

Land Surveyor Form 4 Report of Professional Experience

Applicant Instructions

If you have completed experience required for licensure, complete this form (make a copy for your records) and submit it directly to the Office of the Professions at the address at the end of this form. Be sure to sign and date item 7. If your endorser is/was not your immediate supervisor, refer to "Instructions for Completing Professional Experience Record". **The Department will not accept professional experience endorsed by the applicant.** Please type or print legibly. Make additional copies as necessary.

1. Social Security Number <i>(Leave this blank if you do not have a U.S. Social Security Number)</i>	2. Birth Date	Month	Day	Year
3. Print Name	Last			
	First			
	Middle			
Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.				
4. Mailing Address	<input type="checkbox"/> Home or	<input type="checkbox"/> Business		
<i>(You must notify the Department promptly of any address or name changes)</i>				
Line 1				
Line 2				
Line 3				
City				
State		ZIP Code		
Country/ Province				
			5. Telephone/Email Address	
			Daytime Phone	
			<input type="checkbox"/> Home or	<input type="checkbox"/> Business
			Area Code	Phone
			Email Address (please print clearly)	
			<input type="checkbox"/> Home or	<input type="checkbox"/> Business
			6. New York State DMV ID Number (Driver or Non-Driver ID)	
			<i>(Leave this blank if you do not have a New York State DMV ID Number)</i>	

7. Attestation

I hereby certify that the work experience described on this form and the time claimed for that experience are true and accurate.

Applicant's Signature

Date

Print Name

Professional Experience

List below all places of employment in chronological order beginning with your first employment for which experience is being claimed. Attach additional sheets if needed. You must submit a separate Verification of Professional Experience (Form 4A) for each employment listed. **The Department will not accept experience endorsed by the applicant.** Your application will not be reviewed by the Board until a Form 4A for each employer has been received.

1.	Firm Name _____	Name of Endorser _____		
	Begin Date _____	End Date _____	Time Claimed _____	
	mo. day yr.	mo. day yr.	Years Months	
2.	Firm Name _____	Name of Endorser _____		
	Begin Date _____	End Date _____	Time Claimed _____	
	mo. day yr.	mo. day yr.	Years Months	
3.	Firm Name _____	Name of Endorser _____		
	Begin Date _____	End Date _____	Time Claimed _____	
	mo. day yr.	mo. day yr.	Years Months	
4.	Firm Name _____	Name of Endorser _____		
	Begin Date _____	End Date _____	Time Claimed _____	
	mo. day yr.	mo. day yr.	Years Months	
5.	Firm Name _____	Name of Endorser _____		
	Begin Date _____	End Date _____	Time Claimed _____	
	mo. day yr.	mo. day yr.	Years Months	
6.	Firm Name _____	Name of Endorser _____		
	Begin Date _____	End Date _____	Time Claimed _____	
	mo. day yr.	mo. day yr.	Years Months	
7.	Firm Name _____	Name of Endorser _____		
	Begin Date _____	End Date _____	Time Claimed _____	
	mo. day yr.	mo. day yr.	Years Months	
8.	Firm Name _____	Name of Endorser _____		
	Begin Date _____	End Date _____	Time Claimed _____	
	mo. day yr.	mo. day yr.	Years Months	
9.	Firm Name _____	Name of Endorser _____		
	Begin Date _____	End Date _____	Time Claimed _____	
	mo. day yr.	mo. day yr.	Years Months	
10.	Firm Name _____	Name of Endorser _____		
	Begin Date _____	End Date _____	Time Claimed _____	
	mo. day yr.	mo. day yr.	Years Months	

Total Time Claimed* _____
Years Months

*Note: Total time claimed cannot exceed calendar time.

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Land Surveyor Unit, 89 Washington Avenue, Albany, NY 12234-1000.