

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 Comity

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.

If you have at least five years of post-registration experience, in lieu of work experience verifications, you may provide two current letters of reference from registered land surveyors in the same discipline for which you are applying to verify that experience. The letters should address:

- your professional experience on projects;
- your ability and character;
- their professional association to you;
- how long they have been an associate of yours (minimum of 5 years);

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	cant Name:						
Start Date:				End Date:			
Less Employment Gaps of Two or More Months:		-		Total Months Verified:			
schoo exper	ol year, you r ience" (12 A	nay cour AC 36.064	ducation or experience may be counted in it that time as a full year for education, by (b) and 12 AAC 36.065(f)).	ut no summer e	xperience	e may	be counted toward "work
	Months" abov	•	rany reason during the time frame below if	excess of two co	iitiiiuous	mont	is must be subtracted from
Field Work Experience			Start	Date		End Date	
	Control or G	Geodetic	Surveys				
	Topographic Surveys						
	Staking Property Boundaries (Location and monumentation)						
	Construction Layout (Including building trades experience)						
		_	ent Decisions of lines or corners)				
Other:							

		Office Work	Experience	Star	t Date		End Da	ate		
	Boundary Computations									
Field Note Reduction										
	Subdivision (And property	Design y description prepara	tion)							
	Survey Project m	ect Administration anager)								
	Plat and De (Title researc	ed Research h)								
	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.							
Applicant Name:				Job Title:	2:					
Busin	ess Name:									
Job D	outies:									
Desci	ribe the work	the applicant perf	ormed, and his/her responsibilities:							
What	t professional	association did yo	u have with the applicant?							
			hing other than supervisor, please pure the responsible charge expensible charge expensions.		planation as to ho	ow this	profess	sional		
1.	Would you	employ this applica	nt in a position of trust?				Yes		No	
2.	Do you reco	mmend the applica	ant for professional registration?				Yes		No	

3.	. Using the period of employment from page 1, how many months were considered "sub-professional" work?							
Sub-p	Sub-professional work means time spent working in design support or construction related employment.							
4. Using the period of employment from page 1, how many months were considered "professional" work?								
_	ssional work means the time the applicant has been occupied in architecture, engineering, land surve tecture work of higher grade and responsibility than that of sub-professional work.	ying, o	r lands	scape				
5.	Of the time considered "professional" work, how many months was the applicant in a position of "responsible charge"?							
Respo	PLSs may verify "responsible charge" experience. Responsible charge may be gained either in the field onsible charge means: In the field, the applicant must have had the direction of work, the successful accomplishme the applicant, where the applicant had to decide questions of methods of execution and suitable relying upon advice or instructions from his/her superiors and where the applicant had deficiencies in plans or had to correct errors in design without first referring them to higher except where the approval is a matter of form. In the office, the applicant must have had to undertake investigations or carry out assign resourcefulness and originality, or make plans, write specifications, and direct drafting and design of architectural, engineering, or land surveying work with only rough sketches, gener measurements for reference. The total months for sub-professional and professional experience should equal the total months.	nt of villity of to such authorization authorization all info	which r mater pply s prity fo ts which putati rmatio	rested ials with colution appropriate the colution appropriate the column and the	thout ns to roval, mand r the field			
	oyment indicated. Responsible charge experience is a subset of professional experience and should umber of months entered for question number 4.	be less	than	or equ	ial to			
6. In your opinion, has the applicant had professional experience on any projects?					No			
If yes	, please name one:							
7.	Are you a professional land surveyor?		Yes		No			
or and math meas platti	3.48.341(13): "Practice of land surveying" means the teaching of land surveying courses at an instituting service or work the adequate performance of which involves the application of special knowledge communities, the related physical and applied sciences, and the relevant requirements of law for adequat uring and locating land, geodetic and cadastral surveys for the location and monumentation of propering and planning of land and subdivisions of land, including the topography, alignment, and grades for aration and perpetuation of maps, record plats, field note records and property descriptions that representations.	of the period of	orincip ence of undari ts, and	les of f the a es, for for th	ct of the e			
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?		Yes		No			
10.	If no stamp or seal is available below, please state the reason why:							

Total Field Work: (# Months) Field Work Eligible as "Responsible Charge" (# Months): Total Office Work: (# Months) Office Work Eligible as "Responsible Charge" (# Months): Office Work Eligible as "Responsible Charge" (# Months): Office Work Eligible as "Responsible Charge" (# Months):

Signature		
Professional Seal	Signature:	Date Signed:
	Printed Name:	Title:
	Email:	Phone:
	Registration State:	Registration Number: