

STATE BOARD OF REGISTRATION FOR PROFESSIONAL SURVEYORS PROFESSIONAL LICENSING AGENCY

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

PROFESSIONAL SURVEYOR-INTERN		
To Referee:		
The individual named below is an applicant before this Board to take an examination as a Professional Surveyor-Intern as the first step toward registration as a Professional Surveyor. Your name has been submitted by him / her as an employment reference who is familiar with his / her work, character and general suitability for future registration as a Professional Surveyor.		
To the extent of your knowledge of this individual, the Board will appreciate your prompt cooperation in furnishing the desired information in the enclosed signature-sealed envelope and returning to the applicant.		
	State Boar	d of Registration
For Professional Surveyors		
Name of applicant		
Do you believe that the applicant is competent to be placed in responsible charge of land surveying work?		
Yes No Uncertain 2. In addition to the above information, you are encouraged to provide comments in the space below which will assist the board in a fair and proper evaluation of this applicant's		
land surveying ability.		
EMPLOYER INFORMATION		
Name of employer (as provided by applicant)		
Position		resent registration and your registration number
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Name of company		
Address (number and street)	SEAL	
City, state, and ZIP code		
Signature		
Date (month, day, year)	State of present registration	Registration number