

**Board for Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects**  
**PROFESSIONAL ENGINEER & ENGINEER-IN-TRAINING EXPERIENCE VERIFICATION FORM**  
Page \_\_\_\_\_ of \_\_\_\_\_

**Instructions**

*Applicant:* Complete **Sections A and C, sign and date**, then forward form to the employer. Please enclose a stamped self-addressed envelope. Associates or clients may verify experience obtained through self-employment. Any individual serving as a reference may **not** verify experience on this form. 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.*  
**AFTER THE SUPERVISOR HAS COMPLETED THE FORM, THE ORIGINAL AND ONE COPY OF EACH COMPLETED FORM MUST BE INCLUDED IN YOUR APPLICATION PACKAGE.**

*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 Name \_\_\_\_\_  
Last First Middle Generation
2. Provide **one** of the following identification numbers.  
 Social Security Number or  Virginia DMV Control Number \* 

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\* 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 \_\_\_\_\_  
City State Zip Code
4. Employer (verifying experience on this form) \_\_\_\_\_
5. Employer's Mailing Address \_\_\_\_\_  
City State Zip Code
6. Supervisor's Name \_\_\_\_\_

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**Section B (to be completed by supervisor)**

1. Supervisor's Name \_\_\_\_\_  
Last First Middle Generation
2. Supervisor's Title \_\_\_\_\_
3. Do you hold any of the following licenses? Check **all** that apply.  
 Architect State \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Professional Engineer State \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Land Surveyor State \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 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 35 hours/week)	<input type="checkbox"/> No <input type="checkbox"/> Yes
			Average part-time hours per week:	
Total <i>Sub-professional</i> (non-qualifying) Experience ★	Number of Years		Number of Months	
Total <i>Professional</i> Experience ★	Number of Years		Number of Months	
<i>I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve this application. I also certify and acknowledge that the my experience verification may be reviewed by another agency in accordance with subsection A.2 of §2.2-3806.</i>				
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, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve this application. I also certify and acknowledge that this experience verification may be reviewed by another agency in accordance with subsection A.2 of §2.2-3806.*

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 sub-professional and professional experience.