Commonwealth of Virginia
Dept. of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233
(804) 367-8506
www.dpor.virginia.gov



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

nstrud Applica Verifie	ant:		Comp Retur	olete it n it to	ems #	‡12 throu	h #11, then fough #23. Encl (for inclusion ciated.	lose t	he fo	orm a	ind or	ne co	opy in	a se	aled e	envelo ctly to	ope w o the	<u>vith ye</u> Boa	<u>our si</u> rd at	gnatu the a	<u>re ac</u> ddres	<u>cross</u> ss list	<u>the so</u> ed at	ealed ove.	<u>l flap</u> . Your
1.	Ap	plica	ınt's l	Name																					
	Last 2. Social Security Number or Virginia DMV (First							Middle					Generation					
2.		State	law re	equires	every a	applicant fo	INIA DIVIV Co or a license, cert curity number or	ificate	regis	tration	or oth	ner au	ıthorizat e Virgini	ion to a Depa	engag artmen	e in a t of Mo	busine	ess, tra hicles.	de, pr	_ ofessio	n or c	occupa	tion iss	ued b	y the
3.	Ma	iling	Addı	ress																					
4. 5.		'	•	rm wł Mailin		•	ce was obta	ined)			City								``	State		Zip	Code	:
													City								State		Zip	Code	!
6. DATES OF EMPLOYMENT						7. LENG	7. LENGTH OF TIME			8. STATUS (Check one)			9. INDICATE % OF TIME SPENT IN EACH PRACTICE CATEGORY												
FF	ROM	M		ТО		FULL- TIME	PART-TIME (Less than 35 hours per week)	EMPLOYEE WITH LANDSCAPE ARCHITECT SUPERVISOR	EMPLOYEE W/O LANDSCAPE ARCHITECT SUPERVISOR	PARTNER OR CORPORATE OFFICER	YED	ING	RONMENTAL	DESIGN	TON COST	ARCH	ELOPMENT	NOI	TERIALS	(ING ATION	OCEDURES	TON CE	TON	PROJECT MANAGEMENT	AGEMENT
MO [DAY	YR	MO	DAY	YR	√	HOURS PER WEEK	EMPLOYEE \ ARCHITECT	EMPLOYEE \ ARCHITECT	PARTNER OF	SELF-EMPLOYED	PROGRAMMING	SITE & ENVIRONMENTAL ANALYSIS	SCHEMATIC DESIGN	CONSTRUCTION COST ANALYSIS	CODE RESEARCH	DESIGN DEVELOPMENT	CONSTRUCTION DOCUMENTS	SPECS & MATERIALS RESEARCH	DOC. CHECKING & COORDINATION	BIDDING PROCEDURES	CONSTRUCTION PHASE-OFFICE	CONSTRUCTION PHASE-OBSERVATION	PROJECT MA	OFFICE MANAGEMENT
Note		exp All o	erience other a nitect e the Lan	supervie muste applica Equiva type(adscap hitectu	vision St be u ants m alency s) of s be Arc ure	of a licer Inder the nust have Table a	[be ard I and It yea in 18 by th	chited persolars of VAC e firr Corp Design	ct, ard onal com C 10- m. orate	chited super bined 20-42 Facil iilding	t, provision edu 0 of	ofession of a cation	onal e licen and pard's	engine Ised la exper s regu	er, oi indsc ience	r land ape a e eval	I surv archit luated Milit	reyor. ect. d in ad ary/G ching	At lea	ast 12 ance ment	2 mon with t Desi	iths of	the andso	total

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									
Item	s #12 through #23 should be und	e completed by the appli der whose supervision th				responsible charge								
12.	Verifier's Name		First		Middle	Consent to a								
10	Last	Companda a	First	0	Middle	Generation								
	Relationship to Applicant Mailing Address	Supervisor	Client	Co-worker	Other									
	- -													
	-		City		State	Zip Code								
15.	Current Position													
16.	Position held in (or in relat	ionship to) the firm liste	d in #4.											
17.	Do you hold any of the foll	owing 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 Photogrammetrist	ts State	License No.		Expiration Date									
	☐ Landscape Architect	State	License No.		Expiration Date									
18.	Are the dates of employment	ent shown in #6 correct	? Yes 🗌 No	☐ If no, cla	rify.									
19.		sed the applicant for the what is your profession did you obtain knowled	nal relationship to the	applicant? _	erience?									
20.	Are the areas of practice s	selected by the applican	t in #9 correct? Yes	No No	☐ If no, ple	ase clarify.								
21. 22.	Was the applicant employ Yes	ed full-time (35 hours or ow many hours did the		week?										
23.	Signature				Date									