## ALL EXAMINATION APPLICANTS MUST COMPLETE THE FOLLOWING AFFIDAVIT - (F2)

(Territory) (State) (etc.)	)
	) ss
(Village) (City) (etc.)	)

(Applicant's Name) \_\_\_\_\_\_ being first duly sworn, upon oath or affirmation, does hereby depose and say:

I do hereby apply to the Guam Board of Registration for Professional Engineers, Architects and Land Surveyors (PEALS Board) for permission to sit for the: (engineering) (architecture) (land surveying) examination; and if this application is approved, and if I am successful in attaining a passing score on such examination, I further apply for licensure to practice the profession of (engineering) (architecture ( land surveying) in Guam.

I have read this application, including the instructions, and my complete answers and, the same are full, true and complete in all respects and I have completed such answers, and provided such information without mental reservation or purpose of evasion. I fully realize that the determination of whether I am allowed to practice the profession of (engineering) (architecture) (land surveying) in Guam depends on the truth and completeness of my answers in this application and the information furnished with it;

I understand that if I have furnished significantly false or incomplete information, my application may be summarily rejected. I also understand that my obligation to furnish complete and accurate information in connection with this application is a continuing one, and accordingly, should anything occur or be discovered between the time this application is submitted and the time I am admitted which would change or render incomplete any portion of the information furnished in or in connection with this application, I will promptly notify the PEALS Board of the discrepancy, and furnish the necessary information to correct or complete my application. I will give any further information which may be required in connection with my application;

I have carefully read the Rules of the PEALS Board relating to the admission to practice the profession of (engineering) (architecture) (land surveying) in Guam, and I make this application in accordance with those rules;

I hereby authorize the PEALS Board, or any agent or authorized representative thereof, to make a complete investigation of my character, financial responsibility, and general fitness to practice the profession of (engineering) (architecture) (land surveying) in Guam. I release, discharge, and exonerate from any liability whatsoever the PEALS Board, its members, employees, agents, representatives, attorneys, and any person, agency, or organization supplying requested information in connection with this application or the investigation.

I understand that the information furnished in, and in connection with, this application is <u>confidential</u> and will not be disclosed to persons outside of the PEALS Board, its members, employees, agents, representatives, or attorneys unless required by law, without my prior consent; and that such application is and shall remain the property of the PEALS Board.

If I am granted licensure by Exam to practice the profession of (engineering) (architecture) (land surveying) in Guam, I understand and agree that I will be bound by the bylaws, rules and regulations

propounded by the PEALS Board.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

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SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Notary Public in and for \_\_\_\_\_

My commission expires: \_\_\_\_\_

## AUTHORIZATION AND RELEASE - (F2)

(Territory) (State) (etc.)	)
(Village) (City) (etc.)	)ss )
то:	

I also authorize and request every person, firm, company, corporation, governmental agency, court, association, or institution having control of any documents, records, and other information pertaining to me to furnish to the PEALS Board and their agents and representatives, any such information, including documents, records, professional association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the PEALS Board, its members, employees, agents, representatives, attorneys, and any person or organization supplying requested information in connection with this application or the investigation to inspect and to make copies of such documents, records, and other information.

I hereby request and authorize the PEALS Board, its members, employees, agents, representatives, attorneys, and any person or organization supplying requested information in connection with this application or the investigation to request and to obtain the record of each period of my services in the Armed Forces; I further request and authorize every agency of the Armed Forces to furnish the character of my service rendered for each period. My Social Security Number is:xxx-xx-

I release, discharge, and exonerate whatsoever the PEALS Board, its members, employees, agents, representatives, attorneys, and any person, agency, or organization from any and all liability of every nature and kind arising out of the furnishing, disclosure, or inspection of such documents, records, and other information of the investigation made by the PEALS Board.

I have read my application to the PEALS Board and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge.

	(Applicant)		
SUBSCRIBED AND SWORN to before me this	day of	, 20	
	Notary Public in and for		

My Commission expires: \_\_\_\_\_