



PROFESSIONAL SURVEYING EXPERIENCE VERIFICATION

An employment verification is required for each engagement encompassing your professional surveying experience as listed on your application. Please complete Part I of this form, and forward to your current or former supervisor for completion/verification of Part II (*see reverse*). If a former supervisor is not available, please submit form to owner or other individual who has knowledge of your work in that engagement. If you are self-employed, please submit form to client(s) who are familiar with your business and can verify your experience. Completed verification forms must be received by the application deadline.

Part I: (To be completed by Applicant)

Applicant's Name _____
First Middle Last Generation

Mailing Address _____
Street Address/P.O. Box City State Zip Code

Employer _____

Mailing Address _____
Street Address/P.O. Box City State Zip Code

Supervisor's/Verifier's Name _____
Licensed Professional Surveyor who directly supervised your work, if applicable

Title of Position _____

Total time spent in this position _____
From To Full Time Part Time _____ Hours/Week

Engagement No. _____ (from Application Form)

Describe nature of work performed with referenced employer _____

Applicant's Signature _____ Date _____

