FORM 4C

LAND SURVEYOR

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

CONTINUATION SHEET NUMBER _____ OF _____

REPORT OF PROFESSIONAL EXPERIENCE (RPE) CONTINUATION SHEET

Social Security Number: ___ - __ - ____
(Leave this blank if you do not have a U.S. Social Security

Date Of Birth: __ __ __
Month Day Year

Name
Last
First
Middle

Applicant signature: _____

	TIME YRS./MOS.	
Total this sheet		

Enter total time for this endorser on the appropriate endorser line on Form 1, Item 20. →

ENDORSER'S ATTESTATION (Complete one side only)

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.

_____ _____
Signature of endorser *Date*

☐ I cannot so certify. Letter of explanation attached.