

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 FOR REINSTATEMENT

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.

Applicant Information:			
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Type of Credential Applying For: <input type="checkbox"/> Architect <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Designer of Engineering Systems <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Professional Land Surveyor		Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	

1. Name of Employer <input type="text"/>	Title of Position <input type="text"/>
Address of Employer / University <input type="text"/>	Employment Period (include month/year) To: <input type="text"/> / <input type="text"/> From: <input type="text"/> / <input type="text"/>
Extent of Experience and Responsibility <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 <input type="text"/>	Title of Individual familiar with engagement <input type="text"/>
Address of Individual familiar with engagement <input type="text"/>	Hours Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Number of Hours per Week: <input type="text"/>

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2. Name of Employer <input style="width: 95%;" type="text"/>	Title of Position <input style="width: 95%;" type="text"/>
Address of Employer <input style="width: 95%;" type="text"/>	Employment Period (include month/year) 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"/> 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"/>
Extent of Experience and Responsibility <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	
Information of Individual (not deceased) familiar with engagement, preferably the person to whom the applicant reported <input style="width: 95%;" type="text"/>	Title of Individual familiar with engagement <input style="width: 95%;" type="text"/>
Address of Individual familiar with engagement <input style="width: 95%;" type="text"/>	Hours Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Number of Hours per Week: <input style="width: 50px;" type="text"/>

3. Name of Employer <input style="width: 95%;" type="text"/>	Title of Position <input style="width: 95%;" type="text"/>
Address of Employer <input style="width: 95%;" type="text"/>	Employment Period (include month/year) 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"/> 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"/>
Extent of Experience and Responsibility <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	
Information of Individual (not deceased) familiar with engagement, preferably the person to whom the applicant reported <input style="width: 95%;" type="text"/>	Title of Individual familiar with engagement <input style="width: 95%;" type="text"/>
Address of Individual familiar with engagement <input style="width: 95%;" type="text"/>	Hours Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Number of Hours per Week: <input style="width: 50px;" type="text"/>