

**EXPERIENCE VERIFICATION FORM**  
**TENNESSEE BOARD OF EXAMINERS FOR LAND SURVEYORS**

**INSTRUCTIONS:**

**Applicant:** *Land Surveyor applicants must have the most recent 24 months of their experience verified and sealed by a licensed Land Surveyor. Each change of position or employer must be listed on a separate Experience Verification Form and verified with an original signature.* Complete Sections **A and B, sign and date**, then forward form to the licensed land surveyor or individual authorized to practice land surveying pursuant to TCA 62-18-109. Please enclose a stamped Board addressed envelope to the verifier. *Each position must be listed on a separate Experience Verification Form and verified with an original signature.* Photocopies of this form should be made as needed.

**Experience Verifier:** Complete **Sections C and D, sign, date and seal**, and forward to the Tennessee Board of Examiners for Land Surveyors, 500 James Robertson Parkway, Nashville, TN 37243-1146.

**Section A. (to be completed by Applicant)**

1. Applicant's Name \_\_\_\_\_  
First Middle Last Generation (Sr, Jr, III)
2. Social Security Number \_\_\_\_\_
3. Mailing Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_
4. Employer (experience verified on this form) \_\_\_\_\_
5. Employer's Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_
6. Supervisor's Name \_\_\_\_\_

**Section B. (to be completed by Applicant)**

This section is a restatement for verification of the most recent 24 months of the same experience listed in the application form. Describe in detail, using specific project examples, your duties under each title with a specific time frame for each. Also indicate you level of responsibility for each title you have held. Please use a separate Experience Verification Form for each job title or employer. Attach additional sheet(s) if there is not enough space below.

Position/Title	From	To	Part Time?	
			Less than 35 hrs/wk	Yes No
	MO/YR	MO/YR	Avg. part-time hrs/wk?	
<b>EXPERIENCE DESCRIBED</b>				
Length of time spent in this position		Number of Years		Number of Months
Applicant's Signature			Date	

**Section C. (to be completed by Verifier)**

Under the Rules of Professional Conduct, it is your primary obligation as a licensee to protect the safety, health and welfare of the public. Pursuant to that duty and responsibility, you are being asked to provide confidential information as to the minimum competence of the individual applying for licensure identified in Section A above, and to verify the experience claimed in Section B to the best of your knowledge and understanding.

1. Verifier's Name \_\_\_\_\_  
First Middle Last Generation (Sr, Jr, III)

2. Verifier's Title \_\_\_\_\_

3. Do you hold any of the following licenses? Check all that apply.

		State(s)	License No.	Yr. Initial License Granted
Land Surveyor	<input type="checkbox"/>	_____	_____	_____
		_____	_____	_____
Other _____	<input type="checkbox"/>	_____	_____	_____
		_____	_____	_____

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

5. Using the interpretations below, how do you rate the practice and quality of performance of the applicant's land surveying work?

**INTERPRETATIONS:**

- Above Average: Performance unquestionably of a professional level demonstrating thorough competence and creative ability.
- Average: Work not distinguished in content, but indicating, under some supervision, the ability to protect life, health and property.
- Below Average: Performance needs careful checking and rather close supervision to meet requirements.
- Unsatisfactory: Work of poor quality, not up to minimum professional standards. Requires review and revision by associates or supervisors before execution. Is inadequate for "the purpose of safeguarding life, health and property."

Job Functions	Above Average	Average	Below Average	Unsatisfactory
Field Duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning and Preparation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section D. (to be completed by Verifier)**

During this time, were you a licensed land surveyor and did you supervise the applicant? Yes  No

To the best of your knowledge, did the applicant correctly describe his/her experience in Section C? If no, please provide an explanation on a separate sheet(s). Yes  No

Based on your opinion of the current knowledge, skills and capability of the applicant, do you recommend him/her for licensure at this time? Yes  No

Place Seal Here

Verifier's Signature \_\_\_\_\_

Date \_\_\_\_\_