

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson Street, Suite 507, Topeka, KS 66612

(785) 296-3053 | <http://ksbtp.ks.gov>

APPLICATION FOR REINSTATEMENT OF LICENSE

INSTRUCTIONS

This application is for individuals who have a Kansas license in **cancelled** or **suspended** status. Any individual who has a license in inactive status should submit a Return to Practice Application.

- Applicants should read all statutes, rules and regulations for specific details regarding requirements. All statutes, rules and regulations are available on our website.
- **Be sure your application is complete.** An incomplete application will be retained by the KSBTP for one calendar year from date of receipt at which time the incomplete application shall be denied by the Board.
- Handwritten applications will not be accepted. Type into the application, print it, and complete it with an original, wet signature. Digital signatures or photocopies of your original signature are not acceptable.
- If you will be practicing or offering to practice through a business entity in Kansas, the business entity must receive a Certificate of Authorization from the KSBTP in order to be in compliance with the law in this state.

A complete application will contain the following:

- **Non-Refundable Application Fee of \$100** – Make check or money order payable to: *Kansas State Board of Technical Professions*. Credit cards are not accepted at this time.
- **Completed Application** – Print completed page 2-3, sign and date, then submit to the KSBTP office at 900 SW Jackson Street, Suite 507, Topeka, KS 66612
- **Documentation of Continuing Education** – Send documentation for 30 PDHs earned in the previous two years from the date of this application for Board review. Each professional surveyor shall complete 2 PDHs of continuing education on the Kansas Minimum Standards, as adopted by reference in K.A.R. 66-12-1. Reference K.A.R. 66-14-3 to review satisfactory continuing education activities.

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS

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FOR BOARD USE ONLY	
License #	_____
Date License Issued	_____
License Fee	\$ _____

APPLICATION FOR REINSTATEMENT OF LICENSE

Part 1: Applicant Information

Note: If any of the information below changes after you submit this application, you must notify the Board immediately in writing (changes cannot be accepted by phone).

Name: _____ Maiden Name: _____ Gender: Female
(First/Middle/Last) Male
 Prefer Not to Answer

Date of Birth: _____ Social Security Number: _____

Contact Information:

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Foreign applicants: Provide state within your country above if applicable.

This address is my (check one): Home Business

If **business**, list name: _____

Preferred Phone Number: _____ Cell Home Business

Email Address: _____

Note: You must have an email on file to receive correspondence regarding application status as well as future renewal notices.

Part 2: License Information

1. Kansas License Number: _____ Profession: _____
2. Reason license was allowed to lapse: _____
Reason for reinstatement: _____
3. State licenses maintained during lapsed period: _____

4. Have you ever had a professional license disciplined, denied, surrendered, suspended or revoked? If **yes**, provide a statement of explanation on a separate sheet of paper. Yes No

Part 3: Business Entity Requirement

Will you be practicing, contracting, or offering to practice a technical profession through a business entity in Kansas once approved for reinstatement of licensure? Yes No

If the business entity has a KSBTP Certificate of Authorization, please complete the following information:

Business Name: _____ Certificate #: _____

If the business entity does not yet have a Certificate of Authorization: In accordance with K.S.A. 74-7036, a business entity practicing or offering to practice a technical profession in KS must obtain a Certificate of Authorization. Once the principal who will serve in responsible charge has obtained active licensure, submit a complete application for the business entity.

Part 4: Continuing Education

List continuing education activity below in chronological order. You must attach copies of documentation to substantiate your claims on this form for 30 PDHs. Each professional surveyor shall complete 2 PDHs of continuing education on the Kansas Minimum Standards, as adopted by reference in K.A.R. 66-12-1. Use an additional piece of paper if you require more space, following the same format as below. **Keep original documentation for your own records.**

Date of Activity	Title / Description / Presenter's Name	Sponsoring Organization & Location of Activity	PDHs Earned

Part 5: Signature

Read the statements below and **sign** and **date**. *Please note: electronic, digital, photocopied, or stamped signatures will not be accepted by the Board.*

- I have read and will comply with [KSBTP Statutes, Rules and Regulations](#).
- I am not now under any disciplinary proceeding or action, pending or otherwise, in any other jurisdiction;
- I have not represented myself as a licensed person since the time of my license's cancellation or suspension, either verbally or on any printed matter, in the State of Kansas, nor will I do so until such time as my license or certificate has been reinstated by the Kansas State Board of Technical Professions; and
- If I have ever been convicted of a felony or had any disciplinary or administrative action taken against my license in another jurisdiction I will attach to this application a letter of explanation and supporting documentation. **Please mark if you have ever been convicted of the following:**
 Felony Disciplinary Action Administrative Action

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT:

Signature

Date