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 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. 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					
	L	ast	First	Middle		Generation
2.	Social Security Number of	or Virginia DMV Co	ontrol Number*		-	
	* State law requires every appl by the Commonwealth to prov	licant for a license, certific vide a social security num	cate, registration or other authorization ber or a control number issued by the	to engage in a business, trade, Virginia Department of Motor Ve	profession or hicles.	occupation issued
3.	Mailing Address					
	_		City		State	Zip Code
4.	Employer (verifying experi	ience on this form)	0.0			•
5.		· ·				
	_		City		State	Zip Code
6.	Supervisor's Name		,			
Sect	ion B (to be completed by	/ supervisor)				
1.	Verifier's Name					
	Li	ast	First	Middle		Generation
2.	Verifier's Title					
3.	Do you hold any of the fo	ollowing licenses?	Check all that apply.			
	Professional Enginee	er 🗌 State(s)		License No.		
	Land Surveyor	State(s)		License No.		
	Other	State(s)				

¢

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 NC		YES								
		·	Average part-time hours pe										
Percent of work time devoted to th	Percent of work time devoted to those duties described below:												
Length of time spent in this position:	Number of Years	5	Number of Months										
Applicant's Signature			Date										
To the best of your knowledge, die	sed land surveyor? t for the entire period ave you supervised th	ne applicant?	T	0	DD/YY								
	vide an explanation be	elow.											
Supervisor's Signature			Date										

Supervisor's Signature