

Department of Professional and Occupational Regulation

Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects PROFESSIONAL ENGINEER EXPERIENCE VERIFICATION FORM One Experience per Form

Instructions:

Applicant:	Complete Sections A then forward this form to a licensed professional engineer in the organization's engineering practice
	where the experience was obtained. Each position must be listed on a separate Experience Verification Form and verified
	with an original signature.

Experience Verifier: Complete Sections B. Return this form to the applicant for inclusion in their application package. Your prompt response is appreciated.

Section A (to be completed by applicant)

1. Applicant's Full Legal Name (As it appears on your government issued ID or other legal documentation.)

	Last ((required)	First (required)		Middle		Generation
2.	Provi	de one of the following identifica	tion number:				
		Social Security Number or		* Number			
	>	Enter the same identification number as use			es on file with the departr	nent.	
	*	State law requires every applicant for a licen by the Commonwealth to provide a social se	se, certificate, registration or	other authorization	to engage in a business,	trade, profession or	occupation issued
3.	Mailir	ng Address (PO Box accepted)					
			City			State	Zip Code
4.	Empl	oyer (verifying experience on this	s form)				
5.	Empl	oyer's Mailing Address					
			City			State	Zip Code
6.	Job D	Description - Provide your job title	(s) during your empl	oyment with th	e firm listed in que	stion #4.	
	A.	Job Title					
	В.	Time period in which the expe	ience was obtained	Start Date	-	End Date	
				-	MM/YY		MM/YY
	C.	List the total number of Years/	Months of Experien	ice are you se	eking approval for:		
					0 11	# of Years	# of Months
	D.	Employment Type: 🗌 Full	ime 🗌 Part-time	e (less than 30	hrs./week)		
			lf Part-ti	me, on average	e, how many hours	per week:	
	E.	What is the total percentage of	time devoted to the	duties describe	ed in the box belov	<i>I</i> :	
	F.	In the box provided on page 2 this completed form (Section	· •	•		eking approval	for. <u>Forward</u>

Experience : Refer to the Board regulation <u>18VAC10-20-240</u> . Experience for experience. Complete the following table and give a detailed detailed full or partial responsibility for the work and the complexity of the information provided in this table shall clearly describe the performed.	scription of the type o the work.	f experience, ind	dicating whether you
Select the type(s) of "Qualified" experience used in this description: Design Military Industrial Graduate/Doctoral D Construction Sales Teaching Co-Op/Internship	egree 🗌 General	Responsibility:	% of work performed
I certify, to the best of my knowledge, all information provided on t	his form is true and ac	curate.	
Applicant's Signature	Date	Page	of

1.	Verifier's Name					
2.	Verifier's Title					
3.	Provide your license informat					
	Professional Engineer		License No		_ Exp. Date	
4.	What is your business relatio	nship to the ap	pplicant?			
5.	During this time listed in ques	stion #6.B, wer	re you a licensed professional	engineer?		
	Yes					
	No	j have you bee	en lincensed?		To:	
<u> </u>	Ohaali all aan isaa na famaa	d har the e finner.		MM/DD/YYYY		MM/DD/YYYY
6.	Check all services performed	•				
	 Architecture Engineering 		Surveyor Photogrammetry Landscape Architect	☐ Other _		
	I I Fnaineenna					
	Land Surveyor		Interior Design/Contract Interio	ors		
7.	Land Surveyor		•		tion A, ques	tion #6.F.?
7.	Land Surveyor To the best of your knowledg Yes No If no, provide	le, did the appl	Interior Design/Contract Interior licant correctly describe his/he of the type of professional en	er experience Sect		
7.	Land Surveyor To the best of your knowledg Yes	le, did the appl	Interior Design/Contract Interior licant correctly describe his/he of the type of professional en	er experience Sect		
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8. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Signature

Date