ALL COMITY APPLICANTS MUST COMPLETE THE FOLLOWING AFFIDAVIT – (F2)

(T. ''. \ \(\) (O(+ \) (+ \)	\ \	
(Territory) (State) (etc.)))ss	
(Village) (City) (etc.)	_)	
(Applicant's Name)hereby depose and say:	being first duly sworn, upon	oath or affirmation, does
I do hereby apply to the Guam Board of Regist (PEALS Board) for licensure by Comity to practice the prof surveying) in Guam.		=
I have read this application, including the instru complete in all respects and I have completed such ans purpose of evasion. I fully realize that the determination (architecture) (landscape architecture) (land surveying) in application and the information furnished with it;	wers, and provided such information without of whether I am allowed to practice the pro	ut mental reservation o fession of (engineering
I understand that if I have furnished significantly rejected. I also understand that my obligation to furnish cois a continuing one, and accordingly, should anything ocand the time I am admitted which would change or reconnection with this application, I will promptly notify to information to correct or complete my application. I will gimy application;	omplete and accurate information in connect cur or be discovered between the time this inder incomplete any portion of the inform the PEALS Board of the discrepancy, and	tion with this application application is submitted ation furnished in or in I furnish the necessary
I have carefully read the Rules of the PEALS Boar (architecture) (landscape architecture) (land surveying)		
I hereby authorize the PEALS Board, or any a investigation of my character, financial responsibility, (architecture) (landscape architecture) (land surveying) whatsoever the PEALS Board, its members, employees organization supplying requested information in connecti	and general fitness to practice the profe in Guam. I release, discharge, and exor s, agents, representatives, attorneys, and	ession of (engineering nerate from any liability any person, agency, o
I understand that the information furnished in, ar disclosed to persons outside of the PEALS Board, its m required by law, without my prior consent; and that such	nembers, employees, agents, representativ	es, or attorneys unless
If I am granted licensure by Comity to practice the (land surveying) in Guam, I understand and agree that I w PEALS Board.	, , , , , , , , , , , , , , , , , , , ,	•
Dated this day of	20	
	Applicant	_
SUBSCRIBED AND SWORN to before me this		_ 20
	Notary Public in and for	
	My commission expires:	

(seal)

1 of 2

AUTHORIZATION AND RELEASE - (F2)

(Territory) (State) (etc.)	·································
(Village) (City) (etc.)) ss)
TO:	
	
(country) have Professional Engineers, Architects and Land Surveyors (practice the profession of (engineering) (architecture) (laconsent for a character report, and to have an investigation for the practice of the profession of (engineering) (architect	, born at (village/city) (territory/state), ving filed an application to the Guam Board of Registration for PEALS Board) for licensure by ENDORSEMENT OR COMITY to indscape architecture) (land surveying) in Guam, hereby give my made as to my moral character, professional reputation and fitness ure) (landscape architecture) (land surveying) in Guam, based upon the PEALS Board. I agree to give any information which may be it the contents of my character report are privileged.
institution having control of any documents, records, and o their agents and representatives, any such information, inc charges or complaints filed against me, formal or informa PEALS Board, its members, employees, agents, repres	company, corporation, governmental agency, court, association, or ther information pertaining to me to furnish to the PEALS Board and cluding documents, records, professional association files regarding I, pending or closed, or any other pertinent data, and to permit the sentatives, attorneys, and any person or organization supplying the investigation to inspect and to make copies of such documents,
any person or organization supplying requested information and to obtain the record of each period of my services in	, its members, employees, agents, representatives, attorneys, and on in connection with this application or the investigation to request the Armed Forces; I further request and authorize every agency of rendered for each period. My Social Security Number is: xxx-xx-
	e PEALS Board, its members, employees, agents, representatives,
attorneys, and any person, agency, or organization fron	n any and all liability of every nature and kind arising out of the cords, and other information of the investigation made by the PEALS
I have read my application to the PEALS Board at complete and are true of my own knowledge.	nd have answered all questions fully and frankly. The answers are
	(Applicant)
SUBSCRIBED AND SWORN to before me this _	, 20
	Notary Public in and for
	Trotally Fubility in and for
(SEAL)	My Commission expires: