



**Board for Architects, Professional Engineers, Land Surveyors,  
 Certified Interior Designers and Landscape Architects  
 BUSINESS ENTITY REGISTRATION RENEWAL FORM**

**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.**

X	Select <u>one</u> Registration for Renewal	Fee
<input type="checkbox"/>	0405 - Professional Corporation Registration	\$25.00
<input type="checkbox"/>	0407 - Business Entity Registration	\$50.00
<input type="checkbox"/>	0413 - Professional Limited Liability Company Registration	\$50.00

**General Information** - A business cannot be renewed more than 90 days prior to the expiration date. The department automatically mails a renewal notice to the business address of record approximately 45 days prior to the expiration date.

1. Provide the Virginia business registration number below:

Virginia Reg. Number \_\_\_\_\_

Expiration Date <sup>\*</sup> \_\_\_\_\_

\* If a renewal payment is not **received** within 30 days after the expiration date on the business registration, an additional \$25 late fee will be charged. If payment is not **received** within 6 months after the expiration date on the business registration, the business will be required to reinstate their registration. Reinstatement applications are available on the Board's website: [www.dpor.virginia.gov/Boards/APELS/](http://www.dpor.virginia.gov/Boards/APELS/)

2. Business Name \_\_\_\_\_

3. Trade, "Doing Business As" (DBA) or Fictitious Name \_\_\_\_\_

4. Mailing Address\* (PO Box accepted): \_\_\_\_\_ Street Address\* (PO Box not accepted): \_\_\_\_\_

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

Check box if Mailing Address is the same as the Street Address.

5. Contact Numbers\* \_\_\_\_\_  
 Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

6. Email Address\* \_\_\_\_\_  
 Email address is considered a public record and will be disclosed upon request from a third party.

\* **IF** the **address(es)**, **contact number** or **email address** on record is different, the board section will update this information.

7. By submitting the renewal fee, the business certifies the following statements:
- Continued compliance with the Board's Standards of Practice and Conduct including regulation 18VAC10-20-780, as established by the Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers, and Landscape Architects (APLESCIDLA Board).
  - This business understands and is in compliance with all the laws of Virginia under the provisions of Title 13.1 Chapter 7 and Title 54.1 Chapter 4 of the Code of Virginia and the APELSCIDLA Board.

Mail this form, along with the renewal fee (check or a completed [credit card payment form](#)) to the following address:  
 Department of Professional and Occupational Regulation  
 Post Office Box 29570  
 Richmond, VA 23242-0570

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			2020		04	