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.

Section A (to be completed by applicant)
1. Applicant’s Name

2. Social Security Number or Virginia DMV Control Number* 
   □ □ □ □ □ □ - □ □ □ - □ □ □ □ □ □ 
   * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Mailing Address
   ___________________________________________ 
   ___________________________________________ 
   ___________________________________________ 
   City                             State         Zip Code

4. Employer (verifying experience on this form)
   ___________________________________________ 
   ___________________________________________ 
   ___________________________________________ 
   City                             State         Zip Code

5. Employer’s Address
   ___________________________________________ 
   ___________________________________________ 
   ___________________________________________ 
   City                             State         Zip Code

6. Supervisor’s Name
   ___________________________________________

Section B (to be completed by supervisor)
1. Verifier’s Name

2. Verifier’s Title

3. Do you hold any of the following licenses? Check all that apply.
   Professional Engineer  □ State(s) __________________ License No. __________________
   Land Surveyor          □ State(s) __________________ License No. __________________
   Other                  □ State(s) __________________ License No. __________________

4. What is your business relationship to the applicant?
   ___________________________________________
**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.

<table>
<thead>
<tr>
<th>Position/Title</th>
<th>From MM/YY</th>
<th>To MM/YY</th>
<th>Part-time? Less than 35 hrs/week</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Average part-time hours per week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percent of work time devoted to those duties described below:

Length of time spent in this position: Number of Years Number of Months

Applicant’s Signature Date

**Section D (to be completed by supervisor)**

During this time, were you a licensed land surveyor?

Yes ☐  No ☐

Have you supervised the applicant for the entire period listed under Section C?

Yes ☐  No ☐ If no, how long have you supervised the applicant? ________ To ________

DD/YY DD/YY

To the best of your knowledge, did the applicant correctly describe his/her experience in Section C?

Yes ☐  No ☐ If no, please provide an explanation below.

Supervisor’s Signature ________________________________ Date ________________