

PRELIMINARY - PENDING APPROVAL

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

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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.

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

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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 separate *Experience Verification Forms* 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 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.

(SEAL)

I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Supervisor's Signature _____

Date