IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 340/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

VE - LSR

| APPLICANT INFORMATION: | | | | | |
|---|-------------------------------|-------------|-------------|---|--|
| 1. NAME | LAST | FIRST | MIDDLE | DEPARTMENT USE ONLY | |
| | | | | | |
| 2. LAST FOUR DIGITS OF YOUR SSN OR ITIN | | | | | |
| | | | | | |
| REQUIREMENTS AND INSTRUCTIONS: | | | | | |
| Applicants who do not submit experience as part of an NCEES Record must complete this form. For experience to be accepted, the supervisor must be licensed as a Professional Land Surveyor pursuant to Section 5 of the PLS Act; who is in direct control and supervision of the applicant. | | | | | |
| Applicant: Complete the top portion of the form then forward to your supervisor to complete the remainder of it. Applicants applying for Endorsement without an NCEES Record may self-verify their experience as the supervisor from the date of initial licensure. | | | | | |
| Supervisor: Complete the remainder of the form and email it directly to the Department at the address below in order for it to be associated with the applicant's application for review by the Board. Email to: <u>FPR.DesignUnit@illinois.gov</u> | | | | | |
| SUPERVISOR INFORMATION: | | | | | |
| A. SUPERVISO | R NAME | | | B. EMPLOYER'S NAME (AT TIME OF SUPERVISON) | |
| C. SUPERVISOR LICENSE INFORMATION APPLICABLE STATE(S) MO/YR INITIALLY LICENSE OF LICENSURE LICENSED NUMBER | | | | D. SUPERVISOR'S WORK ADDRESS (AT TIME OF SUPERVISON) STREET, CITY, STATE, ZIP CODE | |
| | | | | E. SUPERVISOR CONTACT INFORMATION | |
| | | | | Phone () | |
| | | | | Email | |
| EMPLOYMENT / EXPERIENCE INFORMATION: | | | | | |
| 1. APPLICANT EMPLOYMENT INFORMATION DURING YOUR SUPERVISION. | | | | | |
| A. TYPE OF E | MPLOYMENT | B. TOTAL TI | ME EMPLOYED | C. DATES OF EMPLOYMENT (Use exact dates, not "present") | |
| Full-time | Part-time | Years | Months | From To | |
| 2. RESPONSIBLE CHARGE REQUIREMENT. Was the applicant in responsible charge of the land surveying activities with responsibility for successful accomplishment of the work, SUBJECT TO THE OVERALL SUPERVISION OF A LICENSED PROFESSIONAL LAND SURVEYOR, including but not limited to, making decisions on questions pertaining to the establishment or reestablishment of boundary lines, determining the position of any monument, etc.? NO YES | | | | | |
| 3. If you answered YES to the above, please indicate the number of months in Responsible Charge below. | | | | | |
| Number of Months in Responsible Charge under your supervision: (If no experience was in Responsible Charge, please indicate with a zero) | | | | | |
| 4. IN YOUR PROFESSIONAL OPINION, IS THERE ANYTHING THAT WOULD CAUSE YOU TO BELIEVE THE APPLICANT SHOULD NOT BE LICENSED IN ILLINOIS AS A PROFESSIONAL LAND SURVEYOR AT THIS TIME? | | | | | |
| NO | NO YES (explain below if yes) | | | | |

SSN OR ITIN

5. DID THE APPLICANT, UNDER YOUR OVERALL SUPERVISION, ENGAGE IN THE FOLLOWING SURVEYING ACTIVITIES 25% TO 50% OF TIME:

- a) field procedures to perform boundary surveys of existing or proposed tracts of land;
- b) field procedures to locate or re-establish section corners that are part of the public land survey system;
- c) field procedures to perform surveys for subdivisions and condominiums.

Yes No

DID THE APPLICANT, UNDER YOUR OVERALL SUPERVISION, ENGAGE IN THE FOLLOWING SURVEYING ACTIVITIES THE REMAINING PERCENT OF TIME:

- a) research of records to obtain data to perform boundary surveys or obtain other required data;
- b) calculations and analyses of data to determine locations, dimensions and area of existing or proposed tracts of land;
- c) calculations and analyses of data to determine position of section corners or locations, dimensions or areas of aliquot parts of sections, all in the public land survey system;
- d) preparation of legal descriptions;
- e) preparation of plats of surveys for existing or proposed tracts of land;
- f) preparation of plats of subdivisions and/or plats of condominiums;
- g) preparation of section corner monument records;
- h) field procedures to perform topographic surveys;
- i) preparation of topographic plats of surveys.
- j) staking the alignments or elevation of proposed improvements.

Yes No

6. DESCRIPTION OF LAND SURVEYING PROJECTS.

Describe in detail, the types of land surveying projects on which the applicant worked under your supervisor.

Acceptable experience shall be within the definition of the practice as set forth in Section 5 of the Act and shall require the application of technical knowledge and land surveying principles.

Please keep in mind when you are completing this form that an applicant's acceptable experience is evaluated from information furnished <u>entirely</u> from you. For this reason, it is important that the Board be able to make a clear determination on the applicant's role for each project listed and the type of work they performed under your supervision.

Project descriptions should be listed in the below format. Attach additional sheets if necessary.

- 1) Name, location and type of project
- 2) Applicant role in the design of the project
- 3) Name of Surveyor of Record for the project

SUPERVISOR CERTIFICATION:

I CERTIFY THAT I WAS LICENSED OR LEGALLY PRACTICING IN ALL APPLICABLE JURISDICTIONS FOR THE PROJECTS LISTED ON THIS EXPERIENCE FORM. I UNDERSTAND THAT IF I AM NOT, THE EXPERIENCE SHALL NOT BE ACCEPTED.

I do hereby declare that this applicant was employed by me or worked under my personal supervision for the time period listed and that the information I have reported herein is true and correct to the best of my knowledge.

Date

Signature

Primary Jurisdiction Seal