



**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
 BUSINESS ENTITY - BRANCH OFFICE REGISTRATION APPLICATION**

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.

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:

X	Type of Action	Virginia Registration Number	Trans	Fee
<input type="checkbox"/>	New Application		1020	\$50.00
<input type="checkbox"/>	Change of Status	0 4 1 1		No Fee
	Reinstatement - Expired more than:			
<input type="checkbox"/>	30 days or more	0 4 1 1	4020	\$80.00

1. Business Entity Name _____

2. Trade or Fictitious Name _____

➤ If a Trade or Fictitious Name is to be used, a copy of the certificate filed with the State Corporation Commission pursuant to §59.1-69 of the *Code of Virginia* must be included with this application.

3. Federal Employer Identification Number -
 Federal Employer Identification Number (12-3456789)

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) Check here if Street Address is the same as the Mailing Address listed above.
PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

6. Contact Numbers _____
 Primary Telephone _____ Alternate Telephone _____ Fax _____

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

8. Main Office's VA Registration Number 0 4 0 7

9. Main Office - Street Address _____
 City _____ State _____ Zip Code _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					0411	

10. Profession(s) to be practiced by the corporation and Virginia-licensed individual(s) in responsible charge:
- At least one full-time employee or resident principal licensed or certified in each profession offered or practiced at each branch must provide effective supervision and control of the final professional product.

Select all that apply	Name/Title of Individual Resident & in Responsible Charge	VA License No.
<input type="checkbox"/> Architects	_____	0 4 0 1 _____
<input type="checkbox"/> Professional Engineers	_____	0 4 0 2 _____
<input type="checkbox"/> Land Surveyors	_____	0 4 0 3 _____
<input type="checkbox"/> Surveyor Photogrammetrists	_____	0 4 0 8 _____
<input type="checkbox"/> Landscape Architects	_____	0 4 0 6 _____
<input type="checkbox"/> Interior Designers	_____	0 4 1 2 _____

11. Are you applying for a Change of Status for a business entity location that is already registered with the Virginia Board?
- No
- Yes If yes, list all **current** and **new** individuals in responsible charge.

Note: the business entity record will be updated to reflect only the individuals listed on this application. All professionals affiliated with this location must comply with regulation 18VAC10-20-780.

Name	Title	VA License No.	Professional Type

12. Has the business ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?
- No
- Yes If yes, complete the [Disciplinary Action Reporting Form](#).

13. A. Has the business ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).

- B. Has the business ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).

14. Signatures of individuals listed above (question #10):

- 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.
- I certify that I am in responsible charge of the professions practiced by the branch office.
- I also certify that I will comply with all relevant statutes including 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*.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

15. 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 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 _____

Signature _____ Date _____

Signature of Authorized Officer or Director