



**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
 LICENSE/CERTIFICATE RENEWAL FORM**

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed [credit card insert](#) must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

X	Select <u>one</u> license/certificate you are renewing:	Fee
<input type="checkbox"/>	0401 - Architect License	\$55.00
<input type="checkbox"/>	0402 - Professional Engineer License	\$80.00
<input type="checkbox"/>	0403 - Land Surveyor License	\$90.00
<input type="checkbox"/>	0404 - Land Surveyor B License	\$90.00
<input type="checkbox"/>	0406 - Landscape Architect License	\$110.00
<input type="checkbox"/>	0408 - Surveyor Photogrammetrist License	\$90.00
<input type="checkbox"/>	0412 - Interior Designer Certificate	\$45.00

General Information - Licenses and certificates cannot be renewed more than 90 days prior to expiration. The department automatically mails renewal notices to the license or certificate address of record approximately 45 days prior to expiration. If you receive a renewal notice from this department for your license or certificate, and you have already submitted this form with payment, please disregard the renewal notice.

Please carefully key the information into this form and print the completed form. You may also print a blank copy of the form and manually write your information; please write clearly so that your record may be updated accurately. Use only one renewal form for each license or certificate to be renewed. Address, e-mail, and telephone information provided on this form will be used to update your license or certificate record information.

1. Provide your Virginia License or Certificate Number below:

Virginia License Number

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 Expiration Date ^{*} _____

^{*} If a renewal payment is not **received** within 30 days after the expiration date on your license or certificate, an additional \$25 late fee will be charged. If payment is not **received** within 6 months after the expiration date on your license or certificate, you will be required to reinstate it. Reinstatement applications are available on the Board's website at www.dpor.virginia.gov/Boards/APELS/. Please ensure adequate time for the post office when mailing payment to the Board.

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

_____ Last (required) _____ First (required) _____ Middle _____ Generation

3. Provide at least one of the following identification numbers*:

Social Security Number *and/or*

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Virginia DMV Control Number

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- Enter the same identification number as used on examination, previous applications or licenses on file with the department.
- * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

4. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

 City _____ State _____ Zip Code _____

5. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

Check here if Street Address is the same as the Mailing Address listed above.

 City _____ State _____ Zip Code _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			2020	04		

6. Contact Numbers _____
Primary Telephone Alternate Telephone

7. Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.

8. By signing this application, I certify the following statements:
- I will continue to comply with the Standards of Practice and Conduct, including the Board's continuing education requirements, as established by the Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers, and Landscape Architects (APLESCIDLA Board).
 - I further certify that I understand and am compliant with all the laws of Virginia related to my occupation under the provisions of Title 54.1, Chapter 4 of the Code of Virginia and the APELSCIDLA Board.

Signature _____ Date _____

Mail this form with your renewal fee (check or a completed credit card payment form) to the following address:

Department of Professional and Occupational Regulation
Post Office Box 29570
Richmond, VA 23242-0570