

Land Surveying Form 4A

Verification of Professional Experience

Applicant Instructions

Endorser Number (from Form 4): _____

1. Complete Section I and Section II. Be sure to sign and date the attestation at the end of Section II.
2. Make a copy of this form for your records and forward this original form to the endorser who will certify your experience to complete Section III and forward all pages of this form directly to the Office of the Professions at the address at the end of this form. Use a separate Form 4A for each endorser. If the endorser is/was not your immediate supervisor, refer to "Instructions For Completing Professional Experience Forms". **The Department will not accept professional experience endorsed by the applicant. This form will not be accepted if submitted by the applicant.**

Section I: Applicant Information

1. Last 4 Digits of Social Security Number _____
(Leave this blank if you do not have a U.S. Social Security Number)
2. Birth Date Month Day Year
3. Print Name Last
 First
 Middle
5. Telephone/Email Address
Daytime Phone
 Home or Business

Area Code Phone
Email Address (please print clearly)
 Home or Business
4. Mailing Address Home or Business
(You must notify the Department within 30 days of any address or name changes)
Line 1 _____
Line 2 _____
Line 3 _____
City _____
State ZIP Code _____
Country/
Province
6. New York State DMV ID Number
(Driver or Non-Driver ID)

*(Leave this blank if you do not have a
New York State DMV ID Number)*

7. Name as it appears on degree or other credentials (if different from above) _____

8. Experience described on this form was obtained while employed by:
- Firm or Organization Name _____
- Name of Endorser _____
(The Department will not accept professional experience endorsed by the applicant.)
- Business Address _____
- Date beginning _____ Date ending _____
 mo. day yr. mo. day yr.
- Total time claimed _____
 years months
- Full time Part time Hours per week _____

Section II: To Be Completed By The Applicant

Endorser Number (from Form 4): _____

Last 4 Digits of Social Security Number _____

Please note: The information provided below in Sections A, B and C may be released if requested under New York State Public Officers Law Article 6 - "Freedom of information Law."

A. Describe your general surveying duties during your employment with this endorser for the time period covered by this report.

B. Describe briefly your personal level of responsibility or authority for the work described for this endorser. Explain here any changes in your title resulting from promotions or other job changes during this period of employment.

C. Describe in detail the **specific work you personally performed** on several projects or job assignments that are TIME representative of the work you performed while you were employed by the endorser named on this form. The total time you claim cannot exceed actual calendar time. Describe your work in sufficient detail. (attach additional sheets if necessary).

	Time	
	Years	Months

Indicate the number of sheets for this endorser _____
(this is sheet 1)

Total time this sheet

Total time this Endorser

Last 4 Digits of Social Security Number _____

Page _____ of _____

C. Continued

Time	
Years	Months

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Total time this sheet

Total time this Endorser

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

Last 4 Digits of Applicant Social Security Number _____

Endorser Instructions (The Department will not accept professional experience endorsed by the applicant.)

1. Read carefully the applicant's report of professional experience in Section II on this form.
2. Provide the requested information below and answer questions 1 - 7. Please note: The information provided below in questions 1-7 may be released if requested under New York State Public Officers Law, Article 6 – "Freedom of Information Law."
3. If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the Department relative to the applicant, please submit a separate letter with this form. If you do, please identify the applicant by his/her full name and social security number in your letter and indicate that he/she is an applicant for land surveying licensure.
4. Be sure to sign the Endorser's Affidavit. If you do not sign the Endorser's Affidavit, please explain in a separate letter attached to this form.
5. Return the entire form along with any other information directly to the Office of the Professions at the address below in an envelope bearing your return address or company address. Do not return this form to the applicant. **Do not** return this form to the applicant. This form will not be accepted if submitted by the applicant.

Endorser's Name _____

Firm or Organization Name _____

Position in Firm or Organization _____

Current Business Address _____
Street
City
State
Zip Code

Business Telephone Number _____ Business E-mail Address _____

Are you a licensed Land Surveyor? Yes NoIf "yes", _____ Date of licensure _____
State
License Number
mo.
day
yr.**Regarding the Applicant's description of professional experience as described in Section II of this form:**

1. Do you have in-depth knowledge of the applicant's work during the time covered by this endorsement? Yes No
2. Does the description accurately reflect the work personally performed by the applicant? Yes No
3. Is the time claimed by the applicant for this experience accurate? Yes No
4. Was the applicant's work performed in an adequate, reliable, and professional manner? Yes No
5. Are/were you the applicant's supervisor during the time period claimed above? Yes No

If "No", please identify your work relationship to the applicant at the time _____

6. Are you attaching a separate letter with additional information about the applicant? Yes No

7. Comments

Endorser Affidavit

I have read the applicant's report of professional experience. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and land surveying ability and that, except as otherwise noted on the front of this form, or in attached correspondence, the work experience described by the applicant and the time claimed for it, are generally true and accurate.

Endorser Signature _____ Date _____

Print Name _____ I cannot so certify (attach letter of explanation)

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