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.

Section A (to be completed by applicant)

1. Applicant’s Name
   Last  First  Middle  Generation
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)
   ____________________________________________
5. Employer’s Address
   ____________________________________________
   City  State  Zip Code
6. Supervisor’s Name
   ____________________________________________

Section B (to be completed by supervisor)

1. Supervisor’s Name
   Last  First  Middle  Generation
2. Supervisor’s Title
3. Do you hold any of the following licenses? Check all that apply.

<table>
<thead>
<tr>
<th>State(s)</th>
<th>License Number</th>
<th>Year of Initial Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land Surveyor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surveyor Photogrammetrist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?</th>
<th>Less than 35 hrs/week</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

**Percent of work time devoted to those duties described below:**

<table>
<thead>
<tr>
<th>Percent of work time devoted to those duties described below:</th>
</tr>
</thead>
</table>

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

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.

( SEAL )

Supervisor’s Signature ___________________________ Date __________