Commonwealth of Virginia
Department of Professional and Occupational Regulation
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Richmond, VA 23233
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Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects LAND SURVEYOR & SURVEYOR-IN-TRAINING EXPERIENCE VERIFICATION FORM

## Instructions:

Applicant:

Complete Sections A and C, sign and date, then forward form to the licensed land surveyor or individual authorized to practice land surveying pursuant to Chapter 4 of the *Code of Virginia*. Surveyor-in-Training applicants may have their experience verified by a licensed Land Surveyor or an individual authorized by statute to practice land surveying. Land Surveyor applicants must have their experience verified and sealed by a licensed Land Surveyor. Land Surveyor B applicants must have their experience verified by a licensed Land Surveyor B or Professional Engineer. Please enclose a stamped self-addressed envelope. *Each position must be listed on a separate Experience Verification Form and verified with an original signature*. Photocopies of this form should be made as needed.

Verifier: Complete Sections B and D, sign, date and seal, then return form to the applicant.

Secu	ion A (to be completed by a	applicant)				
1.	Applicant's Name					
	Las	st	First	Middle		Generation
2.	Social Security Number or	Virginia DMV Co	ontrol Number*		7 - 🖂	
	* State law requires every applic	ant for a license, certifi		ation to engage in a business, tra the Virginia Department of Motor	de, profession or Vehicles.	occupation issued
3.	Mailing Address					
			City		State	Zip Code
4.	Employer (verifying experie	nce on this form)				
5.	Employer's Address					
			C'h.		Ct-t-	7! 0 - 1 -
6.	Supervisor's Name		City		State	Zip Code
Sect	ion B (to be completed by s	supervisor)				
1.	Verifier's Name					
	Las	st	First	Middle		Generation
2.	Verifier's Title					
3.	Do you hold any of the foll	lowing licenses?	Check all that apply.			
	Professional Engineer	State(s)		License No.		
	Land Surveyor	State(s)		License No.		
	J					
	Other	State(s)		License No.		
4	What is your business rela	ationshin to the a	 nnlicant?	<u> </u>		

## Section C (to be completed by applicant)

Job Description – Provide your job title(s) during your employment with the firm listed in Section A. Describe in detail, using specific project examples, your duties under each title with a specific time frame for each. Indicate your level of responsibility for each position you have held. Please use a separate *Experience Verification Form* for each job title. If additional space is needed for this employer, please copy this form.

Position/Title	From MM/YY	To MM/YY	Part-time? Less than 35 hrs/week	NO 🗌	YES	
			Average part-time hours	s per week		-
Percent of work time devoted to th	ose duties described b	elow:		•		
Length of time spent in this position:	Number of Years	5	Number of Month	าร		
Applicant's Signature				Date		
Section D (to be completed by surply During this time, were you a license Yes						
Have you supervised the applican	t for the entire period	listed under Secti	on C?			
No  If no, how long h	ave you supervised th	ne applicant?	DD/YY	To	DD/YY	
To the best of your knowledge, did  Yes	d the applicant correct	den.	r experience in <b>Sectior</b>			
Supervisor's Signature			Date	e		