



PROFESSIONAL SURVEYOR EXPERIENCE VERIFICATION FORM
 (Upload Completed Forms to Your Account at www.michigan.gov/miplus)

Section of Form to be Completed by Applicant:

Applicant Legal Name (First, Middle, Last)
Dates of Work Qualifying Under R 339.17202(2) (Month/Year to Month/Year)

Remainder of Form to be Completed by Supervising Surveyor:

(2) Professional surveying work that is performed while under the supervision of a professional surveyor who is licensed or registered in Michigan or another state or province of Canada and involves work in 1 or more of the following areas qualifies as professional experience:

(a) Providing professional services such as consultation, investigation, testimony, evaluation, planning, mapping, assembling, and interpreting reliable scientific measurements and information relative to the location, size, shape, or physical features of the earth, improvements on the earth, the space above the earth, or any part of the earth, and the utilization and development of these facts and interpretations into an orderly survey map, plan, report, description, or project.

(b) Land surveying, which is the surveying of an area for its correct determination or description for its conveyance or for the establishment or reestablishment of a land boundary and the designing or design coordination of the plotting of land and the subdivision of land.

(c) Geodetic surveying, which includes surveying for a determination of the size and shape of the earth, both horizontally and vertically, and the precise positioning of points on the earth utilizing angular and linear measurements through spatially oriented spherical geometry.

(d) Utilizing and managing land information systems through the establishment of datums and local coordinate systems and points of reference.

(e) Engineering and architectural surveying for design and construction layout of infrastructure.

(f) Cartographic surveying for the making of maps, including topographic and hydrographic mapping.

Supervising Surveyor Certification and Signature

I certify that I have read administrative rule R 339.17202(2)(a) through (f) and that the above named applicant obtained work experience that qualifies under administrative rule R 339.17202(2) while under my supervision during the time periods stated.

Supervising Surveyor Signature	Date
Printed Name	
Supervising Surveyor License/Registration No. and State	