Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8506 www.dpor.virginia.gov Board for



Department of Professional and Occupational Regulation

www.dpor.virginia.gov			Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects							
		PRO	FESSI	ONAL					ATEMENT AF	
										Fee \$180.00
	or a	A check or money completed <u>credit car</u> APPLIC	d inser	t must l	be maile	d with y	<u>RER OF VIRGI</u>	INIA,	RY - PENDING	APPROVAL
1.	Provide your previous	s Virginia Profession	al Engi	neer Lie	cense N	umber	?			
	Virginia License Nu		2	T			Expiration D)ate		
	⇒ If your license <u>expir</u> <u>Application.</u>		<u>ago</u> , yo	ou are r	equired t	o re-app		_	ne <u>Professional Er</u>	ngineer License
2.	•	•	or rein	statem	ent.				Requirements a accurses.	re set forth in
3.	Full Legal Name (As	it appears on your go	vernme	nt issue	d ID or o	ther lega	al documentatio	on.)		
	Last (required)	First	t (require	ed)			Middle			Generation
4.	Provide at least <u>one</u> of the following identification numbers [*] :									
	Social Security	Number and/or				-	-			
	Virginia DMV Control Number									
		ication number as used on e	avaminati	on nrevio	us annlicat	ons or lice	enses on file with th	he dena	artment	
	* State law requires even	ery applicant for a license, control provide a social security	ertificate, i	registratio	n or other a	authorizati	ion to engage in a l	busines	ss, trade, profession or	occupation issued
5.	Date of Birth	(N	lust be a	at least	18 years	of age.))			
6.	Maiden or Former Na	me(s)								
7.	Mailing Address (PO	Box accepted)								
	The mailing addre									
	printed on the li	cense.	City						State	Zip Code
8.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED			Check h	ere if Stree	Address	is the <u>same</u> as the	Mailing	g Address listed above	
			01							7h Oada
0			City						State	Zip Code
9.	Contact Numbers	Primary Telepl	Primary Telephone		Alternate Telephone			Fax		X
10.	Email Address	2								
		Email addres	s is cons	idered a	public rec	ord and	will be disclosed	upon r	request from a third	party.
								ΙΝΙΔΡ	Y - PENDING	
								·· \/~\/		ALL INCOVAL

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

- 11. Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body?
 - No 🗌
 - Yes If yes, complete the <u>Disciplinary Action Reporting Form</u>.
- 12. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u>?
 - No 🗌
 - Yes If yes, complete the Criminal Conviction Reporting Form.
 - B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of a <u>misdemeanor</u> in the last 10 years? *Any plea of nolo contendere shall be considered a conviction.*

No 🗌

- Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>
- 13. By signing this application, I certify the following statements:
 - I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession 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

Required Attachment:

• Copies of certificate(s) showing successful completion of 16 hours of CE requirements set forth in Regulations 18VAC10-20-683.