



INDIVIDUAL REQUEST FOR PROFESSIONAL SURVEYORS CONTINUING EDUCATION COURSE APPROVAL

State Form 50666 (R2 / 8-13)

STATE BOARD OF REGISTRATION FOR PROFESSIONAL SURVEYORS

PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Telephone: (317) 234-3022

E-mail: pla10@pla.IN.gov

INSTRUCTIONS: Please attach the following:

1. Course outline or description
2. Name, address, and professional biography of the instructor
3. Course completion certificate pursuant to 865 IAC 1-15-10

Name of land surveyor	License number
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Address (number and street, city, state, and ZIP code)

Telephone number ()	E-mail address
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COURSE(S)				
NAME OF COURSE	COURSE LOCATION	DATE OF COURSE <i>(month, day, year)</i>	NUMBER OF HOURS	BOARD ACTION

COURSE PROVIDER	
Name of course provider	Telephone number ()
Address (number and street, city, state, and ZIP code)	

CERTIFIED STATEMENT	
I hereby certify that I have completed the entire course(s) indicated above and request approval of such courses to comply with my continuing education requirement pursuant to 865 IAC 1-15.	
Signature of registered land surveyor	Date (month, day, year)

FOR OFFICE USE ONLY	
Board comments: (continue on reverse side if needed)	
Signature of board	Date (month, day, year)