

LAND SURVEYOR INTERN REFERENCE

TO BE COMPLETED BY APPLICANT:		
Name of Applicant	APPLICANT IS APPLYING FOR THE FUNDAMENTALS OF LAND SURVEYING EXAMINATION	
TO BE COMPLETED BY REFERENCE		
PLEASE COMPLETE THIS FORM, PLACE IN AN ENVELOPE, SEAL AND SIGN YOUR NAME ACROSS FLAP AND RETURN TO THE APPLICANT		
Name of Reference:	Business or Profession	
By whom employed	Title	
Are you licensed as a Professional Land Surveyor? If yes, list states and license number(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No
During what years have you known the applicant well? _____ to _____	Applicant's usual and customary occupation?	Are you related to the applicant by blood or marriage? If yes, how? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your contact with the applicant been principally with regard to land surveying? If no, please specify		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have first-hand knowledge of applicant's land surveying experience? If yes, how did you gain knowledge of the applicant's experience: <input type="checkbox"/> Employer <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Teacher <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
To your knowledge, has this experience been progressive in nature?		<input type="checkbox"/> Yes <input type="checkbox"/> No
To your knowledge has the applicant had experience in (please check those that apply)? <input type="checkbox"/> Boundary Surveys <input type="checkbox"/> Topographic Surveys <input type="checkbox"/> Land Descriptions <input type="checkbox"/> Construction Staking <input type="checkbox"/> Engineering Surveys What surveying work has been performed by the applicant or under the direct supervision of the applicant?		
Does the applicant have a sound grasp on the fundamentals of surveying?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please examine the enclosed record of experience. To your knowledge, are the statements correct? If no, please enter corrections, questions, or suggestions directly on the experience record and return it with this form.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Experience Record was not sent to me		
The applicant's reputation is:		
To your knowledge:		
Has the applicant been convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Of any felony that would affect the applicant's ability to practice land surveying?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant addicted to the use of drugs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant habitually use alcohol to excess?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answer yes to any of the above questions, please attach an explanation.		
Do you recommend this applicant for examination in the fundamentals of surveying?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please add any other information that would assist the board in evaluating the applicant <i>(attach additional sheets if necessary)</i>		
Signature of Reference	Date	