

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>
 Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, PROFESSIONAL LAND SURVEYORS, AND REGISTERED INTERIOR DESIGNERS

EXPERIENCE RECORD

Instructions: Make statement concise. Include enough detail such that a peer may judge the character of your work. Include magnitude and complexity of work on each engagement including your duties and degree of responsibility. University or college shall be engagement 1. Your first employment shall be engagement 2, with subsequent experience in chronological order. Your current engagement should be your last entry. If you have additional engagements, complete and submit another copy of this form (**Form 463**) for review. Upload form(s) into your online [LicensE](#) application.

APPLICANT INFORMATION			
Last Name	First Name	MI	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
Type of Credential Applying For:			
<input type="checkbox"/> Architect <input type="checkbox"/> Designer of Engineering Systems <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Professional Land Surveyor			

1. Name of Employer:	Title of Position:
<input type="text"/>	<input type="text"/>
Address of Employer:	Employment Period (include month/year):
<input type="text"/>	From <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/>
Extent of Experience and Responsibility:	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Information of Individual (not deceased) familiar with engagement, preferably the person to whom the applicant reported:	Title of Individual familiar with engagement:
<input type="text"/>	<input type="text"/>
Address of Individual familiar with engagement:	Hours Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
<input type="text"/>	Hours per Week: <input type="text"/> Total: (Year/Month) <input type="text"/>

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2. Name of Employer: <input style="width: 95%; height: 20px;" type="text"/>	Title of Position: <input style="width: 95%; height: 20px;" type="text"/>
Address of Employer: <input style="width: 95%; height: 20px;" type="text"/>	Employment Period (include month/year): From <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> To <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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Address of Individual familiar with engagement: <input style="width: 95%; height: 20px;" type="text"/>	Hours Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours per Week: <input style="width: 40px;" type="text"/> Total: (Year/Month) <input style="width: 40px;" type="text"/>

3. Name of Employer: <input style="width: 95%; height: 20px;" type="text"/>	Title of Position: <input style="width: 95%; height: 20px;" type="text"/>
Address of Employer: <input style="width: 95%; height: 20px;" type="text"/>	Employment Period (include month/year): From <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> To <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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