

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/Board Of Architects Engineers And Land Surveyors

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.

→ /	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:		
No more than 12 months education or experience may be counted in any 12-month period. If you went to school full-time for school year, you may count that time as a full year for education, but no summer experience may be counted toward "wor 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 Exper	ience (continued)	Start Date		Er	nd Dat	е	
Plat and Deed Research (Title research)							
Other:							
Supervisor	Estimated Percentage of Time Supervising						
Supervision of Field Party							
Supervision of Office Personnel							
Verifiers of Work Experience: Please complete this bottom part for the applicant identified above and return the form directly to the Board of Registration for Architects, Engineers and Land Surveyors at the letterhead address or email.							
Applicant Name:		Job Title	:				
Business Name:		,					
Job Duties:							
Describe the work the applicant per	formed, and his/her responsibilities:						
What professional association did yo	ou have with the applicant?						
	If the professional association is anything other than supervisor, please provide an explanation as to how this professional association allowed you to review/supervise the responsible charge experience:						
1. Would you employ this applic	ant 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-professional work means time sp	pent working in design support or con	struction related emplo	yment.				
4. Using the period of employme "professional" work?	ent from page 1, how many months w	were considered					
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.							

	the time considered "pro "responsible charge"?	ofessio	nal" work,	how many m	onths was th	ne applicant in a position				
Responsi • Note: Th	ble charge means: In the field, the applitude applicant, where relying upon advice deficiencies in plans except where the application of the office, the appresourcefulness and design of architecture measurements for regree total months for sub-paresons.	icant m the app or ins or had proval i oplicant origina al, eng ference	nust have he blicant had a tructions fi to correct is a matter of must have ality, or maineering, or ineering, or ineering	ad the directi to decide que rom his/her s errors in desi of form. e had to und tke plans, wri r land surveyi	on of work, to stions of met superiors and gn without fulertake investite specificating work with experience sl	y be gained either in the field where the applicant had where the applicant had first referring them to higher stigations or carry out assistions, and direct drafting and only rough sketches, generould equal the total month on all experience and should	ent of voility of do to sure authorizing authorizing commend commend info	which range in the which is the which in the which is the	rested ials with colution or approach cons for ons and on and	thout ns to roval, mand or the I field
the number of months entered for question number 4. 6. In your opinion, has the applicant had professional experience on any projects?							Yes		No	
If yes, plo	ease name one:									
7. Ar	7. Are you a professional land surveyor?							Yes		No
or any se mathema measuring platting a	ervice or work the adequate tics, the related physicaling and locating land, geode and planning of land and s	te perf and ap letic an subdivi	ormance of oplied sciend of cadastral sions of lan	f which involv ces, and the r surveys for to d, including to	es the applic elevant requ he location a he topograph	veying courses at an institut ation of special knowledge irements of law for adequa nd monumentation of prop ny, alignment, and grades fo operty descriptions that rep	of the pate of the evidence of	orincip ence o oundari ts, and	les of f the a les, for I for th	ct of the
8. W	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 r	no stamp or seal is availal	ble bel	ow, please	state the rea	son why:					
Work	Experience Summ	arv								
Total Fie l (# Month	ld Work:	•								
	Field Work Eligible as "Responsible Field Work Not Eligible as "Responsible Charge" (# Months):									
Total Off (# Month	i ice Work: ns)									
Office Work Eligible as "Responsible Office Work Not Eligible as "Responsible Charge" (# Months): "Responsible Charge" (# Months):										

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