



Louisiana Professional Engineering and Land Surveying Board

Verification of Experience Form

The applicant named on the enclosed form is applying for licensure or reinstatement as a Professional Engineer and/or Land Surveyor in the State of Louisiana. Among other considerations, this depends on a verification of the scope and quality of the applicant's practical training and experience. You have been designated as a supervisor or person most familiar with the applicant's work experience.

Please provide a conscientious, objective evaluation of the applicant's work as indicated on the Experience Record Form that the applicant has provided along with this form.

PLEASE SEAL THE COMPLETED FORM IN AN ENVELOPE, SIGN & DATE THE BACK OF THE ENVELOPE ACROSS THE SEAL FLAP, AND RETURN IT TO THE APPLICANT. The information you provide is confidential, therefore the applicant is instructed to return the sealed, unopened envelope to the Board.

Thank you for your assistance in this licensing process that is vital to the professional development of the applicant and the welfare of the citizens of this state.



Louisiana Professional Engineering and Land Surveying Board

Verification of Experience Form

TO BE COMPLETED BY THE APPLICANT: (PLEASE TYPE)

Name:

Address:

Verification of Experience:

Start Date (mm/yy):

End Date (mm/yy):

Name of Firm:

TO BE COMPLETED BY REFERENCE:

(SEE ATTACHED PORTION OF APPLICANT'S EXPERIENCE RECORD; PLEASE TYPE OR PRINT)

Name of Reference:

Phone:

Current Position in Firm:

Email:

Current Business Address:

PE/PLS License #:

None:

Issuing State:

Issue Date:

Expiration Date:

Describe applicant's character and personal reputation:

Describe your professional relationship with the applicant:

Please state your opinion regarding the accuracy of the enclosed work description, including the scope and complexity of the work described:

Was this employment: **Full time**

(at least 40 hours per week)

Part time

If Part time, how many hours per week?

Signature:

Date:

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AND RETURN IT TO THE APPLICANT.**