Wisconsin Department of Safety and Professional Services

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

EXPERIENCE RECORD LATE RENEWAL*

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. Provide a complete listing of experience during the time period you did not hold a current license in Wisconsin. Your first employment/university 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 #2489**) for review. *(Credential expired 5 or more years)

Applicant Information:				
Last Name	First Name	MI	Former / Maiden Name(s)	
Type of Credential Applying For: Architect Designer of Engineering Systems Landscape Architect Professional Engineer Professional Land Surveyor			Date of Birth	
1. Name of Employer			Title of Position	
Address of Employer / University			Employment Period (include month/year)	
			To: / From: /	
Extent of Experience and Responsibility				
Information of Individual (not deceased) familiar with engagement, preferably the person to whom the applicant reported			Title of Individual familiar with engagement	
Address of Individual familiar with engagem	ent		Hours Worked: Full-Time Part-Time	
			Number of Hours per Week:	

#2489 (Rev. 4/2021) Wis. Stat. ch. 443

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2. Name of Employer	Title of Position			
Address of Employer	Employment Period (include month/year)			
	To: / From: /			
Extent of Experience and Responsibility				
Information of Individual (not deceased) familiar with engagement, preferably the person to whom the applicant reported	Title of Individual familiar with engagement			
Address of Individual familiar with engagement	Hours Worked: Full-Time Part-Time			
	Number of Hours per Week:			
3. Name of Employer	Title of Position			
Address of Employer	Employment Period (include month/year)			
	To: From: /			
Extent of Experience and Responsibility				
Information of Individual (not deceased) familiar with engagement, preferably the person to whom the applicant reported	Title of Individual familiar with engagement			
Address of Individual familiar with engagement	Hours Worked: Full-Time Part-Time			
	Number of Hours per Week:			