



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 \_\_\_\_\_  
Last First Middle Generation

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 \_\_\_\_\_