Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects
LANDSCAPE ARCHITECT EXPERIENCE VERIFICATION FORM
FOR EXAMINATION AND COMITY APPLICANTS

**Instructions:**

**Applicant:** Complete items #1 through #11, then forward this form to the firm named in #4.

**Verifier:** Complete items #12 through #23. 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 the application package) or mail directly to the Board at the address listed above. Your prompt response is appreciated.

1. Applicant’s Name
2. 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

4. Employer (firm where experience was obtained)
5. Employer’s Mailing Address

<table>
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<tr>
<th>6. DATES OF EMPLOYMENT</th>
<th>7. LENGTH OF TIME</th>
<th>8. STATUS (Check one)</th>
<th>9. INDICATE % OF TIME SPENT IN EACH PRACTICE CATEGORY</th>
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<td>FULL-TIME</td>
<td>PART-TIME (Less than 35 hours per week)</td>
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<td>PROGRAMMING</td>
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<td>SITE &amp; ENVIRONMENTAL ANALYSIS</td>
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<td>SCHEMATIC DESIGN</td>
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<td>CONSTRUCTION COST</td>
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<td>CODE RESEARCH</td>
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<td>DESIGN DEVELOPMENT</td>
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<td>OFFICE MANAGEMENT</td>
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Notes: Applicants with an LAAB-accredited degree must demonstrate a minimum of 36 months of experience under the direct control and personal supervision of a licensed landscape architect, architect, professional engineer, or land surveyor. At least 12 months of the total experience must be under the direct control and personal supervision of a licensed landscape architect.

All other applicants must have at least eight years of combined education and experience evaluated in accordance with the Landscape Architect Equivalency Table as established in 18 VAC 10-20-420 of the Board’s regulations.

10. Indicate the type(s) of services performed by the firm.

- [ ] Landscape Architecture
- [ ] Corporate Facilities Department
- [ ] Military/Government Design Facility
- [ ] Architecture
- [ ] Design/Building
- [ ] Teaching or Research
- [ ] Construction Management
- [ ] Engineering
- [ ] Other
11. Applicant’s authorization and release. **This release must be signed before forwarding form to the experience verifier.**

I hereby authorize the Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects to make inquiries of the individual listed in #12 on page 2 of this form with respect to my background and character. I invite full disclosure and complete responses to all inquiries. I release said person from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board.

Signature ____________________________ Date ______________

Items #12 through #23 should be completed by the applicant's employer or associate who qualifies as the person in responsible charge under whose supervision the applicant is claiming credit for work experience.

12. Verifier's Name

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<th>First</th>
<th>Middle</th>
<th>Generation</th>
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13. Relationship to Applicant

☐ Supervisor ☐ Client ☐ Co-worker ☐ Other ____________

14. Mailing Address

____________________________________________________

____________________________________________________

City ____________________ State __________ Zip Code __________

15. Current Position

________________________________________________________________________

16. Position held in (or in relationship to) the firm listed in #4.

________________________________________________________________________

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

☐ Architect State _______ License No. _______ Expiration Date __________

☐ Professional Engineer State _______ License No. _______ Expiration Date __________

☐ Land Surveyor State _______ License No. _______ Expiration Date __________

☐ Surveyor Photogrammetrists State _______ License No. _______ Expiration Date __________

☐ Landscape Architect State _______ License No. _______ Expiration Date __________

18. Are the dates of employment shown in #6 correct? Yes ☐ No ☐ If no, clarify. __________

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

Yes ☐ No ☐ If no, what is your professional relationship to the applicant? __________

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

________________________________________________________________________

20. Are the areas of practice selected by the applicant in #9 correct? Yes ☐ No ☐ If no, please clarify. __________

21. Was the applicant employed full-time (35 hours or more per week)?

Yes ☐ No ☐ If no, how many hours did the applicant work each week? __________

22. Additional Comments

________________________________________________________________________

23. Signature ____________________________ Date ______________