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



Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects PROFESSIONAL ENGINEER LICENSE REINSTATEMENT APPLICATION Fee \$180.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, 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 Professional Engineer License Number? | | | | | | | | | |
|---|---|---------------------------|----------------|-----------------------|-------------------|-------------------|--------------------------------|---------------|--|--|
| | Virginia Professional Engineer License Number 0402 Expiration Date | | | | | | | | | |
| | If your lice Application | ense <u>expired</u> n. | 5 or more yea | <u>rs ago</u> , you a | required to re-ap | ply for licensure | on the <i>Professional Eng</i> | ineer License | | |
| 2. | Name | | | | | | | | | |
| | _ | Last | | Fi | rst | Middle | 9 | Generation | | |
| 3. | Social Securi | ty Number o | or Virginia DM | IV Control N | umber * | | - | | | |
| 4. | Date of Birth | | | | | | | | | |
| 5. | . Address (PO Box not accepted) | | | | | | | | | |
| 0. | | | | | | | | | | |
| | | | - | | | | | | | |
| | | | - | | 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 Addres | SS | | | | | | | | |
| 7. | 7. Contact Numbers | | rimary Teleph | none | | Ext | | | | |
| | | А | Iternate Telep | hone | | Ext | | | | |
| | | F | acsimile | | | | | | | |
| 8. | Have you ev regulatory bo | | ubject to a d | isciplinary a | iction imposed by | any (including | y Virginia) local, state | or national | | |
| | 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 OFFICI | DATE | FEE | TRANS CODE | ENTITY # | APPLICATION # | FILE | # / LICENSE # | ISSUE DATE | | |
| USE | | | 4020 | | | 0402 | | | | |

| 9. | contend | | convicted in any jurisdiction of any felo lisclosed on this application. Do not dis | | |
|-----|--|--|---|---|---|
| | No | | | | |
| | Yes | | If yes, list the misdemeanor and/or fe record; a certified copy of the final or agency with lawful authority to issue information you wish to have consider of incarceration, parole or probation; additional space is needed, attach a second | der, decree, or case decision by a co such order, decree, or case decision red with this application (e.g., informat reference letters; documentation of r | ourt or regulatory n; and any other ion on the status |
| | | | Certified copies of court records may be on which you were convicted. The address | | |
| | | | Original criminal history records may be which you were convicted. Virginia reside the presence of a notary public and mail it Exchange, Post Office Box 27472, Richmo | ents must complete a criminal history reco to the Department of State Police, Centra | ord request form in |
| | | | | | |
| 10. | informa I am su Profess profess | tion that might bject to a disc ional Engineer ional engineer cts, Professio | ertify that the foregoing statements an affect the board's decision to approve the plinary action or convicted of a felony or license. I certify that I understand and a under the provisions of Title 54.1, Channal Engineers, Land Surveyors, Cer | is application. I certify that I will notify the misdemeanor (in any jurisdiction) price have complied with all the laws of Voter 4 of the Code of Virginia and the | the Department if ir to receiving my l'irginia related to Virginia Board for |
| | Signatu | ire | | 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.