



Janet T. Mills
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS



Joan F. Cohen
Commissioner

Penny Vaillancourt
Director

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 form 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: _____
Street City State Zip Code

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

I hereby certify that the work experience and time claimed described below are true and accurate.

Applicant's Signature

Date

Office Location: 76 Northern Avenue, Gardiner, Maine 04345
Mailing Address: 35 State House Station, Augusta, Maine 04333

[Board of Licensure for Professional Land Surveyors | Office of Professional and Occupational Regulation](#)

Phone: (207) 624-8522

TTY: Please Call Maine Relay 711

Heidi.Lincoln@Maine.gov

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: _____

CURRENT ADDRESS: _____

Street	City	State	Zip Code
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TELEPHONE: _____ / _____ / _____ Business: _____ / _____ / _____

Are you a licensed Land Surveyor? ☐ Yes ☐ No

If yes, State: _____ 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
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A. Describe your general surveying duties during your employment with the firm named on this form.

B. Describe in separate paragraphs the specific kinds of surveying work you personally performed while employed by the firm name on this form. Use specific project assignments as examples. Then indicate separately the time you spend 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 this form of this or in attached correspondence, the work experience described by the applicant and the time claimed therefore are generally true and accurate.

☐ I **cannot** certify. Letter of explanation attached.

Supervisor's signature

Date

