



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Registration for Professional Engineers and Surveyors

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11597 • Columbia • SC 29211-1597

Phone: 803-896-4422 • [Contact.ENGLS@llr.sc.gov](mailto:Contact.ENGLS@llr.sc.gov) • Fax: 803-896-4427

[www.llronline.com/POL/Engineers/](http://www.llronline.com/POL/Engineers/)



WORK EXPERIENCE VERIFICATION

Date:	Applicant's Name:
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*( To be completed by Applicant)*

**VERIFIER**

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

*( To be completed by Applicant)*

Dear Sir/Madam:

An application for registration as a Professional Engineer has been filed with the Board by the above Applicant. The Applicant has designated you as a supervisor or person most familiar with his/her work experience. Please review the Applicant's experience record provided in **Part I**. Please provide a conscientious, objective evaluation of the Applicant's work experience and provide any comments that may be of value to the Board in considering the Applicant's work experience and qualifications (**PART II**).

Practice as a Professional Engineer involves relations with the public that necessitate a high degree of honor, integrity and professional ability. Therefore, this board desires the person subscribing to this statement to fully understand that the purpose of the licensing laws is to protect the public from the practice of engineering by persons whose character is questionable or who are not competent to engage in such practice because they lack proper education and professional experience.

The Board expects any person signing this verification form to understand that the Board is required to obtain evidence of the professional responsibility and good character of applicants for licensure as a Professional Engineer. Statements by responsible persons with actual knowledge of the experience and qualifications of the Applicant will be considered by the Board as evidence of such connection.

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 appreciate your cooperation in promptly furnishing the information requested.

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.

The Board appreciates your assistance with this portion of the licensing process.



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**PART I – TO BE COMPLETED BY APPLICANT**

Applicant's Name: _____		Date: _____	
A. Employment Number: _____ B. Dates of Employment: _____ to _____ C. Employer Name and Mailing Address: _____ _____ _____ D. Name of Direct Supervisor: _____	E. Time:		
	(1) Non-Engineering Work	(2) Professional Work	(3) Total Time
F. Description of Experience State your Title(s) & Name of Company. Describe experience (one line is not sufficient) detailing in first person the work you personally performed in design, study, review, testing or other tasks which required your engineering skills. This work should be <b>progressive</b> in difficulty and magnitude; demonstrate sufficient breadth and scope, not a narrow technical skill focus; and reflect the acquired ability to design and apply engineering principles to demonstrate that your judgment may be trusted on projects involving public health and safety. Do not attach resume or project lists.			

*\*\* If needed, please continue on supplemental sheet.*

While licensure in SC is not by classification of any specific discipline of Engineering practice, an indication of the branch(es) of engineering you consider yourself qualified to practice by reason of your education and experience must be provided to the Board for evaluation of your application. Select the branch(es) in which you consider yourself competent:

<input type="checkbox"/> Agricultural and Biological	<input type="checkbox"/> Architectural	<input type="checkbox"/> Chemical
<input type="checkbox"/> Civil: Construction	<input type="checkbox"/> Civil: Geotechnical	<input type="checkbox"/> Civil: Structural
<input type="checkbox"/> Civil: Transportation	<input type="checkbox"/> Civil: Water Resources & Environmental	<input type="checkbox"/> Control Systems
<input type="checkbox"/> Electrical & Computer: Computer Engineering	<input type="checkbox"/> Electrical & Computer: Electrical & Electronics	<input type="checkbox"/> Electrical: Power
<input type="checkbox"/> Environmental	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Industrial
<input type="checkbox"/> Mechanical: HVAC & Refrigeration	<input type="checkbox"/> Mechanical: Mechanical Systems & Materials	<input type="checkbox"/> Mechanical: Thermal and Fluids Systems
<input type="checkbox"/> Metallurgical and Materials	<input type="checkbox"/> Mining and Mineral Processing	<input type="checkbox"/> Naval Architecture and Marine
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Petroleum	<input type="checkbox"/> Software
<input type="checkbox"/> Structural (16-hour)		



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PART II – TO BE COMPLETED BY VERIFIER

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

- 1. How well do you know the Applicant?
2. Basis of Contact for this engagement:
3. Are you related by blood or marriage?
4. If direct supervisor, were you a licensed professional engineer during the time of this engagement?
5. Applicant's description in Sections A – F is:
6. Using the provided interpretations, rate the practice and quality of performance of the applicant's engineering work.

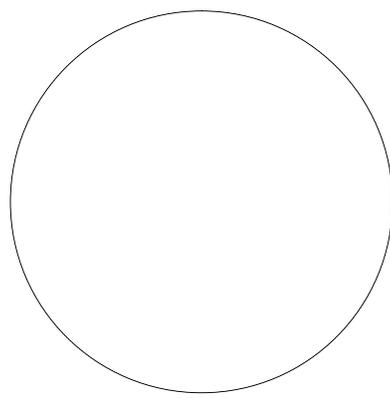
Table with 7 columns: Type of Practice, Responsible Charge (Yes/No), Above Average, Average, Below Average, Unsatisfactory, Unknown. Rows include Engineering Design, Engineering Studies, Engineering Data, and Engineering Other.

Interpretations:
Above Average: Performance unquestionably of a professional level demonstrated through competence and creative ability.
Average: Work not distinguished in content or level, but adequate for engineering purposes indicating an ability, under some supervision, to produce workable design of systems and products.
Below Average: Performance needs careful checking and rather close supervision to meet requirements.
Unsatisfactory: Work of poor quality, not up to minimum professional standards. Requires review and revision by associates or supervisors before execution. Inadequate for the purpose of safeguarding life, health and property.
Unknown: Did not review work or work with Applicant in this area. Cannot provide determination of proficiency.

- 7. In your opinion the Applicant's character and personal reputation are:
8. Would you employ Applicant in a position of trust?
9. Considering the need to protect the public health, safety and welfare, in your opinion how does this Applicant rank in professional competence and responsibility?
10. Would you recommend this Applicant to be licensed?

I certify that the above statements are true and correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified Applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

Print Verifier Name:
Registered Engineer #: State: Date of Issue:
Discipline:
Is your license current?
Name of Business:
Verifier Position:
Signature: Date:



Board Use Only
License Verified:
Date Verified

PE SEAL (if licensed)