

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

**Instructions:**

**One Experience per Form**

Applicant: Complete **Sections A** then forward this form to the **licensed land surveyor** or a **licensed surveyor Photogrammetrists**.

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

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**Section A** (to be completed by applicant)

1. Applicant's Full Legal Name

\_\_\_\_\_  
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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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. 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: \_\_\_\_\_

D. 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.

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Applicant's Signature	Date	Page	of
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\* If additional space is needed, copy this page.

**Section B** (to be completed by the Verifier)

1. Supervisor's Name \_\_\_\_\_

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 Photogrammetrists State \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

4. What is your business relationship to the applicant? \_\_\_\_\_

5. During this time listed in Section A question #6.B, were you a **licensed land surveyor** or a **licensed surveyor Photogrammetrist**?

Yes

No  If **no**, when did you supervised the applicant? \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY 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 in 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.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_