



**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
 SURVEYOR PHOTOGRAMMETRIST LICENSE REINSTATEMENT APPLICATION
 Fee \$190.00**

A check or money order payable to the TREASURER OF VIRGINIA, 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 Surveyor Photogrammetrist License Number?

VA Surveyor Photogrammetrist License Number 0408 Expiration Date _____

➔ If your license expired 5 or more years ago, you are required to re-apply for licensure on the *Surveyor Photogrammetrist License Application*.

2. Name _____

Last First Middle Generation

3. 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.

4. Date of Birth _____

5. Address (PO Box not accepted) _____

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 Address _____

7. Contact Numbers Primary Telephone _____ Ext _____

Alternate Telephone _____ Ext _____

Facsimile _____

8. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

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 OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
			4020			0408	

9. Have you ever been convicted in any jurisdiction of **any felony or misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No

Yes

If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; 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; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

10. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the board's decision to approve this application. I certify that I will notify the Department if I am subject to a disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving my Surveyor Photogrammetrist license. I certify that I understand and have complied with all the laws of Virginia related to land surveyors and surveyor photogrammetrists under the provisions of Title 54.1, Chapter 4 of the *Code of Virginia* and the *Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations*.

Signature _____

Date _____

BOARD REVIEW – For Office Use Only		
Review Date	Board Member Initials	Comments

	APPROVED Board Member Initials & Date	NOT APPROVED Board Member Initials & Date	
Reinstatement			