

**VERIFICATION FOR PROFESSIONAL LAND SURVEYORS OR LAND SURVEYORS-IN-TRAINING**

<b>TO BE COMPLETED BY APPLICANT:</b>			
APPLICANT'S NAME			
REFERENCE NAME			
REFERENCE ADDRESS			
MY CONTACT WITH THE ABOVE NAMED REFERENCE HAS BEEN IN THE FOLLOWING CAPACITY:			
<input type="checkbox"/>	Employer/Supervisor	<input type="checkbox"/>	Associate in an engineering/surveying firm
<input type="checkbox"/>	Client	<input type="checkbox"/>	Student in his/her class
<input type="checkbox"/>	Professional society activities	<input type="checkbox"/>	Social or community involvement
<input type="checkbox"/>	Other (provide explanation)		
CONTACT HISTORY: FROM (month/year)		TO (month/Year)	
<b>COMPLETE THIS SECTION IF CONTACT HAS BEEN IN EMPLOYMENT CAPACITY (Employer, Supervisor, Associate, Client, etc.)</b>			
JOB TITLE AND DESCRIPTION (to be identical to that defined on the application):			
<b>TO BE COMPLETED BY REFERENCE:</b>			
<b>From your personal knowledge indicate your appraisal of the applicant's potential to practice land surveying by placing an X in the appropriate boxes below. If unsatisfactory box is checked, please attach a note of explanation.</b>			
	SATISFACTORY	UNSATISFACTORY	UNKNOWN
Technical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please answer the following by either marking an X in Yes or No and provide comments as required.</b>			<b>YES</b>
			<b>NO</b>
I have personally observed the applicant complete the following activity correctly, under their complete responsible charge, subject only to my review and approval:			
A. Research, retraces, and subdivides a public land section.			<input type="checkbox"/>
B. Research, retraces, and restores a lost corner of an urban subdivision.			<input type="checkbox"/>
C. Research and perform boundary surveys for the determination of new boundary lines and write the applicable legal description.			<input type="checkbox"/>
D. Research, retrace, and restore a lost corner in the public land survey.			<input type="checkbox"/>
Was the above completed in accordance with Wyo. Statute 18-3-704?(Disputed Lost Corner Statute)			<input type="checkbox"/>
Do you concur with the above job title and description, including time, type of work and duties?			<input type="checkbox"/>
Would you employ the applicant in a position of trust, or, as a surveyor in responsible charge?			<input type="checkbox"/>
Are you related to the applicant?			<input type="checkbox"/>
What is his/her reputation as a professional/intern?			
Do you have any reservations concerning this individual? If so, please explain.			
Please add any qualifying remarks or further comments (attach additional page if necessary):			

**I personally know the applicant, have observed their land surveying work, and recommend this individual as a professional land surveyor. Please Initial \_\_\_\_\_**

**PROFESSIONAL REGISTRATION SEAL**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Professional Registration Number, State, and Seal (if applicable).