESSIONAL  
SURVEYORS AND MAPPERS  
EMPLOYMENT VERIFICATION

Chapter 472, Florida Statutes  
Rule 5J-17.029(1)(c), Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800  
www.FDACS.gov • 850-410-3804 Fax

Please return this form to:

FDACS  
Division of Consumer Services  
Surveyors and Mappers  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Please list employment where the applicant has gained experience as a surveyor and mapper (attach additional sheets as necessary):

|                                                                                                                       |  |                                                             |                           |
|-----------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|---------------------------|
| Applicant Name:<br>Britney Sands                                                                                      |  | Title:<br><u>INDEPENDENT CONTRACTOR</u>                     |                           |
| Employer / Company Name:<br><u>REPSET SURVEY LLC</u>                                                                  |  | Employer / Company Address:<br><u>13/25 SW 16TH ST ROAD</u> |                           |
| City:<br><u>Ocala</u>                                                                                                 |  | State:<br>FL                                                | Zip Code:<br><u>34481</u> |
| Employer Contact Name:<br><u>JONATHAN FLOWERS (OWNER)</u>                                                             |  | Contact Number:<br><u>(352) 875-4318</u>                    |                           |
| Dates of Employment:<br>From: <u>08/04/2024</u> To*: <u>03/04/2025</u>                                                |  | Number of Hours Per Week:<br><u>20-30</u>                   |                           |
| Did the applicant ever work on a part-time basis? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | Number of Hours Per Week:<br><u>20-30</u>                   |                           |
| From: <u>08/04/2024</u> To: <u>03/04/2025</u>                                                                         |  |                                                             |                           |
| From: _____ To: _____                                                                                                 |  |                                                             |                           |
| From: _____ To: _____                                                                                                 |  |                                                             |                           |

Total Months of Experience:

Routine (in months): 2 + Responsible Charge (in months): 6 = Total Months of Experience 8

If you have questions concerning whether experience gained by the applicant qualifies as either routine or responsible charge, please review the definition of "responsible charge" in s. 472.005(6), F.S.

Verifying Surveyor: Please provide a summary of experience and duties performed by the applicant

- CREATED & ORGANIZED PROJECT FOLDERS
- ATTENDED COLLABORATION MEETINGS ON PROJECTS
- ASSISTED SURVEYOR WITH MAPPING & DRAFTING
- READ AND DRAFTED LEGAL DESCRIPTIONS
- READ & DRAFTED PLATS

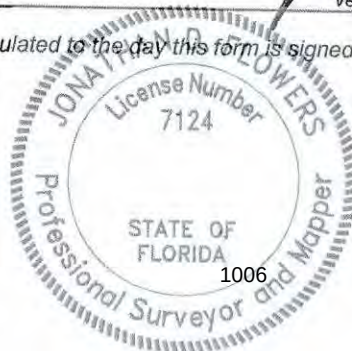
JONATHAN FLOWERS

Print name and license number of  
surveyor and mapper verifying experience

Sealed

Signature of licensed surveyor and mapper  
verifying experience

02/04/2026  
Date



1006

# Application Summary

## Application

Name: **WOOD, DEREK**

DTN: **4273255**

Address: **9005 LIDO LN, PORT RICHEY, FL 34668-4953**

## Education

- |    |                                                                                       |                                                 |
|----|---------------------------------------------------------------------------------------|-------------------------------------------------|
| 1. | Institution: <b>UNIVERSITY OF FLORIDA GAINESVILLE, FLORIDA USA</b>                    | <b>2022</b>                                     |
|    | Degree: <b>MASTERS</b>                                                                | Major: <b>FOREST RESOURCES AND CONSERVATION</b> |
|    | Foreign: <b>No</b>                                                                    | Enrolled: <b>No</b> <b>Verified</b>             |
| 2. | Institution: <b>UNIVERSITY OF CENTRAL FLORIDA REGISTRAR'S OFFICE ORLANDO, FLORIDA</b> | <b>2020</b>                                     |
|    | Degree: <b>32816</b>                                                                  | Major: <b>GEOGRAPHIC INFORMATON SYSTEMS</b>     |
|    | Foreign: <b>CERTIFICATE</b>                                                           | Enrolled: <b>No</b> <b>Verified</b>             |
|    | Foreign: <b>No</b>                                                                    |                                                 |
| 3. | Institution: <b>UNIVERSITY OF CENTRAL FLORIDA REGISTRAR'S OFFICE ORLANDO, FLORIDA</b> | <b>2020</b>                                     |
|    | Degree: <b>32816</b>                                                                  | Major: <b>ENVIRONMENTAL STUDIES</b>             |
|    | Foreign: <b>BACHELORS</b>                                                             | Enrolled: <b>No</b> <b>Verified</b>             |
|    | Foreign: <b>No</b>                                                                    |                                                 |

## Checklist

| <u>Items Required</u>                   | <u>Date Complete</u> | <u>Completed by</u> | <u>Details</u> |
|-----------------------------------------|----------------------|---------------------|----------------|
| Letter - LS Complete                    | 06/10/2026           | REGENIA LEE         |                |
| Online App Recd. Data Updated by System | 06/10/2026           | REGENIA LEE         |                |
| New Documents Received. Please look.    | 06/10/2026           | REGENIA LEE         |                |
| Education Verified                      | 06/10/2026           | REGENIA LEE         |                |
| Enter/Update Person Details             | 06/09/2026           | SYSTEM CSTRACK      |                |
| Application Received                    | 06/09/2026           | SYSTEM CSTRACK      |                |





WILTON SIMPSON

Florida Department of Agriculture and Consumer Services  
Division of Consumer ServicesBOARD OF PROFESSIONAL SURVEYORS AND MAPPERS  
APPLICATION AS SURVEYOR IN TRAINING

Chapter 472, Florida Statutes

## Mailing Address:

Florida Department of  
Agriculture and  
Consumer Services  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6700  
[www.800helpfla.com](http://www.800helpfla.com)  
1-800-HELP-FLA (435-7352)  
FL Only  
850-488-2221 Calling Outside  
Florida  
Fax 850-410-3804

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

## ADDITIONAL INFORMATION

Document Tracking No# 4273255 Application Date 06/09/2026 12:51:15 PM

## APPLICANT INFORMATION

Title  
First Name Derek  
Middle Initial  
Last Name Wood  
Suffix  
Date of Birth 4/11/1996  
Race White or Caucasian  
Social Security Number  
Gender  
Home Address 9005 Lido Lane  
Port Richey, Florida, 34654-4953  
USA  
Mailing Address 9005 Lido Lane  
Port Richey, Florida, 34654-4953  
USA  
Email address derekwood96@hotmail.com  
Home Phone  
Cellular Phone 616-795-6507  
Business Phone 727-514-5510  
Fax

## PRIOR NAME INFORMATION

Has Prior Name : NO

## EDUCATION HISTORY

1. InstitutionName: University of Florida  
Degree: Master of Science  
GraduationYear: 2022  
City,State: Gainesville, Florida  
Country: USA  
CurrentlyEnrolled: NO  
AnticipatedGraduationDate:



2. InstitutionName: **University of Central Florida**  
 Degree: **Bachelor of Science**  
 GraduationYear: **2020**  
 City,State: **Orlando, Florida**  
 Country: **USA**  
 CurrentlyEnrolled: **NO**  
 AnticipatedGraduationDate:

### CRIMINAL/CIVIL LITIGATION INFORMATION

#### Criminal And Litigation History

1. Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withholding of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor, and traffic offenses (but not non-criminal infractions, such as parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." **Yes**

Date of Action: **04/20/2017**  
 Docket Number: **n/a**  
 Court or administrative agency rendering the decision, judgment or order: **North County**  
 Governmental agency which brought the action: **Clearwater PD**  
 Details: **5/19/2017 GUILTY PLEA (FINE PAID)**

#### List of Uploaded Documents

a) Document Name: **TrafficInfraction.pdf** Document Type: **Verification Documents**  
 b) Document Name: **Possession.pdf** Document Type: **Criminal Records/History**  
 c) Document Name: **SumterPossession.pdf** Document Type: **Criminal Records/History**  
 d) Document Name: **SumterWeapon.pdf** Document Type: **Criminal Records/History**  
 e) Document Name: **SumterTrafficking.pdf** Document Type: **Criminal Records/History**

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation for fraud or dishonest dealing, or is there any such case or investigation pending? **No**

### LICENSURE HISTORY INFORMATION

#### Licensure History

1. Have you ever been convicted or found guilty of, or entered a plea of guilty, no contest, or nolo contendere to, regardless of adjudication, a crime in any jurisdiction? This question applies to any criminal violation of the laws of any municipality, county, state, or nation, including felony, misdemeanor, and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT. **No**

2. Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession, or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other

pleading with any fraud or deceit, or is there any such case or investigation pending?

3. Have you ever had any license, registration, certificate, or permit to practice any regulated profession, occupation, vocation, or business revoked, suspended, or otherwise acted against, including the denial of licensure, by the No licensing authority in Florida or any other jurisdiction, or is any such proceeding or investigation now pending?

#### EXAMINATION INFORMATION

|                         |              |               |
|-------------------------|--------------|---------------|
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |
| Exam Passed : <b>NO</b> | StateBoard : | Year Passed : |

#### SPECIAL TESTING ACCOMODATIONS

Please indicate you if require special testing accomodation due to disabilities or if you have a religius conflict with the scheduled examination date.

**NO**

#### AUTHORIZATION

I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Department of Agriculture and Consumer Services, Division of Consumer Services any information, files or records requested by the Department in connection with the processing of the application. I further authorize the Florida Department of Agriculture and Consumer Services, Division of Consumer Services to release to the organization, individuals and groups listed above, any information which is the material to my application. [ ]

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare, under penalty of perjury, that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of my license to practice in the state of Florida. [ ]

Applicant Signature: **Derek Wood**

Signature Date: **6/9/2026**

## INFORMATION REDACTED

Pursuant to 472.0201, *Florida Statutes*, certain information submitted by this applicant has been redacted from the public record. All information required by the Board of an applicant is a public record and is open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the Board, the Department, and staff thereof, who have a bona fide need to know such information.