

## of ALASKA

Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

## **Board of Registration for Architects, Engineers and Land Surveyors**

PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550 Email: AELSBoard@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfArchitectsEngineersAndLandSurveyors

## **Verification of Work Experience — Land Surveyor by Exam**

Work experience forms and letters of reference must bear the signed and dated PLS stamp (seal) of the verifier. The work experience forms and letters must be faxed, mailed, or emailed directly from the signer to the Juneau office.

$\rightarrow$	Applicant:
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Please complete the identifying information below and forward a copy of this form to your employer or supervisor where you obtained your work experience. *Make additional copies of this form, as needed.* 

Appli	icant Name:						
Start	Date:			End Date:			
	Employment (	-		Total Months Verified:			
schoo	No more than 12 months education or experience may be counted in any 12-month period. If you went to school full-time for a school year, you may count that time as a full year for education, but no summer experience may be counted toward "work experience" (12 AAC 36.064 (b) and 12 AAC 36.065(f)).						
	gaps of employ Months" abov		r any reason during the time frame above in	excess of two co	ontinuous mont	ths must be subtracted from	
		Fie	eld Work Experience	Star	t Date	End Date	
	Control or G	eodetic :	Surveys				
	Topographic	Surveys					
	Staking Prop (Location and						
	Construction (Including buil	•	es experience)				
			ent Decisions of lines or corners)				
	Other:						
		Off	ice Work Experience	Star	t Date	End Date	
	Boundary Co	omputati	ions				
	Field Note R	eduction	1				
	Subdivision I (And property	_	on preparation)				
	Survey Proje (As project ma		nistration				

Office Work Experience (continued)			Star	End Date					
Plat and Deed Research (Title research)									
Other:									
		Supervisor E	xperience	Estimated Percentage of Time Supervising					
	Supervision	of Field Party							
	Supervision	of Office Personne	el						
	→ `	ers of Work rience:	Please complete this bottom part for directly to the Board of Registration letterhead address or email.						
Appl	icant Name:				Job Title:				
Busir	ness Name:								
Job [	Outies:								
Desc	ribe the work	the applicant perf	ormed, and his/her responsibilities:						
Wha	t professional	association did yo	u have with the applicant?						
1.	Would you	employ this applica	nt in a position of trust?				Yes		No
2. Do you recommend the applicant for professional registration?				Yes		No			
3. Using the period of employment from page 1, how many months were considered "sub-professional" work?									
Sub-	Sub-professional work means time spent working in design support or construction related employment.								
4.	4. Using the period of employment from page 1, how many months were considered "professional" work?								
_	Professional work means the time the applicant has been occupied in architecture, engineering, land surveying, or landscape architecture work of higher grade and responsibility than that of sub-professional work.								

5. Of the time considered "profession of "responsible charge"?	onal" work, how many months was th	ne applicant in a position					
the applicant, where the ap relying upon advice or in deficiencies in plans or had except where the approval • In the office, the applican resourcefulness and origin	must have had the direction of work, to plicant had to decide questions of metrostructions from his/her superiors and to correct errors in design without files a matter of form. In the must have had to undertake investality, or make plans, write specificating ineering, or land surveying work with the second and professional experience shall and professional experience shall and professional experience shall and professional experience.	the successful accomplishme hods of execution and suital d where the applicant had first referring them to highe stigations or carry out assi- tions, and direct drafting a th only rough sketches, gene hould equal the total mon	ent of webility of a document of the sure	which rematerically sometime for the which the which remation ing the	ested ( ials wit olution r appro ch den ons for n and	thout ns to roval, mand or the I field	
the number of months entered for ques	· .						
6. In your opinion, has the applican	t had professional experience on any	projects?		Yes		No	
If yes, please name one:							
7. Are you a professional land surve	7. Are you a professional land surveyor?					No	
AS 08.48.341(13): "Practice of land surv or any service or work the adequate per mathematics, the related physical and a measuring and locating land, geodetic a platting and planning of land and subdiv preparation and perpetuation of maps,	formance of which involves the applic pplied sciences, and the relevant requ nd cadastral surveys for the location a visions of land, including the topograph	cation of special knowledge hirements of law for adequa and monumentation of prop thy, alignment, and grades for	of the particle of the evidence of the evidenc	orinciplence of undarious, and the contractions of the contraction	es of f the ac es, for for the	ct of the	
8. Were you registered at the time you supervised the applicant?  Yes						No	
9. Was the applicant continuously employed during the calendar months stated on the first page?						No	
10. If no stamp or seal is available below, please state the reason why:							
Work Experience Summary							
Total Field Work: (# Months)							
Field Work Eligible as "Responsible Charge" (# Months):		k Not Eligible as ble Charge" (# Months):					
Total Office Work: (# Months)							
Office Work Eligible as "Responsible Charge" (# Months):	-						

	Signature			
1	Professional Seal	Signature:	Date Signed:	
		Printed Name:	Title:	
<u> </u>	į	Email:	Phone:	
     	 	Registration State:	Registration Number:	