Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8506



**Trans** 

1020

Fee

\$30.00

www.dpor.virginia.gov

X

Type of Action

**New Application** 

## Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects PROFESSIONAL CORPORATION - BRANCH OFFICE REGISTRATION APPLICATION

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

All applicants are required to read and understand the *Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations* available at: www.dpor.virginia.gov prior to applying for registration.

A separate registration application must be completed for each branch office. At least one currently licensed or certified individual in each profession offered or practiced at each branch office must be resident at the branch office to provide effective supervision and control of the final professional product.

Select the type of action you are requesting:

Virginia Registration Number

		Change of Sta	atus	0	4	1 0						No Fee	
		Reins	tatement - Ex	pired i	more	than	:						
		30 days of mo	ore	0	4	1 0	ı				4020	\$55.00	
1.	Name of Profes	ssional Corpo	ration										
2.	Trade or Fictition	ous Name											
>			to be used, a cop d with this applica		e cert	tificate	filed wi	th the	State	Corpoi	ration Comr	nission pursuant	to §59.1-69 of the
3.	Federal Emplo	yer Identificati	on Number	Feder	al Em	ployer le	dentificat	ion Nur	mber (	12-3456	] 789)		
4.		ss (PO Box acong address will be on the license.	. ,	City							. 00)		Zip Code
5.	Street Address PHYSICAL	S (PO Box <u>not</u> L <b>ADDRESS REC</b>	. ,		Chec	k here i	f Street A	Address	is the	same a	s the Mailing	Address listed abo	·
				City								State	Zip Code
6.	Contact Number	ers											
			Primary Telepho	ne				Alterna	te Tel	ephone		F	Fax
7.	Email Address		For all address :		: d	-ll	Ľ		2011	1:1-			
				_	_	<del></del>	lic reco	rd and	WIII D	e discio	osed upon r	equest from a thir	ra party.
8.	Main Office's	VA Registration	on Number	) 4	0	5							
9.	Main Office -	Street Addres	S										
				City								State	Zip Code
OFFICE USE	DATE	FEE	TRANS CODE		ENTIT	Υ#				FILE	#/LICENSE#		ISSUE DATE
ONLY							(	)410	)				

At least one currently licensed or certified individual in each profession offered or practiced at ea supervision and control of the final professional product.	ch bra	anc	h mu	ıst pr	ovide	effe	ective	
Select all that apply Name/Title of Individual Resident & in Responsible Charge	VA License No.							
Architects	) 4	0	1					
Professional Engineers	) 4	0	2		П			
Land Surveyors	) 4	0	3		$\overline{\prod}$	Ī		
Surveyor Photogrammetrists	) 4	0	8					
Landscape Architects	) 4	0	6					
Interior Designers	) 4	1	2		$\prod$			
<ul> <li>Has the business ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including V regulatory body?         No</li></ul>	irginia	a) I	ocal	, sta	te or	na	ional	
12. A. Has the business ever been convicted or found guilty, regardless of the manner of a of the United States of any <a href="felony">felony</a> ? Any plea of nolo contendere shall be considere  No  Yes  If yes, complete the <a href="felony">Criminal Conviction Reporting Form.</a>	-				าy jur	isd	ction	
<ul> <li>B. Has the business ever been convicted or found guilty, regardless of the ma jurisdiction of the United States of any misdemeanor? Any plea of nolo conteconviction.</li> <li>No</li></ul>			•				•	
13. Signatures of individuals listed above (question #10):								
<ul> <li>I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed an information that might affect the Board's decision to approve this application.</li> </ul>								
I certify that I am in responsible charge of the professions practiced by the branch office.	ce.							
<ul> <li>I also certify that I will comply with all relevant statutes including Chapter 4 of Title 54.1 of the Code of Virginia, a the Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers a Landscape Architects Regulations.</li> </ul>								
Signature	_ Da	ate	_					
Signature	_ Da	ate	_					
Signature	_ Da	ate	_					
Signature	_ Da	ate	_					
Signature	_ Da	ate	_					
Signature	_ Da	ate	_					

Profession(s) to be practiced by the corporation and Virginia-licensed individual(s) in responsible charge:

10.

## 14. By signing this application:

- I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application for a certificate of authority to practice the professions selected on this application.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I also certify that the firm has complied with Chapter 7 of Title 13.1 and Chapter 4 of Title 54.1 of the Code of Virginia, and the Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations.

Print Name	Title	Title					
Signature		Date					
	Signature of Authorized Officer or Director						