

**STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS**

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Department of Business Regulation  
Division of Building, Design and Fire Professionals  
State Building Office  
560 Jefferson Blvd, Suite 100  
Warwick, RI 02886  
(401) 889-5488  
www.bdp.ri.gov

**APPLICANT:** You must type/print name & address of reference person in the spaces above. Without this information, this form cannot be processed,

Dear Sir or Madam:

An application for a certificate of qualification as a **PROFESSIONAL LAND SURVEYOR** has been filed with this Board by:

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Applicant's Name

The above-named applicant for examination/license has requested a Reference Statement from you and has referred to you as one having personal knowledge of his/her character and professional experience.

Your prompt return of this Statement, duly completed, will greatly assist the Board when considering the application. Your Reference Statement will be treated by the Board as confidential information. This Statement must be received in the Board office by \_\_\_\_\_ if applicant is to be considered for the next scheduled examination.

The State Board of Registration for Professional Land Surveyors is required by statute to obtain evidence of the professional experience and good character of all applicants for license as Professional Land Surveyors. Statements by responsible persons with actual knowledge of the experience and qualifications of the applicant will be considered by the Board as meeting this provision of the law.

Practice in the profession of Land Surveying involves relationships with the public that necessitate a high degree of honor, integrity and professional ability. The State Board of Registration for Professional Land Surveyors trusts that when completing this Statement, you fully understand that the purpose of the law is to protect the public from the practice of Land Surveying by persons who are not competent to engage in such practice.

Both the applicant and the Board will appreciate your cooperation in promptly furnishing the information requested.

**PLEASE RETURN THIS STATEMENT DIRECTLY TO:**

**STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS**  
**Department of Business Regulation, Division of Building, Design and Fire Professionals**  
**560 Jefferson Blvd, Suite 100, Warwick, RI 02886**

**STATEMENT OF ENDORSER:** (NOT TO BE COMPLETED IN THE PRESENCE OF THE APPLICANT)  
**Please type or print your response. Endorser may be requested to substantiate any statement made herein.**

1. What is your business or profession? \_\_\_\_\_
2. During what years did you know the applicant? \_\_\_\_\_
3. Are you related? \_\_\_\_\_ If yes, how? \_\_\_\_\_
4. Association with Applicant (check all that apply) a. EMPLOYER \_\_\_\_\_ b. SUPERVISOR \_\_\_\_\_  
c. SUBORDINATE \_\_\_\_\_ d. SOCIAL COLLEAGUE \_\_\_\_\_ e. INSTRUCTOR \_\_\_\_\_  
f. OTHER (Specify) \_\_\_\_\_
5. Give your estimate of the applicant's character and business integrity \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. To your knowledge, does the applicant have practical experience in deed research, drafting of deed description, etc. preparatory to the conveyance of land? Yes \_\_\_\_\_ No \_\_\_\_\_
7. To your knowledge, is the applicant adequately informed of the rules of evidence and boundary law to effectively perform the duties ordinarily required of a Professional Land Surveyor? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Do you feel the Applicant is qualified to be certified as a Professional Land Surveyor in this State/Jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Give additional information which you believe may be of service to the Board in considering the application. \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
Name (Print or type) \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Date \_\_\_\_\_

If you are licensed, please fill in below:

Licensed Professional Land Surveyor                      Number \_\_\_\_\_ State \_\_\_\_\_  
Licensed Professional Engineer & Land Surveyor      Number \_\_\_\_\_ State \_\_\_\_\_