## Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way Madison, WI 53705 Phone Number: (608) 266-2112 LicensE Portal: <u>https://l</u> Email: <u>dsps@y</u> Website: <u>http://d</u>

https://license.wi.gov/ dsps@wisconsin.gov http://dsps.wi.gov

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

## PROFESSIONAL LAND SURVEYOR APPLICANT APPRAISAL FORM

Applicant's Name:									
Date of Birth:				Applicatio	n ID Number:	PAR-			
<b>Note to Applicant:</b> 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. Print your name in the box at the top of each form prior to distribution. The individual providing an appraisal must upload completed form into LicensE.									
ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations.									
Applicant Signature	(If unable to prov	ide a digital s	signature, plea	se print and sig	n form.)		Date		
<b>Instructions for Individual Providing Appraisal:</b> 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. Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party* Upload Portal at <u>license.wi.gov</u> . You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)									
1. I know this application	nt: 🗌 Very Well	🗌 Well 🗌	Slightly	Not at all					
2. My contacts with the applicant extend: From: ////////////////////////////////////									
3. These contacts were	e: (check all that a	pply)							
As an associate		As a stu	dent in my cla	sses	Other (speci	ifv in box	below):		
In social or comm	nunity affairs		ssional societa			5	,		
4. I am familiar with t									
5. Describe the princip	pal duties perfori	ned by the a	pplicant:						
	To qualify for registration, 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).								
Yes         No         UK         Required Areas of Experience									
6.	<b>Research</b>	ing public a	nd private rec	cords					
7.	<b>Relocatin</b>	g lost and o	bliterated cor	ners					
8.	Establish	ing, reestabl	lishing or per	petuating surv	ey monuments				
9.	<b>Subdivid</b>	ng sections							
10.	Establish	ing or retra	cing property	lines to determ	nine length and	bearing			
11.	<b>Reestabli</b>	shing obliter	rated property	y lines					
12.  Preparing descriptions of real property from data acquired by field measurements									
13.     Image: Conducting resurveys									
14.	Writing a	nd interpre	ting land deso	criptions					

(Continued next page.)

## Wisconsin Department of Safety and Professional Services

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	icant, p		cate wh		t knowledge and experience. To assist the Board in evaluating this the practice areas by placing an "X" in one of the three boxes, i.e.,
15.					r townships as established by the original public land survey and uals of surveying instructions by the federal government and the
16.				Prepare maps of subdivision plats in accordance wit	th the Wisconsin Statutes or local ordinances
17.				Preparing certified survey maps in accordance with	
18.				Preparing maps showing other divisions of land not	controlled by statute or ordinance
19.				Preparing official plats or maps of land in this state,	, in accordance with Wis. Admin. Code ch. A-E 7
20.				Preparing highway and railroad rights-of-way maps	s
21.				Construction staking for highways, roads, streets, or way	r similar projects within the boundaries of established rights of
22.				Performing topographic surveys	
23.				Developing control networks for aerial photography	y unless property lines are used for control
24.				Performing new building layout or construction sur-	veys
25. <b>P</b>	rovide	any info	rmation	or knowledge that you have of this applicant that wou	uld assist the Board in determining the applicant's competency
te	o practi	ice land s	urveyir	g. (Attach additional sheets if necessary.)	
26.1	(n my o	pinion, t	his app	icant is qualified to be licensed as a Professional Land	I Surveyor. 🗌 Yes 🗌 No
prov belie Safe	ide info ef. I furt	ormation her decla Profession	related t re that a	the applicant identified on this form, that the information	<b>D TO APPLICANT</b> I declare, on behalf of the third-party asked to on provided is true and correct to the best of my knowledge and provide the completed form directly to the Wisconsin Department of nave read, understand, and have complied with the above
27.7	The info	ormation			
Nan	ıe		on this	form is being submitted by:	
			on this	form is being submitted by:	
			on this	form is being submitted by:	Affix seal <u>or</u>
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