Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8506
www.dpor.virginia.gov

Type of Action



PRELIMINARY - PENDING APPROVAL

Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects BUSINESS ENTITY BRANCH OFFICE REGISTRATION APPLICATION

Trans

Fee

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A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

All applicants are required to read and understand the Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations available at: www.dpor.virginia.gov prior to applying for registration.

A separate registration application must be completed for each branch office. At least one currently licensed or certified individual in each profession offered or practiced at each branch office must be resident at the branch office to provide effective supervision and control of the final professional product.

Select the type of action you are requesting on this application.

Virginia Registration Number

New Appl	ication				1020	\$50.00							
Change o	f Status	0	4 1	1							No Fee		
A sole proprietor sh	ould enter his/he											e Trade	DBA name. All names
Trade, "Doing Business As" (DBA) or Fictitious Name													
▲ Attach a copy of the	e certificate filed v	vith the	e Clerk	of the	Cou	ı <u>rt</u> in t	he loca	ality w	here	e business w	vill be conducte	d (if red	quired by the locality).
A. Type of busines	s entity (selec	t only	one)										
Sole Propriet	orship 🔲	Gene	eral Pa	rtners	ship		Solel	y Ow	ned	ILLC ◆	Other	, pleas	e specify:
□ Corporation ◆		Limit	ed Par	tners	hip◆		Limit	ed Lia	abili	ity Compan	ıy◆		
									ited	Liability Part	tners <mark>hip, Non F</mark>	Profit, P	rofessional Corporation,
B. State Corporation	Commission N	lumbe	er:							(If a	applicable)		
the Virginia State C under the laws of th trade or fictitious na	orporation Comm e Commonwealth mes with the Sta	nissior n of Vii te Cor	i (inclui rginia o poratio	ding a r othe n Con	ll out rwise nmiss	of-st auth auth	ate bus orized r the cl	siness to trai erk of	ses). nsac f cou	Firm/Busine of business in art in the cou	esses shall be n Virginia. Firm ınty or jurisdicti	organiz n/Busino on whe	red as business entities esses must register any
Provide one of the following	llowing identifi	catio	n num	bers	*:								
☐ Business Federa	l Employer Ider	ntificat	tion Nu	umbei	r (FE	IN)		[-			
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	Change o Business or Sole Properties of the same as the virginia State Counder the laws of the trade or fictitious na conducted. For additional Sole Proprietor's of the Sol	must be the same as the name on your Trade, "Doing Business As" (DBA) ▲ Attach a copy of the certificate filed water A. Type of business entity (select Sole Proprietorship Corporation Corporation Company B. State Corporation Commission Note Virginia State Corporation Communder the laws of the Commonwealth trade or fictitious names with the State Conducted. For additional information Business Federal Employer Ider Sole Proprietor's/Individual's Society of the Commonwealth Information Description of the following identification of the Information Description of the Imployer Ider Sole Proprietor's/Individual's Society of the Information Description of the Imployer Ider Sole Proprietor's/Individual's Society of the Imployer Ider Imployer Imployer Imployer Imployer Imployer Imployer Ider Imployer Imployer Imployer Imployer Imployer Imployer Imploy	Change of Status 0 Business or Sole Proprietor Name ➤ A sole proprietor should enter his/her full le must be the same as the name on your go Trade, "Doing Business As" (DBA) or Fid ▲ Attach a copy of the certificate filed with the A. Type of business entity (select only Sole Proprietorship Gene Corporation Limited Liability Company, or Sole Professional Limited Liability Company, or Sole Professional Limited Liability Company, or Sole Professional State Corporation Commission Number of figure 1 state Corporation Commission under the laws of the Commonwealth of Vitrade or fictitious names with the State Corporation Conducted. For additional information, control Business Federal Employer Identification Sole Proprietor's/Individual's Social Selection Sole Proprietor's/Individual's Soci	Change of Status O 4 1 Business or Sole Proprietor Name ➤ A sole proprietor should enter his/her full legal namust be the same as the name on your government of the same as the name on your government. Trade, "Doing Business As" (DBA) or Fictitious. ▲ Attach a copy of the certificate filed with the Clerk. A. Type of business entity (select only one) Sole Proprietorship General Partimited Partimited Partimited Partimited Liability Company, or Sole Proprietors of State Corporation Commission Number: If your business is a corporation, limited liability the Virginia State Corporation Commission (inclured under the laws of the Commonwealth of Virginia of trade or fictitious names with the State Corporation conducted. For additional information, contact the Provide one of the following identification numbers Business Federal Employer Identification Numbers Sole Proprietor's/Individual's Social Security	Change of Status	Business or Sole Proprietor Name ➤ A sole proprietor should enter his/her full legal name and the must be the same as the name on your government issued I Trade, "Doing Business As" (DBA) or Fictitious Name Attach a copy of the certificate filed with the Clerk of the Could A. Type of business entity (select only one) Sole Proprietorship General Partnership Other: Association, Business Trust, Government Agency, Jerofessional Limited Liability Company, or Sole Proprietor (None B. State Corporation Commission Number: If your business is a corporation, limited liability company the Virginia State Corporation Commission (including all out under the laws of the Commonwealth of Virginia or otherwise trade or fictitious names with the State Corporation Commission conducted. For additional information, contact the SCC at we Provide one of the following identification numbers*: Sole Proprietor's/Individual's Social Security Number	Business or Sole Proprietor Name ➤ A sole proprietor should enter his/her full legal name and the commust be the same as the name on your government issued ID or	Business or Sole Proprietor Name A sole proprietor should enter his/her full legal name and the company remust be the same as the name on your government issued ID or organized. "Doing Business As" (DBA) or Fictitious Name Attach a copy of the certificate filed with the Clerk of the Court in the local A. Type of business entity (select only one) Sole Proprietorship General Partnership Soled Limited Partnership Limited Partnership Limited Partnership Soled Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owner Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owner Professional State Corporation Commission Number: If your business is a corporation, limited liability company, or limited the Virginia State Corporation Commission (including all out-of-state buse under the laws of the Commonwealth of Virginia or otherwise authorized trade or fictitious names with the State Corporation Commission or the classification of the following identification numbers. Business Federal Employer Identification Number (FEIN) Sole Proprietor's/Individual's Social Security Number or	Business or Sole Proprietor Name A sole proprietor should enter his/her full legal name and the company name must be the same as the name on your government issued ID or organization. Trade, "Doing Business As" (DBA) or Fictitious Name Attach a copy of the certificate filed with the Clerk of the Court in the locality was Attach a copy of the certificate filed with the Clerk of the Court in the locality was A. Type of business entity (select only one) Sole Proprietorship General Partnership Solely Ow Corporation Limited Partnership Limited Limited Limited Partnership Solely Ow Sole Proprietor (Non-Broker Owned) B. State Corporation Commission Number: If your business is a corporation, limited liability company, or limited partnership State Corporation Commission (including all out-of-state business under the laws of the Commonwealth of Virginia or otherwise authorized to tratrade or fictitious names with the State Corporation Commission or the clerk of conducted. For additional information, contact the SCC at www.scc.virginia.go Provide one of the following identification numbers : Business Federal Employer Identification Number (FEIN)	Business or Sole Proprietor Name A sole proprietor should enter his/her full legal name and the company name sho must be the same as the name on your government issued ID or organization/bus Trade, "Doing Business As" (DBA) or Fictitious Name Attach a copy of the certificate filed with the Clerk of the Court in the locality where A. Type of business entity (select only one) Sole Proprietorship General Partnership Solely Owned Limited Partnership Limited Liability Other: Association, Business Trust, Government Agency, Joint Venture, Limited Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned) B. State Corporation Commission Number: If your business is a corporation, limited liability company, or limited partners the Virginia State Corporation Commission (including all out-of-state businesses), under the laws of the Commonwealth of Virginia or otherwise authorized to transact trade or fictitious names with the State Corporation Commission or the clerk of couconducted. For additional information, contact the SCC at www.scc.virginia.gov or Provide one of the following identification numbers*: Business Federal Employer Identification Number (FEIN) Fed	Business or Sole Proprietor Name A sole proprietor should enter his/her full legal name and the company name should be enter must be the same as the name on your government issued ID or organization/business documents of the same as the name on your government issued ID or organization/business documents. 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For additional information, contact the SCC at www.scc.virginia.gov or by phone at Provide one of the following identification numbers*: Business Federal Employer Identification Number (FEIN) Federal Employer Sole Proprietor's/Individual's Social Security Number or	Change of Status O 4 1 1 No Fee Business or Sole Proprietor Name A sole proprietor should enter his/her full legal name and the company name should be entered below as the must be the same as the name on your government issued ID or organization/business documents. Trade, "Doing Business As" (DBA) or Fictitious Name Attach a copy of the certificate filed with the Clerk of the Court in the locality where business will be conducted. A. Type of business entity (select only one) Sole Proprietorship General Partnership Solely Owned LLC Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Company Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Foressional Limited Liability Company, or Sole Proprietor (Non-Broker Owned) B. State Corporation Commission Number: (If applicable) If your business is a corporation, limited liability company, or limited partnership, your business/trade not the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm trade or fictitious names with the State Corporation Commission or the clerk of court in the county or jurisdictic conducted. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-973 Provide one of the following identification numbers*: Business Federal Employer Identification Number (FEIN) Federal Employer Identification Number or	Business or Sole Proprietor Name A sole proprietor should enter his/her full legal name and the company name should be entered below as the Trade must be the same as the name on your government issued ID or organization/business documents. Trade, "Doing Business As" (DBA) or Fictitious Name Attach a copy of the certificate filed with the Clerk of the Court in the locality where business will be conducted (if rec. A. Type of business entity (select only one) Sole Proprietorship General Partnership Solely Owned LLC Other, pleas Corporation General Partnership Limited Liability Company Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Perofessional Limited Liability Company, or Sole Proprietor (Non-Broker Owned) B. State Corporation Commission Number: (If applicable) If your business is a corporation, limited liability company, or limited partnership, your business/trade name(s) the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organize under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Business are derived to transact business in Virginia. Firm/Business or the clerk of court in the county or jurisdiction whe conducted. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733. Provide one of the following identification numbers*: Business Federal Employer Identification Number (FEIN) Federal Employer Identification Number (FEIN)

OFFICE	DATE	FEE	TRANS CODE	ENTITY#	FILE #/LICENSE #	ISSUE DATE
OFFICE USE ONLY			1020		0411	

solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

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5.	Mailing Address (PO Box The mailing address wil printed on the license	lbe	City										_						7!:-	0-4		-
6.	Street Address (PO Box r	•	City	Che	ck here	if Stree	Addre	ss is th	he <u>s</u>	ame a	as the	Mailing	j Ad	Idres		ate isted	l abo	ive.	Zip	Code	e 	_
			City												Sta	ate			Zip	Code	e	_
7.	Contact Numbers	Delever Televis					A I4	т.	.1				_					F				_
8.	Email Address	Primary Telepho	ne				Alterr	ate Te	eiep	none							-	Fax				
		Email address	is cons	sidere	d a pu	blic red	ord an	d will	be	discl	osed	upon r	equ	uest	fro	om a	a thi	rd p	arty.			_
9.	Main Office's Virginia Reg	istration Number	0	4	0 7	7																
10.	Street Address of Main Of	fice																				-
			City											- –	St	ate			Zip	Code	е	-
11.	Profession(s) to be practice At least one full-time emplormust provide effective super	oyee or resident p	rincipa	al lice						prof	essio	n offe	ere	d or	r p	ract	tice	d af	t eac	:h b	orancl	1
	Select all that apply	Name/Title of Inc	lividu	al R	esider	nt & in	Resp	onsi	ible	e Ch	arge				V	A L	<u>ice</u>	nse	No.			
Ar	chitects _) [4	0	1						
Pr	ofessional Engineers) [4	0	2						
La	and Surveyors) (4 (0	3						
Sı	urveyor Photogrammetrists)	4 (0	8						
La	indscape Architects) _	4 (0	6			\Box			
Int	terior Designers) _	4	1	2						
12.	will be upda	ange of Status for se list all current ated to reflect only st comply with re	and r	new indiv	indivi	duals s liste	in res	spon:	sib	le cl	narg	e. No	ote:	: the	e l	bus	ine	SS	entit	y re		
	Name	Т	itle			V	rginia	Lice	nse	Nur	nber					Pro	ofes	ssio	n			
																			—			
13.	Has this business/organiz taken by <u>any</u> (including Vin No	•	e or na	atior	nal reç	gulato	ry bo	dy?	er)	ever	bee	en sul	bje	ct t	.0	a <u>d</u>	isc	ipli	inar	y a	ctior	Ī

PRELIMINARY - PENDING APPROVAL

14.	regard	lless of the manner	zation or anyone listed on this applicat of adjudication, in any jurisdiction of the	, ,	0 3
	conter No	idere snali be consi	idered a conviction.		
	Yes	If yes, com	plete the Criminal Conviction Reporting	<u>ı Form.</u>	
	regard	dless of the manner	zation or anyone listed on this applicated on this applicated of adjudication, in any jurisdiction of the considered a conviction.		0 3
	Yes	☐ If yes, com	plete the <u>Criminal Conviction Reporting</u>	ı Form.	
15.	I, the unde information the professi 4 of Title 54	that might affect the ons practiced by the 4.1 of the Code of V	in question #10: at the foregoing statements and answer Board's decision to approve this apple branch office. I also certify that I will overginia, and the Virginia Board for Arc Landscape Architects Regulations.	ication. I certify that I a comply with all relevan	am in responsible charge of the statutes including Chapte
	Signature				Date
	Signature				Date
	Signature				Date
	Signature			_	Date
16.	I, the unde information branch offic employees Chapter 4 c	that might affect the e is registered will identified on this ap of Title 54.1 of the	It the foregoing statements and answer Board's decision to approve this application. I also certify that the busine Code of Virginia, and the Virginia Boasigners and Landscape Architects Reg	ication. I certify that th al supervision of the li ss will comply with all ard for Architects, Pro	e professions for which the censed or certified full-time relevant statutes including
	Signature				Date
	Title				
	Notarization				
	In the State of	f	City/County of	, subscribed	and sworn before me, the
	undersigned [Notary Public in and	d for the City/County aforesaid this	, day of	, 20
			, day of , 20 _		
	Affi	x official seal here.		Signature of Notary Public	

PRELIMINARY - PENDING APPROVAL

Any change in status, including but not limited to changes in entity, name, address, place of business or responsible persons at each place of business should be reported to the Board in accordance with Board regulation 18VAC10-20-660.

For Official Use Only								
Date	Approved	Disapproved						