



# Texas Board of Professional Engineers and Land Surveyors

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Office Use Only
Trans. # (SIT)
Entity #
Receipt #

## REQUEST TO RECEIVE A DUPLICATE SURVEYOR-IN-TRAINING CERTIFICATE

### Instructions

- A. Applicants must have a current SIT certification. Certifications are valid for eight (8) years from time of issuance in the state of Texas. **If the applicant is certified by another state than Texas, a License Verification Form must be completed by that state Board and must accompany this application.**
- B. All information requested on this form must be clearly typewritten or lettered in black ink. All questions must be answered. Failure to complete any portion of the application form will result in the application not being processed
- C. The application should be prepared in duplicate. The original must be submitted to the Board and you should retain the duplicate.
- D. There is no longer a fee associated with this request.
- E. A new certificate will be mailed to you upon approval of your application.

### General Information

Date \_\_\_\_\_

Full Name

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Address (Indicate preferred mailing address)

Residence Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Resident of Texas  Yes  No If No, where? \_\_\_\_\_

Attach a recent, passport type photograph in this box. Trim photograph to fill the space.

Use ballpoint pen to sign and date photograph.

Business Firm Name \_\_\_\_\_

Firm Number \_\_\_\_\_

Street or P. O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # (\_\_\_\_\_) \_\_\_\_\_

Your Designated RPLS in Texas

Name \_\_\_\_\_

License Number \_\_\_\_\_

SIT Number \_\_\_\_\_

What date were you certified as a SIT? \_\_\_\_\_

Expiration date \_\_\_\_\_ By which state were you certified? \_\_\_\_\_

### **Certification**

I hereby certify under penalty that the information contained herein is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**