

Section II: Description of Experience (to be completed by the applicant)

Pg _____ of _____

**Endorser Number
(from Form 4)**

- A.** Describe your **general surveying duties** during your employment with the firm named on this form for the time period covered by this report. In addition, describe briefly your personal level of responsibility or authority for the work described below. Explain here any changes in your title resulting from promotions or other job changes during this period of employment (attach additional sheets if necessary).

Section II: Description of Experience (to be completed by the applicant) (continued)

Pg _____ of _____
 Endorser Number
 (from Form 4)

B. Describe in detail the **specific work you personally performed** while you were employed by the firm or organization named on this form. Then, indicate at right, the time you spent on these projects or assignments. The total time you claim cannot exceed actual calendar time. Describe your work in sufficient detail (attach additional sheets if necessary).

Time

Years	Months
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Enter the total time of work experience with this endorser here and on the appropriate endorser line on Form 4.

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.

Applicants signature: _____ date: _____ / _____ / _____
mo. day yr.

Print name: _____

Section III: To be Completed by Endorser (Please type or print legibly)

- Read carefully the applicant's Report of Professional Experience in Section II of this form.
- Provide the requested information below (1 - 8).
- 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, please attach a letter to this form. If you do so, please include the applicant's full name and social security number in your letter and indicate that he/she is an applicant for licensure in land surveying.
- If you agree with the information presented by the applicant on this form, sign the endorser's attestation, or if you do not sign the attestation, please explain in a letter attached to this form **Your signature on this form must be notarized by a Notary Public.**
- Return the entire form directly to the Office of the Profession at the address at the end of the form. **Do not** return this form to the applicant. This form will not be accepted if returned by the applicant.

Endorser name: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Are you a licensed Land Surveyor? Yes No

If "Yes": State: _____

License number: _____

Date of licensure: _____

WITH RESPECT TO THE APPLICANT'S REPORT 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 that 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 a competent, reliable, and professional manner? Yes No
5. Are/were you the applicant's licensed supervisor during the time period claimed on this form? Yes No
6. If not, please identify your work relationship to the applicant at that time

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

8. Comments:

Endorser's Attestation

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 true and accurate.

Endorser's Signature

Date

Print name

SEAL

I cannot so certify. Letter of explanation attached.

Notary

State of _____ County of _____ On

the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Notary Stamp

Expiration date _____ / _____ / _____
Month Day Year

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.