



**Department of Professional and Financial Regulation
Office Of Professional and Occupational Regulation
Board of Licensure for Professional Land Surveyors**

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CERTIFICATION OF EXPERIENCE – PROFESSIONAL LAND SURVEYOR

Applicant Name: _____

Applicant’s experience includes significant responsibility in the following areas:

- _____ Research
- _____ Field Work
- _____ Computations
- _____ Data Analysis
- _____ Plan Development
- _____ Drafting or Written Descriptions
- _____ Reports
- _____ Correspondence

Experience includes teaching topics in elementary or advanced surveying, or another curriculum of the application of surveying to real property: YES NO

If yes, what percentage of the required 24 months of experience was in teaching? _____%

By my signature, I hereby certify that the information provided on this form is true and accurate to the best of my knowledge and belief.

Supervisor Signature: _____ Date: _____

Applicant Signature: _____ Date: _____