



PRELIMINARY - PENDING APPROVAL

**Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects
LAND SURVEYOR & SURVEYOR-IN-TRAINING
EXPERIENCE VERIFICATION FORM**

Page _____ of _____

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 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 _____
Last First Middle Generation
2. Provide **one** of the following identification numbers.
 Social Security Number or Virginia DMV Control Number *

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* 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) _____
5. Employer's Mailing Address _____
City State Zip Code
6. Supervisor's Name _____

Section B (to be completed by supervisor)

1. Verifier's Name _____
Last First Middle Generation
2. Verifier's Title _____
3. Do you hold any of the following licenses? Check **all** that apply.
 Professional Engineer State _____ License No. _____ Exp. Date _____
 Land Surveyor State _____ License No. _____ Exp. Date _____
 Other _____ State _____ License No. _____ Exp. Date _____
4. What is your business relationship to the applicant? _____

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Board for APELSCIDLA/LS-SIT EXP VER FORM

Section C (to be completed by applicant)

Job Description - Provide a description (using concise statements) of the scope and nature of work or projects performed. Indicate whether you had full or partial responsibility for the work and the complexity of the work. If additional space is needed for this employer, please copy this form.

Position/Title	From MM/YY	To MM/YY	Part-time? (less than 30 hours/week)	<input type="checkbox"/> No <input type="checkbox"/> Yes
			Average part-time hours per week:	
Length of time spent in this position:		Number of Years	Number of Months	
Percent of work time devoted to those duties described below:				
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 in Section C?

- Yes
No

If no, how long have you supervised the applicant? _____ To: _____
MM/DD/YYYY MM/DD/YYYY

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 _____