



PROFESSIONAL ENGINEER & ENGINEER-IN-TRAINING EXPERIENCE VERIFICATION FORM

Instructions:

Applicant: Complete **Sections A and C, sign and date**, then forward form to the employer. Associates or clients may verify experience obtained through self-employment.
 If more space is needed, make additional copies of this form. *Each position must be listed on a separate Experience Verification Form and verified with an original signature.*

Experience Verifier: Complete Sections B and D, sign and date, then return form to the applicant.

Section A (to be completed by applicant)

1. Applicant's Full Legal Name (As it appears on your government issued ID or other legal documentation.)

_____ Last (required) _____ First (required) _____ Middle _____ Generation _____

2. Provide at least **one** of the following identification numbers*:

Social Security Number *or* Virginia DMV Control Number

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- Enter the same identification number as used on examination, previous applications or licenses on file with the department.
- * 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.

3. Mailing Address (PO Box accepted)

 _____ City _____ State _____ Zip Code _____

4. Employer (verifying experience on this form)

5. Employer's Mailing Address

 _____ City _____ State _____ Zip Code _____

Section B (to be completed by supervisor)

1. Supervisor's Name _____

2. Supervisor's Title _____

3. Do you hold any of the following licenses? Check **all** that apply.

<input type="checkbox"/> Architect	State _____	License No. _____	Exp. Date _____
<input type="checkbox"/> Professional Engineer	State _____	License No. _____	Exp. Date _____
<input type="checkbox"/> Land Surveyor	State _____	License No. _____	Exp. Date _____
<input type="checkbox"/> Other _____	State _____	License No. _____	Exp. Date _____

4. What is your business relationship to the applicant? _____

Section C (to be completed by applicant)

Job Description - Provide a description (using concise statements) of the scope and nature of work or projects performed. Indicate whether you had full or partial responsibility for the work and the complexity of the work. If additional space is needed for this employer, please copy this form.

Title	From MM/YY	To MM/YY	Part-time? (less than 30 hours/week)	
			Average part-time hours per week:	
Total Qualifying Experience ★		Number of Years	Number of Months	
Applicant's Signature			Date	

Section D (to be completed by supervisor)

Have you supervised the applicant for the entire period listed in Section C?

Yes

No If no, how long have you supervised the applicant?

_____ To: _____
MM/DD/YYYY MM/DD/YYYY

To the best of your knowledge, did the applicant correctly describe his/her experience in Section C?

Yes

No If no, please provide a description of the type of work or projects performed by the applicant and the complexity of his/her work:

I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Supervisor's Signature _____ Date _____

★ Refer to 18VAC10-20-240 Experience in the *Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations* for additional information on qualifying and nonqualifying experience.