



Board for Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects  
**LAND SURVEYOR LICENSE REINSTATEMENT APPLICATION**  
Fee \$190.00

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert available at <http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf> must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

**EVIDENCE OF COMPLIANCE WITH THE CONTINUING EDUCATION REQUIREMENTS SET FORTH IN REGULATION 18VAC10-20-683 (EVIDENCE OF AT LEAST SIXTEEN HOURS OF BOARD APPROVED CONTINUING EDUCATION COURSES) MUST ACCOMPANY THIS LICENSE REINSTATEMENT APPLICATION.**

1. What was your previous Virginia Land Surveyor License Number?

Virginia Land Surveyor License Number 0403 Expiration Date \_\_\_\_\_

➔ If your license expired 5 or more years ago, you are required to re-apply for licensure on the *Land Surveyor License Application*.

2. Name \_\_\_\_\_

Last First Middle Generation

3. Social Security Number or Virginia DMV Control Number \*  -  -

4. Date of Birth \_\_\_\_\_

5. Address (PO Box not accepted) \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

➔ If you are using your business address, please include business name, full street address and any floor or suite numbers.

6. E-mail Address \_\_\_\_\_

7. Contact Numbers Primary Telephone \_\_\_\_\_ Ext \_\_\_\_\_

Alternate Telephone \_\_\_\_\_ Ext \_\_\_\_\_

Facsimile \_\_\_\_\_

8. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No

Yes  If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
			4020			0403	

9. Have you ever been convicted in any jurisdiction of **any felony or misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No

Yes

If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

*Certified copies of court records* may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

*Original criminal history records* may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

10. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the board's decision to approve this application. I certify that I will notify the Department if I am subject to a disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving my Land Surveyor license. I certify that I understand and have complied with all the laws of Virginia related to land surveyors under the provisions of Title 54.1, Chapter 4 of the *Code of Virginia* and the *Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations*.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

Applicant's Name		Social Security No.	
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BOARD REVIEW - For Office Use Only		
Review Date	Board Member Initials	Comments

	APPROVED Board Member Initials & Date		NOT APPROVED Board Member Initials & Date	
Reinstatement				