



**Board for Architects, Professional Engineers, Land Surveyors,  
 Certified Interior Designers and Landscape Architects**  
**INTERIOR DESIGNER EXPERIENCE VERIFICATION FORM**

**PRELIMINARY - PENDING APPROVAL**

**Instructions**

*Applicant:* Complete items #1 through #9, then forward this form to the firm named in question #4.  
*Verifier:* Complete items #10 through #22. Enclose the form and one copy in a sealed envelope with your signature across the sealed flap. Return it to the applicant (for inclusion in their application package) or mail directly to the board section at the address listed above. Your prompt response is appreciated.

1. Applicant's Name \_\_\_\_\_  
Last First Middle Generation

2. Provide **one** of the following identification numbers.\*  
 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.

3. Mailing Address \_\_\_\_\_  
City State Zip Code

4. Employer (firm where experience was obtained) \_\_\_\_\_

5. Employer's Mailing Address \_\_\_\_\_  
City State Zip Code

6. Time period in which experience was obtained From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/YY MM/YY

7. Was this a full-time (minimum of 30 hours per week) position?  
 Yes   
 No  If no, how many hours worked per week? \_\_\_\_\_

8. **Indicate the percentage of time spent in each category (percentages must add up to 100 percent).** Please be mindful of how your work has enhanced and protected the health, safety and welfare of the public in completing this section.\* As some of the categories overlap, please note that your work experience may be relevant to more than one category; therefore, please check all the categories that apply.

- |  |  |
|--|--|
| _____ 1. Client Interviews   | _____ 14. General Drafting                                   |
| _____ 2. Needs & Relationship Analysis   | _____ 15. Custom Project Design                              |
| _____ 3. Space Planning  | _____ 16. Furniture & Equipment Specifications & Plans       |
| _____ 4. Design Concepts   | _____ 17. Non-load Bearing Interior Construction Specs/Plans |
| _____ 5. Presentations   | _____ 18. Bid/Purchase Order Preparation                     |
| _____ 6. Code Analysis *   | _____ 19. Bid/Cost Evaluations                               |
| _____ 7. Fire Safety Considerations *  | _____ 20. Project Scheduling                                 |
| _____ 8. Barrier Free Evaluations *  | _____ 21. Shop Drawings & Submittal Reviews                  |
| _____ 9. Product & Material Selection  | _____ 22. Site Visits/Punch Lists                            |
| _____ 10. Inventory & Analysis   | _____ 23. Personnel Management                               |
| _____ 11. Budgeting & Cost Projections   | _____ 24. Marketing  |
| _____ 12. Architect/Engineer Coordination  | _____ 25. Business Office Operation                          |
| _____ 13. Building System Considerations (HVAC, lighting, acoustics & environment) |  |
| _____ Other: _____   |  |

9. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

The applicant's employer or supervisor (during the time that the applicant is claiming credit for work experience) should complete questions #10 through #23.

10. Verifier's Name \_\_\_\_\_  
Last First Middle Generation

11. Relationship to applicant:  Supervisor  Employer  Other \_\_\_\_\_

12. Type of Business \_\_\_\_\_

13. Mailing Address \_\_\_\_\_

City State Zip Code

14. Current Position \_\_\_\_\_

15. Position held in (or relationship to) firm listed in question #4 \_\_\_\_\_

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

Architect State \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Interior Designer State \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Professional Engineer State \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

17. Are the dates of employment shown in question #6 correct?

Yes

No  If no, clarify. \_\_\_\_\_

18. Have you directly supervised the applicant for the entire period of time listed in question #6?

Yes

No  If no, what is your professional relationship to the applicant? \_\_\_\_\_

How did you obtain knowledge of the applicant's professional experience?

\_\_\_\_\_

19. Are the areas of practice selected by the applicant in question #8 correct?

Yes

No  If no, explain.

\_\_\_\_\_

20. Was the applicant employed full-time (30 hours or more per week)?

Yes

No  If no, how many hours did the applicant work each week? \_\_\_\_\_

21. In your judgment, has the applicant's work been of a satisfactory quality and has the applicant exhibited good moral character?

If no, explain.

\_\_\_\_\_

22. Additional comments:

\_\_\_\_\_

23. Signature \_\_\_\_\_ Date \_\_\_\_\_