

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

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

### PROFESSIONAL LAND SURVEYOR APPLICANT APPRAISAL FORM

<b>Applicant's Name:</b>	<input type="text"/>
<b>Date of Birth:</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Note to Applicant:** Provide replies from five (5) references having personal knowledge of your experience, three (3) of whom must be licensed Professional Land Surveyors. Family members can act as supplemental references in support of an application, but not as one of the 5 required responses. Type or print your name in the box at the top of each form prior to distribution. **Forms must be forwarded by you to this office with your application.**

**Instructions:** The applicant named above has applied for licensure as a Professional Land Surveyor to practice in the State of Wisconsin. To assist the Board in reviewing the applicant, we would appreciate your appraisal of the applicant's proficiency as requested below.

1. **I know this applicant:**  Very Well  Well  Slightly  Not at all

2. **My contacts with the applicant extend:** From: / /  To: / /

3. **These contacts were:** (check all that apply)

- As an associate  As a student in my classes  
 In social or community affairs  In professional society activities  
 Other (specify)

4. **I am familiar with the applicant's work at:** (name of company)

5. **Describe the principal duties performed by the applicant:**

  

To qualify for licensure, an applicant must have sufficient knowledge and experience. To assist the Board in evaluating this applicant, please indicate whether the applicant has entry level competence in each of the practice areas by placing an "X" in one of the three boxes, i.e., Yes, No, or UK (unknown).

- |     | <u>Yes</u>               | <u>No</u>                | <u>UK</u>                |   |
|-----|--------------------------|--------------------------|--------------------------|---|
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Researching public and private records  |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Relocating lost and obliterated corners   |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Establishing, reestablishing or perpetuating survey monuments   |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subdividing sections  |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Establishing or retracing property lines to determine length and bearing  |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reestablishing obliterated property lines   |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparing descriptions of real property from data acquired by field measurements  |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Conducting resurveys  |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Writing and interpreting land descriptions  |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparing maps of sections or portions of sections or townships as established by the original public land survey and subdivision of those sections in accordance the manuals of surveying instructions by the federal government and the State of Wisconsin. |

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- |     | <u>Yes</u>               | <u>No</u>                | <u>UK</u>                |  |
|-----|--------------------------|--------------------------|--------------------------|--|
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prepare maps of subdivision plats in accordance with the Wisconsin Statutes or local ordinances                          |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparing certified survey maps in accordance with the Wisconsin Statutes or local ordinances                            |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparing maps showing other divisions of land not controlled by statute or ordinance                                    |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparing official plats or maps of land in this state, in accordance to Wis. Admin. Code § A-E 7                        |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preparing highway and railroad rights-of-way maps  |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Construction staking for highways, roads, streets or similar projects within the boundaries of established rights of way |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Performing topographic surveys   |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Developing control networks for aerial photography unless property lines are used for control                            |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Performing new building layout or construction surveys   |

25. Provide any information or knowledge that you have of this applicant that would assist the Board in determining the applicant's competency to practice land surveying. (Attach additional sheets if necessary.)


26. In my opinion, this applicant is qualified to be licensed as a Professional Land Surveyor.  Yes  No

27. The information on this form is being submitted by:

Name

Firm

Title/Position

Address (street, city, state, zip)

Daytime Telephone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Affix seal or  
Indicate where registered, type of profession, and  
registration number below: (if applicable)**