Texas Board of Professional Engineers and Land Surveyors

LAND SURVEYOR REFERENCE STATEMENT

(BEFORE COMPLETING THIS FORM, PLEASE READ THE REFERENCE STATEMENT INSTRUCTIONS. ONLY ONE COPY OF THIS FORM HAS BEEN PROVIDED. PLEASE MAKE ADDITIONAL COPIES OF THIS FORM AS REQUIRED.

TO DE COMDI ETED DV ADDI ICANT

TO BE COMPLETED BY APPLICANT
Verification for employment engagement # Firm/Company Name: From (Date): To (Date): Applicant's Full Legal Name: Applicant's Date of Birth:
TO BE COMPLETED BY REFERENCE PROVIDER
Note: Please refer to Sections 134.51, 134.53 and 134.55 of the rules. Reference statements are confidential and not subject to release to the applicant nor the Texas Public Information Act. You may attach a page on which to provide more information.
Reference Provider's Name (Typed or Printed): Employed by (Include City, State & Zip: Business Title: Business Phone:
My current state of primary professional land surveyor registration or licensure is: (State): RPLS or Surveyor License No.: Expiration Date:
Other Professional Land Surveyor Registrations or Licenses Held: (If not a registered or licensed professional land surveyor in Texas, please provide a copy of your pocket card or other verification of current license or registration as a professional land surveyor) State:

Expiration Date:

Experience Record (SER).		
How long have you known the applicant?		
2. Are you related to the applicant? If so, how?	□ No	□ Yes
3. Was/is your relationship with the applicant Please explain:	□ Personal?	☐ Business?
Dates of business relationship: From:		To:
4. Do you know of anything that would negative professional land surveyor? ☐ No ☐ Yes If yes, explain:	vely affect the applica	ant's ability to practice as an independent
5. Do you verify that the applicant's claimed e the Texas Board rules 134.41 and 134.43? ☐ Please explain and add additional comments:	No □ Yes	le boundary land surveying experience per
6. Based on your knowledge and observation competency to be suitable for registration in T Please explain and add additional comments:	Texas as a profession	• •
Reference Provider's Signature:		
Date:		

Please be sure to review, evaluate, and co-sign the applicable pages or portions of the Supplementary