Professional Engineering Form 4A

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

VERIFICATION OF PROFESSIONAL EXPERIENCE

Applicant Instructions Complete Section I and Section II and be sure to sign and date the attestation on page 3. Make a copy for your records and forward this original form to your endorser. Use a separate Form 4A for each endorser. If the endorser is/was not your immediate supervisor, refer to "Instructions For Completing Professional Experience Forms". Section II must be typed or printed legibly. This form may be copied as needed. This form will not be accepted if submitted by the applicant. **Section I: Applicant Information** 1 **Social Security Number** Endorser number (Leave this blank if you do not have a U.S. Social Security Number) (From Form 4) 2 Day Month Birth Date Year 3 Print Full Name Exactly As It Appears On Your Application for Licensure (Form 1) Last First Middle Licensee business address, phone and e mail address are public information. Failure to indicate business or home on this form for each item will deem it public information. Mailing Address: ☐ Home or ☐ Business (You must notify the Department promptly of any address or name changes.) Line 1 Line 2 Line 3 City Zip Code State Country/ Province 5 Telephone/E-Mail Address E-Mail Address (Please print clearly) Home or Business Daytime Phone: Home or Business Area Code Phone Number 6 Experience described on this form was obtained while employed by: Firm or Organization Name: ____ Business Address: _ ☐ Full time ☐ Part time Professional Engineering Form 4A, Page 1 of 4, Rev. 6/16

SECTION II: TO BE COMPLETED BY THE APPLICANT (TYPE OR PRINT LEGIBLY). Applicant Social Security Number:						
Please Note: The information provided below in Sections A, B and C may be released if requested under New York State Public Officers Law Article 6 – "Freedom of Information Law." Endorser number (From Form 4)						
A.	Describe your general engineering duties during your employment w	vith this firm for the time period covere	d by this report.			
В.	Describe briefly your personal level of responsibility or authority for resulting from promotions or other job changes during this period of		Explain here any changes in g	your title		
C.	Describe in detail the specific engineering work you personally representative of the work you performed while you were employed	by the firm named on this form. Ther	n, indicate at right, the time	TIME YRS./MOS.		
	you spent on these projects or assignments. The total time you clasufficient detail. No one time period can exceed two years in durat years of your experience required knowledge and use of codes and Form 4A for each individual endorser (even if two or more endorser MUST SIGN FORM 4A	ion. In your description you must der d practices used in the United States.	nonstrate that at least two You must use a separate AND YOUR ENDORSER			
	ndicate the number of SHEETS for this endorser. his is sheet 1)	-	Total time this sheet Total time this Endorser			
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Form 4A - Part C. Continued Applicant Social Security Number:		Pg _	of _					
		Endorser r (From For		er				
		1		IE MOS.				
		<u> </u> 	11(3./1	vi03.				
Enter the total time of work experience with this endorser here and on the appropriate endorser line	Total time this shee)t						
on Form 4.		orser						
Attestation								
I hereby certify that the work experience described on this form and the time claimed for that experience are true and accurate.								
Applicant's signature								
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SECTION III: TO BE COMPLETED BY ENDORSER Applicant Social Security Number:								
(Please Type Or Print Legibly). Endorser number (From Form 4)								
1	nstructions to the Endorser		·					
 Read carefully the information presented by the applicant on this form and any continuation sheets. Provide the requested information below and answer questions 1 - 8. Please note: The information provided below in questions 1-8 may be released if requested under New York State Public Officers Law, Article 6 – "Freedom of Information Law." If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the Department relative to the applicant, please submit a separate letter with this form. If you do, please identify the applicant by his/her full name and social security number in your letter and indicate that he/she is an applicant for engineering licensure. SIGN THE ENDORSER'S AFFIDAVIT IN SECTION IV. If you do not sign the Affidavit, please explain in a separate letter attached to this form. Return the entire form along with any other information directly to the Office of the Professions at the address below in an envelope bearing your return address or company address. Do not return this form to the applicant. This form will not be accepted if submitted by the applicant. 								
Endorser's name:								
Firm:								
Position in Firm:								
	City	Ot-t-	7'a Cada					
Street Business Phone number:	·	State	Zip Code					
Are you a professional engineer?								
If "Yes":	License No.	Data of licensure (m						
State	License No.	Date of licensure (n	no/day/yr)					
REGARDING THE APPLICANT'S DESCRIPTION OF PROFESSIONAL EXPERIENCE AS DESCRIBED ON THIS FORM:								
Do you have in-depth knowledge of the applicant's v	work during the time covered by this endorsement	? Yes] No					
Does the description accurately reflect the work per-	sonally performed by the applicant?	Yes [□ No					
3. Is the time claimed by the applicant for this experier	nce accurate?	☐ Yes ☐	□ No					
4. Was the applicant's work performed in an adequate	, reliable, and professional manner?	Yes [] No					
5. Are/were you the applicant's supervisor during the ti	ime period claimed above?	Yes [] No					
6. If not, please identify your work relationship to the a	pplicant at the time.							
7. Are you attaching a separate letter with additional in	formation about the applicant?	Yes [□ No					
8. Comments:								
SECTION IV: ENDORSER'S AFFIDAVIT								
I have read the information presented by the applicant on this form. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and engineering ability and that, except as otherwise noted on the front of this form, or in attached correspondence, the work experience described by the applicant and the time claimed for it, are generally true and accurate.								
Findowards Circusture	Dete		I cannot so certify. Letter					
Endorser's Signature Date								
Return form directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Professional Engineering Unit, 89 Washington Avenue, Albany, NY 12234-1000								
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