



This is a required supporting document for a professional land surveyor license application.

Applicant: complete sections 1 and 2

Verifier: complete section 3

For questions or language help call: (360) 664-1570



23206-SUPPORTING

Applicant experience verification

- Experience is gained under the direct supervision of a licensed professional land surveyor (PLS).
- If employed by the federal government, you are not required to gain experience under a professional land surveyor. Your direct supervisor must verify your experience.

Applicant instructions

- Complete sections 1 and 2
- Send a copy of this form (with section 1 and 2 completed) to each of your verifiers
Your verifiers should complete section 3 and send it back to you in a sealed envelope (don't open).
Or they can email it to: engineers@dol.wa.gov
- When you have all your forms back from your verifiers, mail the sealed envelopes to:
Board of Registration for Professional Engineers and Land Surveyors
Department of Licensing
PO Box 9025
Olympia WA 98507-9025

1 Work experience information – applicant complete this section

Applicant name		Verification number	
Employer			
Job title	Dates of employment (<i>From, To</i>)		Average hours per week

2 Work experience details – applicant complete this section

Give details about the work you did for each section. The work should:

- be progressive in difficulty and magnitude
- show sufficient breadth and scope
- reflect the acquired ability to apply land surveying principles
- prove your judgment may be trusted on projects involving public health and safety

Describe your experience

A. Applying state, federal, and case law.

B. Exercising sound judgment when making independent decisions regarding complex boundary, topographic, horizontal and vertical control, and mapping issues.

Applicant name _____

Verification number _____

2 Work experience descriptions – continued

Describe your experience

C. Field identification and evaluation of boundary evidence, including monumentation and the ability to use that evidence for boundary determination.

D. Conducting research.

E. Preparing and analyzing complex property descriptions.

F. Interacting with clients and the public in conformance with Chapter 196-27A WAC.

Applicant name _____

Verification number _____

Verifier instructions

- Refer to the applicant’s information in sections 1 and 2 to answer the questions below.
- When you complete the form:
 - Put the form in an envelope
 - Seal the envelope and sign across the flap
 - Return the sealed envelope to the applicant
 Or you can scan and email it directly to: engineers@dol.wa.gov

3 Work experience verification—supervisor/verifier complete this section. All sections must be completed.

1. If you are not the applicant’s supervisor for this event, please explain your working relationship to the applicant and how you are able to provide this verification:

2. If you are not a **licensed** land surveyor, under what authority are you verifying experience? (*Federal agency, county engineer, etc.*) _____ Years of land surveying experience you have _____
3. Describe your level of supervision over this applicant.

4. State your opinion regarding the accuracy of the applicant’s employment time, hours worked, and descriptions of experience (categories A-F), including the scope and complexity of the work described.

5. During this time of employment, how long has the applicant been in a position of making independent judgments and decisions? _____years/months. Give a brief description of a typical project for which the applicant made independent judgments and decisions, and the character of the duties required by the project.

6. Explain why you think this individual is suited for licensure.

7. RCW 18.43.040 states that no person shall be eligible for registration as a land surveyor who is not of good character and reputation. Comment on the applicant’s character, personal and professional reputation:

8. Were you registered as a professional land surveyor at the time you supervised the applicant? Yes No

PRINT Your name		Your title		
Address, City, State, ZIP code				
Email address	License number	State	Issue date	Expiration date

I declare that the statements contained in this verification are true and correct to the best of my knowledge.

Date and place

X _____
Supervisor/Verifier signature

(Seal or stamp)

Please affix your stamp or seal in the space provided. If no seal or stamp is available, you may attach a copy of your current license. If the stamp or license cannot be provided, provide a detailed explanation.