

Michigan Department of Labor & Economic Growth
 Bureau of Commercial Services
 Licensing Division
 BOARD OF PROFESSIONAL SURVEYORS
 P.O. Box 30018, Lansing, MI 48909
 517-241-9288
 www.michigan.gov/surveyors

This document can be completed on-line.
 Place the cursor in the first field, make your entry, and tab to the next field. When you are finished, press the print button to print your completed form. This form CANNOT BE submitted electronically. If you need to clear the form for any reason, click the Clear button.

WORK EXPERIENCE REPORT

AUTHORITY: P.A. 299 of 1980, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

Applicant Name

List your work experience in reverse chronological order. Complete the Applicant Section of the Experience Verification Forms and distribute the forms to the persons you have named below as Verifying References. The individuals you choose to verify your work experience must have sufficient knowledge of your employment to supply the information requested on the reference form. All applicants must provide verification of at least 4 years of satisfactory experience in responsible charge of surveying work under the direction of licensed surveyors. Your work experience must be verified by five (5) persons, three (3) of whom must be licensed professional surveyors. Responsibility for verification lies totally with the applicant.

DATES EMPLOYED		DESCRIPTION (1) Title of Position; (2) Name of Employer or Firm; (3) Location; (4) Type of Work	Number of Months/Years in Position	VERIFYING REFERENCES Give the name of the person(s) who will be verifying this work experience				
From Month/Year	To Month/Year							
	Present							
*NOTE: Co-op or teaching assistant work will not be counted toward your 4 years of experience.			Total Accumulated Time Employed					
			<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%; text-align: center;">_____</td> <td style="border: none; width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Years</td> <td style="border: none; text-align: center;">Months</td> </tr> </table>	_____	_____	Years	Months	
_____	_____							
Years	Months							

15. SIGNATURE
 I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Labor & Economic Growth and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records.

 Signature

 Date