



REFERENCE FORM TO ACCOMPANY APPLICATION FOR REGISTRATION AS PROFESSIONAL SURVEYOR

State Form 3826 (R4 / 4-15)

PROFESSIONAL LICENSING AGENCY STATE BOARD OF REGISTRATION FOR PROFESSIONAL SURVEYORS

402 West Washington Street, Room W072
Indianapolis IN 46204-2700
Telephone: (317) 234-3022
E-mail: pla10@pla.IN.gov

INSTRUCTIONS: PLEASE READ ALL INSTRUCTIONS CAREFULLY.

Section A, B, and D are to be filled out by the Applicant.

Section C, E, F, and G are to be filled out and signed by the Referee.

REFEREE

Instructions to the Referee: The following named applicant has submitted your name as a referee. This reference form is to assist the Board of Registration in a fair and proper evaluation of the applicant's employment, work experience and character. Section A, B, and D should have been filled out by the Applicant before you received this form. Please fill out Section C, E, F, and G on both sides of this form and sign in Section G.

Name of referee as provided by applicant

SECTION A: APPLICANT INFORMATION (To be filled out by the Applicant.)

Name of applicant (first, middle, last)

Address (number and street, city, state, and ZIP code)

SECTION B: EMPLOYMENT HISTORY OF APPLICANT (To be filled out by the Applicant.)

List only employment engagements that this specific referee can verify.

Name of firm the applicant was employed by	Dates of employment (month, year) From: _____ To: _____
Hours worked: <input type="checkbox"/> Forty (40) or more hours per week <input type="checkbox"/> Fewer than forty (40) hours per week (List average hours per week.) _____	
Name of Supervising Professional Surveyor	
Name of firm the applicant was employed by	Dates of employment (month, year) From: _____ To: _____
Hours worked: <input type="checkbox"/> Forty (40) or more hours per week <input type="checkbox"/> Fewer than forty (40) hours per week (List average hours per week.) _____	
Name of Supervising Professional Surveyor	
Name of firm the applicant was employed by	Dates of employment (month, year) From: _____ To: _____
Hours worked: <input type="checkbox"/> Forty (40) or more hours per week <input type="checkbox"/> Fewer than forty (40) hours per week (List average hours per week.) _____	
Name of Supervising Professional Surveyor	

SECTION C: VERIFICATION OF EMPLOYMENT HISTORY OF APPLICANT (To be filled out by the Referee.)

To the Referee: The information above in Section B has been filled in by the applicant.

If you agree with the information in Section B above, please check here.

If you disagree with any of the information in Section B above, or need to qualify your answer above, please explain.

If you have no knowledge of the employment history of the applicant, please check here.

SECTION D: WORK EXPERIENCE OF APPLICANT (To be filled out by the Applicant.)

Type of Survey Work	Years of Experience			Percentage of Time Spent on Each Type (Based on Total Years of Experience)
	Years in Responsible Charge (Supervised)		Total Years of Experience	
	Office	Field		
Boundary Surveying/Analysis				
Subdivision Design				
Preparing Land Descriptions				
Section Corner Recovery or Perpetuation				
Other (topographic, route, GPS, construction, etc.)				
TOTAL				100%

SECTION E: VERIFICATION OF WORK EXPERIENCE OF APPLICANT (To be filled out by the Referee.)

If you agree with the information provided by the applicant in Section D above, please check here.

If you disagree with any of the information in Section B above, or need to qualify your answer above, please explain.

If you have no knowledge of the experience of the applicant, please check here.

SECTION F: COMMENTS AND RECOMMENDATIONS (To be filled out by the Referee.)

Please list any comments pertinent to the applicant's application for registration that you think the Board of Registration should take into consideration.

The character and integrity of the applicant are:

Excellent Good Fair Poor

Do you think the applicant is competent to be placed in responsible charge of surveying work?

Yes No Uncertain

SECTION G: REFEREE INFORMATION (To be filled out by the Referee.)

Name (as provided by the applicant)		Referee affix PS Seal or write name of state and registration number.
Position		
Name of company		
Address (number and street)		
City, state, and ZIP code		
Signature	Date signed (month, day, year)	