



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina State Board of Registration for  
Professional Engineers and Surveyors**  
110 Centerview Dr. • Columbia • SC • 29210 (overnight)  
P.O. Box 11597 • Columbia • SC 29211-1597 (mailing)  
Phone: 803-896-4422 • Contact.ENGLS@llr.sc.gov • Fax: 803-704-6772  
www.llr.sc.gov/eng

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Employment Number: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

Street or P.O. Box

City

State

Zip

**TIME** (number of years/months)

(1) Sub-Professional Work: \_\_\_\_\_ (2) Professional Work: \_\_\_\_\_ (3) Total Time: \_\_\_\_\_

**DESCRIPTION OF EXPERIENCE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

▲ The **top** portion is to be completed by the **Applicant**. The **bottom** portion to be completed by the **Reference**. ▼

Dear Sir/Madam:

An application for registration as a  **land surveyor** or a  **land surveyor-in-training** has been filed with the Board by the above-named applicant. Will you kindly give the information requested below, if known, and make any comments that may be of value to the Board in considering the applicant's qualifications? Information secured from references is for the confidential use of the Board and the source and character of the information will not be divulged, except in special cases when required by law. Both the applicant and the Board will appreciate your cooperation in promptly furnishing the information requested.

Is the applicant's above description of experience and dates of employment accurate?  YES  NO

In your opinion is the applicant qualified to do important surveying, including all field work, necessary courthouse research, calculations, plat preparation and metes and bounds property descriptions?  YES  NO

Remarks: \_\_\_\_\_

\_\_\_\_\_

Reference Signature

Date

Print Reference Name

Name of Business

Reference Position

Registered Land Surveyor Number & State

**The completed questionnaire should be returned to the applicant IN A SEALED ENVELOPE SIGNED ACROSS THE FLAP to be included in his/her application packet. If you do not wish to return the questionnaire to the applicant, you may return it directly to the Board office. In such a case, you must notify the applicant in writing that you will be returning the questionnaire directly to the Board office.**

1. In your opinion, the applicant's character and reputation are: \_\_\_\_\_
2. Are you in any way related to the applicant?  YES  NO
3. Are you aware of any instances where the applicant was found guilty of illegal conduct?  YES  NO  
If so, please specify: \_\_\_\_\_

4. Please provide your evaluation of the applicant's capability for making mature and responsible decisions in surveying matters. If an "inadequate" evaluation is given, please provide a note of explanation below.

**PHASE OF ACTIVITY**

	Excellent	Good	Satisfactory	Inadequate	Other Comments
Technical Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technical Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Please indicate an "X" by the surveying work areas in which you personally know that the applicant has experience and proven ability. (Please indicate "unknown", if this be the case.)

Type of Experience	Field Work	Office Work	Other Comments
a) Boundary or acreage surveys	<input type="checkbox"/>	<input type="checkbox"/>	
b) Lot or loan closing surveys	<input type="checkbox"/>	<input type="checkbox"/>	
c) Topographic surveys	<input type="checkbox"/>	<input type="checkbox"/>	
d) Subdivision planning & design	<input type="checkbox"/>	<input type="checkbox"/>	
e) "As-built" surveys	<input type="checkbox"/>	<input type="checkbox"/>	
f) Condominium surveys	<input type="checkbox"/>	<input type="checkbox"/>	
g) Route/Right-of-way surveys	<input type="checkbox"/>	<input type="checkbox"/>	
h) Construction layout surveys	<input type="checkbox"/>	<input type="checkbox"/>	
i) Geodetic Controls surveys	<input type="checkbox"/>	<input type="checkbox"/>	
j) Hydrographic surveys	<input type="checkbox"/>	<input type="checkbox"/>	
k) GLO/Sectional surveys	<input type="checkbox"/>	<input type="checkbox"/>	

6. Would you employ the applicant in a position of trust and responsibility for an important surveying project involving the welfare and safety of the public?  YES  NO

7. Other information concerning the applicant or experience of any of the above responses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional information in letterform, which would amplify or clarify and assist the Board in equitably evaluating the applicant's experience and suitability for certification, is respectfully requested. The Board is charged by law with protection of the welfare and safety of the public in surveying matters and will certify only those persons believed to have the desire and ability to protect the public in the total discharge of their surveying duties and responsibilities.**