Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8506
www.dpor.virginia.gov
Board for



Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects ARCHITECT - EXPERIENCE VERIFICATION FORM

I nst Appl Verif	ican						ugh #11, ther ough #25. Re								•	•			packa	age.					
1.	,	Applic	ant's	Nan	ne					— <u>-</u> -															
2.	ı	Provide one of the following identif						First							Middle								Generation		
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5.	E	Emplo	yer's	Mai	ling .	Addres	ss																		
City								F 0/ C		<u> </u>		State	D 4 0	Zip Code											
6. DATES OF EMPLOYMENT 7. LENGTH OF TIME					8. STATUS (check one)				INDICATE % OF TIME SPENT IN EACH I (IDP applicants must complete IDP training re																
ſ	FROM		ТО			FULL- TIME	PART- TIME (Less than 30 hours per week)	ΞR	CORP. DIRECTOR	YEE	OTHER (EXPLAIN)	PROGRAMMING	SITE & ENVIRONMENTAL ANALYSIS	SCHEMATIC DESIGN	CONSTRUCTION COST ANALYSIS	CODE RESEARCH	DESIGN DEVELOPMENT	CONSTRUCTION DOCUMENTS	SPECS & MATERIALS RESEARCH	HECKING & INATION	BIDDING PROCEDURES	CONSTRUCTION PHASE - OFFICE	CONSTRUCTION PHASE - OBSERVATION	PROJECT MANAGEMENT	OFFICE MANAGEMENT
MM	DE	YY	MM	DD	YY	✓	HOURS PER WEEK	PARTNER	CORP.	EMPLOYEE	OTHER	PROGR	SITE &	SCHEM	CONST	CODE F	DESIGN	CONST	SPECS RESEA	DOC. C COORD	BIDDIN	CONST	CONST	PROJE	OFFICE
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person in responsible charge under whose supervision the applicant is claiming credit for work experience. Verifier's Name 14. Mailing Address Zip Code 15. Current Employer 16. Employer's Address Zip Code 17. **Current Position** 18. Do you hold any of the following licenses? Check all that apply. ☐ Architect Exp. Date State License No. Professional Engineer Exp. Date License No. State ☐ Other State License No. Exp. Date Position held in (or relationship to) the firm listed in question #4 19. Are the dates of employment shown in question #6 correct? Yes If no, clarify: No Have you directly supervised the applicant for the entire period of time listed in question #6? Yes \square Nο If no, what is your professional relationship to the applicant? How did you obtain knowledge of the applicant's professional experience? Are the experiences shown by the applicant in question #9 correct? Yes No If no, please explain. 23. Are the services performed by the firm in question #10 correct? Yes No If no, please explain. 24. Indicate your assessment of the applicant's professional conduct and current technical competence in the following chart. If you select an "Unsatisfactory" rating, please submit a letter of explanation with this form. NOT QUALIFIED **EXCELLENT** SATISFACTORY MARGINAL UNSATISFACTORY TO ANSWER **Technical Competence Professional Conduct**

Questions #13 through #26 should be completed by the applicant's employer or associate who qualifies as being the

25.	Additional Comments:										
26.	I certify, to the best of my knowledge, all information provided on this form is true and accurate.										
	Signature	Date									