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 fo



Department of Professional and Occupational Regulation

Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects ENGINEER VERIFICATION OF EXAMINATION & LICENSURE FORM

Please note that this form is for those who have examinations, designations, or licenses outside of Virginia. If you need information verified and sent to another state, use the <u>Certification Request Form</u>.

Name of board providing verification:

Applic	cant's Name	First		Middle		Generation	
Provid	de <u>one</u> of the following identifi	iation numb	ers [*] ·				
	Social Security Number		Virginia DMV Co	ntrol Number			
					censes on file with the departme	ent.	
					ation to engage in a business, tr v the <u>Virginia</u> Department of Mo		or occupation issued
Applic	cant's Street Address						
				City		State	Zip Code
I.	EXAMINATION						
	The written examination was	s prepared l	by:				
	NCEES Please explain any NCEES or Board grade adjustments:						
	Board						
	Type of Examination	Hours		Results	Exam Date		
	Engineer-in-Training						
	Professional Engineer						
	Exam Option:						
II.	LICENSURE, CERTIFICATION, or REGISTRATION The above-named applicant holds the following license, certification or registration:						
	Type of License	X Li	cense Number	Date Issue	ed Expiration Date	•	
	Engineer-in-Training						
	Professional Engineer						
	The applicant qualified for licensure, certification or registration through:						
	Written Examination						
	Comity or Reciprocity						
	PE State	e:		_			
	EIT State	e:		_			
	Other Expl	ain:					
	Has the applicant been su	bject to any	disciplinary acti	on?			
	Yes 🔲 If yes, attac	h document	ation of findings	, sanctions, et	С.		
	No 🗌						
Verifie	er's Name					Apply Board	soalbora
Verifier's Title						нрру Боаго Арру Боаго	Sedi Hele.
Signa	ture				Date		
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