



STATE OF MAINE
BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS
35 STATE HOUSE STATION
AUGUSTA, ME 04333-0035
(207) 624-8522

KEY NUMBER

VERIFICATION OF EXPERIENCE FORM

SECTION I: TO BE COMPLETED BY APPLICANT

INSTRUCTIONS TO APPLICANT: Complete Sections I and III, make a copy for your records, and forward this original from to your SUPERVISOR. Be sure the Key Number in the box at the top right corner of this form corresponds with the appropriate Key Number and information on your application. **NOTE:** Sections I and III of this form must be typewritten or printed in ink.

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip
Code

TELEPHONE: () _____ - _____ () _____ - _____
Home Business

EXPERIENCE DESCRIBED ON THIS FORM WAS OBTAINED WHILE EMPLOYED BY:

FIRM OR ORGANIZATION NAME: _____

ADDRESS: _____

BEGINNING: _____ / _____ ENDING: _____ / _____ FULL-TIME PART-TIME _____
Month Year Month Year Hours/Week

I hereby certify that the work experience described on the reverse side of this form and the time claimed for that experience are true and accurate.

_____ Applicant's Signature Date

SECTION II: TO BE COMPLETED BY SUPERVISOR PLEASE TYPE OR PRINT.

INSTRUCTIONS TO SUPERVISOR:

- Read carefully the applicant's Report of Professional Experience on this form and any supplemental sheets;
- Provide the requested information below and complete items 1-6; If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the Board relative to the applicant, please submit a separate letter with this form. If you do so, please identify applicant by full name and Key Number in your letter and indicate that the candidate is an applicant for land surveying;
- Sign the Affidavit in Section IV of this form and at the bottom of each continuation sheet, if any, or if you do not sign the Affidavit please explain in a separate letter attached to this form;

SUPERVISOR NAME: _____ PHONE NO: () _____ - _____

CURRENT ADDRESS: _____
Street City State Zip Code

Are you a licensed Land Surveyor? Yes No If yes, State in which licensed: _____ License #: _____

WITH RESPECT TO APPLICANT'S REPORT OF PROFESSIONAL EXPERIENCE AS DESCRIBED ON THIS FORM:

- 1. Does that description accurately reflect the work personally performed by the applicant? Yes No
- 2. Does the time claimed by the applicant for this experience reasonably reflect actual time? Yes No
- 3. Was the applicant's work performed in an adequate, reliable, and professional manner? Yes No
- 4. Are you attaching a separate letter with additional information about the applicant? Yes No

5. Identify your work relationship to the applicant at the time. If none, please explain. _____

6. Comments

SECTION III: TO BE COMPLETED BY THE APPLICANT

Describe your general surveying duties during your employment with the firm named on the front of this form.

B. Describe in separate paragraphs the specific kinds of surveying work you personally performed while employed by the firm named on the front of this form. Use specific project assignments as examples. Then indicate separately the time you spent on each such kind of work. If you need more than one SUPERVISOR from a single firm, use a separate form for each SUPERVISOR. If you do not have enough space on this form, use one or more continuation sheets. **BOTH YOU AND YOUR SUPERVISOR MUST SIGN EVERY SHEET.**

C. Describe briefly your personal level of responsibility or authority for the work described above. Explain here any changes in your title resulting from promotions or other job changes during this period of employment.

SECTION IV: SUPERVISOR'S AFFIDAVIT

- I have read the applicant's Verification of Experience Form. I hereby certify that I am knowledgeable about and qualified to attest to, the applicant's work and land surveying ability and that, except as otherwise noted on the front side of this for, or in attached correspondence, the work experience described by the applicant and the time claimed therefore are generally true and accurate.
- I cannot so certify. Letter of explanation attached.

Supervisor's Signature

Date