The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

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
(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

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 ☐ Home or ☐ Business
(You must notify the Department promptly of any address or name changes)
Line 1
Line 2
Line 3
City
State ZIP Code
Country/ Province

5. Telephone/Email Address
Daytime Phone
☐ Home or ☐ Business
Area Code Phone
Email Address (please print clearly)
☐ Home or ☐ Business

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. 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 ___ mo. ___ day ___ yr. End Date ___ mo. ___ day ___ yr. Time Claimed ___ Years ___ Months

2. Firm Name _____ Name of Endorser _____

   Begin Date ___ mo. ___ day ___ yr. End Date ___ mo. ___ day ___ yr. Time Claimed ___ Years ___ Months

3. Firm Name _____ Name of Endorser _____

   Begin Date ___ mo. ___ day ___ yr. End Date ___ mo. ___ day ___ yr. Time Claimed ___ Years ___ Months

4. Firm Name _____ Name of Endorser _____

   Begin Date ___ mo. ___ day ___ yr. End Date ___ mo. ___ day ___ yr. Time Claimed ___ Years ___ Months

5. Firm Name _____ Name of Endorser _____

   Begin Date ___ mo. ___ day ___ yr. End Date ___ mo. ___ day ___ yr. Time Claimed ___ Years ___ Months

6. Firm Name _____ Name of Endorser _____

   Begin Date ___ mo. ___ day ___ yr. End Date ___ mo. ___ day ___ yr. Time Claimed ___ Years ___ Months

7. Firm Name _____ Name of Endorser _____

   Begin Date ___ mo. ___ day ___ yr. End Date ___ mo. ___ day ___ yr. Time Claimed ___ Years ___ Months

8. Firm Name _____ Name of Endorser _____

   Begin Date ___ mo. ___ day ___ yr. End Date ___ mo. ___ day ___ yr. Time Claimed ___ Years ___ Months

9. Firm Name _____ Name of Endorser _____

   Begin Date ___ mo. ___ day ___ yr. End Date ___ mo. ___ day ___ yr. Time Claimed ___ Years ___ Months

10. Firm Name _____ Name of Endorser _____

    Begin Date ___ mo. ___ day ___ yr. End Date ___ mo. ___ day ___ yr. Time Claimed ___ Years ___ Months

Total Time Claimed* ___ Years ___ Months

*Note: Total time claimed cannot exceed calender time.

Return Directly: By email to **dplsexperience@nysed.gov** (Note: **ONLY** domestic experience accrued in the U.S. may be submitted via email), Or, to the New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Professional Engineer Unit, 89 Washington Avenue, Albany, NY 12234-1000.