



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

Name of board providing verification:

Applicant's Name

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Generation \_\_\_\_\_

Provide at least **one** of the following identification numbers\*:

- Social Security Number* or  *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.

Applicant's Street Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**I. EXAMINATION**

The written examination was prepared 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	License Number	Date Issued	Expiration Date
Engineer-in-Training	<input type="checkbox"/>			
Professional Engineer	<input type="checkbox"/>			

The applicant qualified for licensure, certification or registration through:

- Written Examination
- Comity or Reciprocity
- PE State: \_\_\_\_\_ Any disciplinary actions? No   
 EIT State: \_\_\_\_\_ Yes  If yes, attach documentation of findings, sanctions, etc.  
 Other Explain: \_\_\_\_\_

Has the applicant been subject to any disciplinary action?

- Yes  If yes, attach documentation of findings, sanctions, etc.  
 No

Verifier's Name \_\_\_\_\_

*Apply Board seal here.*

Verifier's Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_