Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233
(804) 367-8506
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Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects PROFESSIONAL ENGINEER & ENGINEER-IN-TRAINING DEGREE VERIFICATION FORM

PROFESSIONAL ENGINEER & ENGINEER-IN-TRAINING DEGREE VERIFICATION FORM Instructions Section A: To be completed by the applicant, then forwarded to the college or university for certification. Please enclose a stamped self-addressed envelope. Section B: To be completed by the institution listed in Section A #7 and returned to the applicant or mailed directly to the Board at the

secuo	address above.	y the institution listed in Sec t	tion A #7 and returned to	the applicant or mail	ea airectly to	the Board at the	
Sect	ion A						
1.	Applicant's Name						
		Last	First	Middle		Generation	
2.	Social Security Number or Virginia DMV Control Number *						
3.	Date of Birth						
4.	Mailing Address (PO B	ox accepted)					
			City		State	Zip Code	
5.	E-mail Address						
6.	Contact Numbers						
		Primary Telephone	Alternate Telephone (Cell, Beeper, etc.)		Facsimile		
7.	Name of Institution						
8.	Address of Institution						
			City		State	Zip Code	
9.	Dates Attended	From	To				
10.	Degree						
11.	Applicant's Signature		Date				
Sect	ion B						
	l baraby cartife	, that the individual named	Certification	atad from this cohor	l/inctitution		
_	, ,	that the individual named	J				
Degr			Major				
Date	Degree Received						
Sign	ature						
Official Title				Affix official school seal here.			