Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8506 Board for Architects, Professional Engineers, Land Surveyors,



Department of Professional and Occupational Regulation

| www.dpor.virginia.gov | Bourd for Architectis, Professional Engineers, Eand our regors, |
|--------------------------|---|
| <u>mm.upor.mgmna.gov</u> | Certified Interior Designers and Landscape Architects |
| | PROFESSIONAL ENGINEER & ENGINEER-IN-TRAINING DEGREE VERIFICATION FORM |
| Instructions: | |
| C. H. To bo com | lated by the applicant, then forwarded to the college or university for cortification. Dieses enclose a |

| Section A: | To be completed by the applicant, | then | forwarded to | the | college | or u | university | for | certification. | Please | enclose | а |
|------------|-----------------------------------|------|--------------|-----|---------|------|------------|-----|----------------|--------|---------|---|
| | stamped, self-addressed envelope. | | | | | | | | | | | |

Section B: To be completed by the institution listed on this application and returned to the applicant or mailed directly to the Board at the address above.

Section A:

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

| | Last (required) | | First (required) | | Mid | dle | | | | Genera | ation |
|-------------------|------------------------|----------------|--|-------------------|--------------------|-----------------|---------------|--------------|----------|-----------|----------------|
| 2. | Provide at least one o | f the followin | a identification num | bers*: | | | | | | | |
| | | | <u>Virginia</u> DMV Co | | er | | | | | | |
| | | | used on examination, prev | | | file with the d | epartment. | | | | |
| | | | icense, certificate, registra al security number or a con | | | | | | n or occ | upation i | ssued |
| 3. | Date of Birth | | | | | | | | | | |
| | | MM/DD/YYYY | | | | | | | | | |
| 4. | Mailing Address (PO E | 3ox accepted | i) | | | | | | | | |
| | | | | | | | | | | | |
| | | | City | | | | | State | Z | ip Code | |
| 5. | Contact Numbers | - | Primary Telephon | <u> </u> | Alternate T | elenhone | | | Fax | | |
| 6. | Email Address | | Thindry Telephon | C . | Alternateri | ciepnone | | | Tux | | |
| 0. | | | Email address is conside | ered a public rec | cord and will be c | lisclosed upor | n request fro | om a third p | oarty. | | |
| 7. | Name of Institution | | | | | | · | | - | | |
| 8. | Address of Institution | | | | | | | | | | |
| 0. | | | | | | | | | | | |
| | | City | | | | | St | tate | Z | ip Code | |
| 9. | Dates Attended | From: | | To: | | | | | | | |
| | | | MM/DD/YYYY | | MM/DD/YY | ſY | | | | | |
| 10. | Degree | | | | | | | | | | |
| 11. | Applicant's Signature | | | | | | Dat | e | | | |
| Secti | on B: | | | | | | | | | | |
| | | | | ertification - | | | | | | | |
| | | that the indiv | vidual named on thi | | • | | | | | | |
| Degre | ee | | | _ Major | | | | | | | |
| Date | Degree Received | | | | | | | | | | |
| | | MM/DD/YYYY | | | | A (Cl (Cl ! | -111 | | | | |
| Signa | ature | | | | | Affix officia | ai schooi | seal ne | ere. | | |
| • | al Title | | | | | | | | | | |
| Unit | | | | | | | | | | | |
| A416-0 07/01/2 | 402_20DEG-v1 017 | | | | | Board | for APELS | CIDLA/PE- | EIT DE | | FORM 1 of 1 |