Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233
(804) 367-8506
www.dpor.virginia.gov



Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects SURVEYOR PHOTOGRAMMETRIST EXPERIENCE VERIFICATION FORM

Instructions:

Applicant: Complete Sections A and C, sign and date, then forward form to the licensed land surveyor or licensed surveyor

photogrammetrist pursuant to Chapter 4 of the *Code of Virginia*. 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.

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

Sect	ion A (to be completed	i by applican	.)				
1.	Applicant's Name						
		Last		First	Middle		Generation
2.	Social Security Numb	er or Virginia	DMV Control	Number*		-	
	* State law requires every by the Commonwealth to	applicant for a lic provide a social s	ense, certificate, reg security number or a	istration or other authorization to en control number issued by the Virgini	gage in a business, trade ia Department of Motor V	e, profession or ehicles.	occupation issued
3.	Mailing Address						
				City		State	Zip Code
4.	Employer (verifying exp	perience on th	is form)				
5.	Employer's Address						
				City		State	Zip Code
6.	Supervisor's Name			. 5			
Sect	ion B (to be completed	l by supervise	or)				
1.	Supervisor's Name						
	·	Last		First	Middle		Generation
2.	Supervisor's Title						
3.	Do you hold any of the	e following lid	enses? Chec	k all that apply.			
		_	State(s)	License Number	Year of	f Initial Lic	ensure
	Land Surveyor						
	Surveyor Photogramn	metrist					<u> </u>
	Other						<u>—</u>
4.	What is your business	s relationship	to the applica	 nt?			

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	S 🗆
			Average part-time ho			-
Percent of work time devoted to the	se duties described bel	ow:	· · · · ·	'		
Length of time spent in this position:	Number of Years		Number of Mo	onths		
				ate		
Applicant's Signature				Di	aic	
Section D (to be completed by sup	pervisor)					
During this time, were you a licens	ed land surveyor?					
Yes						
No						
Have you supervised the applicant	for the entire period lis	ted under Sectio	n C?			
Yes						
No If no, how long ha	ave you supervised the	applicant?		_ To		
			DD/YY		DD/	ΥY
To the best of your knowledge, did	the applicant correctly	describe his/her	experience in Sect	ion C?		
Yes						
No If no, please prov	vide an explanation belo)W.				
					(SEAL)	
Supervisor's Signature			_	ate		