

Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects
ARCHITECT - CLIENT EXPERIENCE VERIFICATION FORM

ONLY USE THIS VERIFICATION FORM IF YOU ARE APPLYING BY COMITY OR REINSTATING A LICENSE

Instructions

Applicant: Complete items #1 through #3, then forward this form to the client who will verify your experience.

Client: Complete items #4 through #13. Enclose the form and one copy in a sealed envelope with your signature across the sealed flap. Return it to the applicant for inclusion in their application package, or mail it directly to the Board at the address listed above. Your prompt response is appreciated.

1. Applicant's Name _____
Last First Middle Generation

2. Enter the **last 4 digits** of the following identification numbers*: (Use the same identification number as previous applications.)
 Social Security Number or Virginia DMV Control Number

➤ 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.

3. Mailing Address _____
(PO Box accepted)
City State Zip Code

4. Client's Name _____

5. Mailing Address _____
City State Zip Code

6. Contact Numbers _____
Primary Telephone Alternate Telephone

7. Length of time you have known applicant in a professional capacity: From: _____ To: _____
MM/YYYY MM/YYYY

8. Describe the type of projects the applicant worked on during your professional association:
 Residential Commercial Other: _____

9. Check **all** the architectural services in which the applicant was involved:
 A & E Contract Negotiations Construction Docs & Preparation Full-time Construction Observation
 Bidding to Contractors Construction Management Interior Space Planning
 Construction Administration Cost Estimating Master Site Planning
 Construction Dispute Resolution Expert Witness Preliminary Design

10. Based on your professional association with the applicant, do you believe the applicant possesses adequate knowledge to practice as an architect? Yes No

11. In your opinion, has the applicant's work been of satisfactory quality? Yes No

12. Additional Comments:

13. Signature _____ Date _____