

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

Instructions:

Applicant: Complete **Sections A** then forward this form to the **licensed Land Surveyor** or a **licensed Surveyor Photogrammetrists**.
Each position must be listed on a separate Experience Verification Form and verified with an original signature.

Experience Verifier: Complete **Sections B**. Return this form to the applicant for inclusion in their application package. Your prompt response is appreciated.

Section A (to be completed by applicant)

1. Applicant's Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required) First (required) Middle Generation

2. Provide one of the following identification numbers*:

☐ **Social Security Number** or ☐ **Virginia DMV Control Number**

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* 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 (PO Box accepted)

City State Zip Code

4. Employer (verifying experience on this form)

5. Employer's Mailing Address

City State Zip Code

6. Job Description - Provide your job title(s) during your employment with the firm listed in question #4.

A. Job Title _____

B. Time period in which the experience was obtained: Start Date _____ - End Date _____
MM/YY MM/YY

C. List the total number of **Years/Months of Experience** are you seeking approval for: _____
of Months # of Years

D. Employment Type: ☐ Fulltime ☐ Part-time (less than 30 hrs./week)

If Part-time, on average, how many hours per week: _____

E. What is the total percentage of time devoted to the duties described in the box below: _____

F. In the box provided on page 2; provide a description of the experience you are seeking approval for. Forward this completed form to your "Verifier" for validation.

Experience:

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. Use a separate Experience Verification Form for each job title.

Applicant's Signature

Date

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of

Section B (to be completed by the Verifier)

1. Verifier's Name _____
 2. Verifier'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 _____
 4. What is your business relationship to the applicant? _____
 5. During this time listed in question #6.B, were you a licensed land surveyor or a licensed surveyor photogrammetrist?

Yes ☐

No ☐ If **no**, how long have you supervised the applicant?

MM/DD/YYYY

To: _____
MM/DD/YYYY
 6. Check **all** services performed by the firm:

☐ Architecture

☐ Surveyor Photogrammetry

☐ Other _____

☐ Engineering

☐ Landscape Architect

☐ Land Surveyor

☐ Interior Design/Contract Interiors
 7. To the best of your knowledge, did the applicant correctly describe his/her experience Section A, question #6.F.?

Yes ☐

No ☐ If no, provide a description of the type of land surveyor work or project(s) performed by the applicant and the complexity of this work:
 8. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Signature _____ Date _____