



Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects
LAND SURVEYOR & SURVEYOR-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 address above.

Section A

- Applicant's Name _____
Last First Middle Generation
- Social Security Number or Virginia DMV Control Number* - -
* 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.
- Date of Birth _____
- Mailing Address (PO Box accepted) _____
City State Zip Code
- E-mail Address _____
- Contact Numbers _____
Primary Telephone Alternate Telephone (Cell, Beeper, etc.) Facsimile
- Name of Institution _____
- Address of Institution _____
City State Zip Code
- Dates Attended From _____ To _____
- Degree _____
- Applicant's Signature _____ Date _____

Section B

Certification

I hereby certify that the individual named in **Section A #1** graduated from this school/institution.

Degree _____ Major _____
Date Degree Received _____
Signature _____
Official Title _____ *Affix official school seal here.*