

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

**INSTRUCTIONS:**

**Applicant:** *All experience must be progressive and served under a practicing Land Surveyor. Applicants must have their experience verified and sealed by the licensed Land Surveyor. Each change of position or employer must be listed on a separate Character Reference 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. *Each position must be listed on a separate Character Reference Form and verified with an original signature.* Photocopies of this form should be made as needed.

**Experience Verifier:** The Board solicits your assistance in determining this candidate's character, reputation, general ability, and the extent of the applicant's responsibility in land surveying work. Please complete Sections **C** and **D**, **sign, date, seal**, and forward to: **Tennessee Board of Examiners for Land Surveyors, 500 James Robertson Parkway, Nashville, TN 37243-1146.** Or you may email to **land.surveyors@tn.gov**

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

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

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

This section is a restatement for verification of the most recent 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?	
	MO/YR	MO/YR	Less than 35 hrs/wk Yes <input type="checkbox"/>	No <input type="checkbox"/>
<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. What is your profession? 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 personal and/or business relationship to the applicant? \_\_\_\_\_

5. Would you entrust the applicant with responsibility for an important land surveying project involving the welfare and safety of the public? \_\_\_\_\_

6. 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"/>
Professional Integrity	<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 B? 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

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

Place Seal Here

Date \_\_\_\_\_