

# 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

**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.

<b>Applicant Information:</b>			
<b>Last Name</b> <input style="width: 95%;" type="text"/>	<b>First Name</b> <input style="width: 95%;" type="text"/>	<b>MI</b> <input style="width: 20px;" type="text"/>	<b>Date</b> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> / <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> / <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
<b>Type of Credential Applying For:</b>			
<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			

<b>1. Name of Employer:</b> <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) From: <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> / <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> To: <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> / <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
Extent of Experience and Responsibility: <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 Hours per Week: <input style="width: 20px;" type="text"/> Total: (Year/Month) <input style="width: 20px;" type="text"/>

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<b>2. Name of Employer:</b> <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; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> To: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Extent of Experience and Responsibility: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 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; height: 20px;" type="text"/> Total: (Year/Month) <input style="width: 40px; height: 20px;" type="text"/>

<b>3. Name of Employer:</b> <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; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> To: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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