



STATE OF RHODE ISLAND
Bd. of Registration for Professional Land Surveyors
 560 Jefferson Blvd, Suite 100
 Warwick, RI 02886
 (401) 889-5446
 www.bdp.ri.gov

VERIFICATION OF PROFESSIONAL EXPERIENCE

APPLICANT'S NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

To: _____

The above listed individual has filed an application for a certificate of qualification as a Professional Land Surveyor with this Board. Please complete the requested information below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information furnished by references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

5. PROFESSIONAL EXPERIENCE

| <u>DATES</u> <u>FROM</u> <u>TO</u> | <u>LOCATION</u> | <u>FIELD SURVEYING</u> <u>WORK</u> <u>(YRS. & MONTHS)</u> | <u>OFFICE</u> <u>SURVEYING WORK</u> <u>(YRS. & MONTHS)</u> | <u>RESPONSIBLE</u> <u>CHARGE</u> <u>(YRS.)</u> | <u>DESIGN</u> <u>(YRS./MONTHS)</u> |
|---------------------------------------|-----------------|---|--|--|---------------------------------------|
| | | | | | |

List position and a brief description of duties and responsibilities: _____

In your opinion is the applicant qualified to have responsible charge of important Land Surveying work? _____

In your opinion, the applicant's character and personal reputation are _____

Remarks: _____

AUTHORIZED SIGNATURE: _____

TELEPHONE NO. _____

PRINT NAME: _____

POSITION: _____

DATE: _____

BUSINESS: _____

ADDRESS: _____