



PRELIMINARY - PENDING APPROVAL

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

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed [credit card insert](#) 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.

Type of Action	Virginia Registration Number	Trans	Fee	✕
New Application		1020	\$50.00	<input type="checkbox"/>
Change of Status	0 4 1 1		No Fee	<input type="checkbox"/>

- 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/DBA name. All names 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 required by the locality).
- A. Type of business entity (select only **one**)
 Sole Proprietorship General Partnership Solely Owned LLC ♦ Other, please specify:
 Corporation ♦ Limited Partnership ♦ Limited Liability Company ♦ _____
Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, Professional 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) must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission or the clerk of court in the county or jurisdiction where the business is to be 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 (12-3456789)
 Sole Proprietor's/Individual's Social Security Number or - -
 Virginia Department of Motor Vehicles Control Number Social Security or Virginia DMV Number (123-45-6789)
 ▶ Enter the same identification number as used on previous applications or licenses on file with the department.
 * State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or 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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OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020	0411		

5. Mailing Address (PO Box accepted) _____
 The mailing address will be printed on the license.
 City _____ State _____ Zip Code _____

6. Street Address (PO Box not accepted) _____
PHYSICAL ADDRESS REQUIRED
 Check here if Street Address is the same as the Mailing Address listed above.

 City _____ State _____ Zip Code _____

7. Contact Numbers _____
 Primary Telephone _____ Alternate Telephone _____ Fax _____

8. Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.

9. Main Office's Virginia Registration Number

0	4	0	7						
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10. Street Address of Main Office _____

 City _____ State _____ Zip Code _____

11. Profession(s) to be practiced in the branch office:
 At least one full-time employee or resident principal licensed or certified in each profession offered or practiced at each branch must provide effective supervision and control of the final professional product.

Select all that apply	Name/Title of Individual Resident & in Responsible Charge	VA License No.										
<input type="checkbox"/> Architects	_____	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px;">0</td><td style="width: 20px;">4</td><td style="width: 20px;">0</td><td style="width: 20px;">1</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>	0	4	0	1						
0	4	0	1									
<input type="checkbox"/> Professional Engineers	_____	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px;">0</td><td style="width: 20px;">4</td><td style="width: 20px;">0</td><td style="width: 20px;">2</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>	0	4	0	2						
0	4	0	2									
<input type="checkbox"/> Land Surveyors	_____	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px;">0</td><td style="width: 20px;">4</td><td style="width: 20px;">0</td><td style="width: 20px;">3</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>	0	4	0	3						
0	4	0	3									
<input type="checkbox"/> Surveyor Photogrammetrists	_____	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px;">0</td><td style="width: 20px;">4</td><td style="width: 20px;">0</td><td style="width: 20px;">8</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>	0	4	0	8						
0	4	0	8									
<input type="checkbox"/> Landscape Architects	_____	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px;">0</td><td style="width: 20px;">4</td><td style="width: 20px;">0</td><td style="width: 20px;">6</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>	0	4	0	6						
0	4	0	6									
<input type="checkbox"/> Interior Designers	_____	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px;">0</td><td style="width: 20px;">4</td><td style="width: 20px;">1</td><td style="width: 20px;">2</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>	0	4	1	2						
0	4	1	2									

12. Are you applying for a Change of Status for a business entity that is already registered with the Virginia Board?
 No
 Yes If yes, please list all current and new individuals in responsible charge. Note: the business entity record will be updated to reflect only the individuals listed on this application. All professionals affiliated with this location must comply with regulation 18VAC10-20-780.

Name	Title	Virginia License Number	Profession

13. Has this business/organization or anyone listed on this application (owner) ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?
 No
 Yes If yes, complete the [Disciplinary Action Reporting Form](#).

- 14. A. Has this business/organization or anyone listed on this application (owner) ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any felony? Any plea of nolo contendere shall be considered a conviction.
 - No
 - Yes If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Has this business/organization or anyone listed on this application (owner) ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any misdemeanor? Any plea of nolo contendere shall be considered a conviction.
 - No
 - Yes If yes, complete the [Criminal Conviction Reporting Form](#).

15. Signatures of individuals listed in question #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 am in responsible charge of the professions practiced by the branch office. I also certify that I will comply with all relevant statutes including Chapter 4 of Title 54.1 of the Code of Virginia, and the Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

16. Signature of Authorized Official:

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 the professions for which the branch office is registered will be under the direct control and personal supervision of the licensed or certified full-time employees identified on this application. I also certify that the business will comply with all relevant statutes including Chapter 4 of Title 54.1 of the Code of Virginia, and the Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations.

Signature _____ Date _____

Title _____

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me, the undersigned Notary Public in and for the City/County aforesaid this _____, day of _____, 20 ____.

My commission expires the _____, day of _____, 20 ____.

Affix official seal here.

Signature of Notary Public

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