Commonwealth of Virginia
Department of Professional and Occupational Regulation
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Board



Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects PROFESSIONAL ENGINEER EXPERIENCE VERIFICATION FORM One Experience per Form

Instructions:

Applicant: Complete Sections A then forward this form to a licensed professional engineer in the organization's engineering practice

where the experience was obtained. Each position must be listed on a separate Experience Verification Form and verified

with an original signature.

Experience Verifier: Complete Sections B. Return this form to the applicant for inclusion in their application package. Your prompt

response is appreciated.

Secti	on A (t	be completed by applicant)					
1.	Applio	ant's Full Legal Name (As it appears on your government issued ID or other legal document	ntation.)				
	Last (required) First (required) Middle		Generation			
2.	□ ≻ *	de <u>one</u> of the following identification number: ** ** ** ** ** ** ** ** **	ade, profession or	occupation issued			
3.		g Address (PO Box accepted)	noi veriicies.				
4.	Empl	Oyer (verifying experience on this form)	State	Zip Code			
5.	Empl	oyer's Mailing Address					
6.		City escription - Provide your job title(s) during your employment with the firm listed in ques	State tion #4.	Zip Code			
	A. B.	Job Title Time period in which the experience was obtained Start Date -	End Data				
	D.	Time period in which the experience was obtained Start Date	End Date	MM/YY			
	C.	List the total number of Years/Months of Experience are you seeking approval for:	# of Years	# of Months			
	D.	Employment Type:					
	If Part-time, on average, how many hours per week:						
	E.	What is the total percentage of time devoted to the duties described in the box below:	·				
	F.	In the box provided on page 2; provide a description of the experience you are seel this completed form (Section A&B) to the "Verifier" for validation.	king approval	for. <i>Forward</i>			

Experience: Refer to the Board regulation 18VAC10-20-240. Experience for examples of qualifying and non-qualifying engineering experience. Complete the following table and give a detailed description of the type of experience, indicating whether you had full or partial responsibility for the work and the complexity of the work. The information provided in this table shall clearly describe the engineering work or research that you personally performed.							
Select the type(s) of "Qualified" experience used in this description: Design Military Industrial Graduate/Doctoral Degree Construction Sales Teaching Co-Op/Internship	☐ General Respon	sibility: % of work performed					
Construction Sales Teaching Co-ophiliteristilp							
I certify, to the best of my knowledge, all information provided on this fo	rm is true and accurate.						
Applicant's Signature	Date	Page of					

Secti	on B (to be completed by the verifier) - Review Section A above and a	nswer the following guestions:				
1.	Verifier's Name					
2.	Verifier's Title					
3.	Provide your license information:					
		o Exp. Date				
4.	What is your business relationship to the applicant?					
5.	During this time listed in question #6.B, were you a licensed professional engineer?					
	Yes					
	No If <u>no</u> , how long have you been lincensed?	To:mwdd/yyyy				
6.	Check all services performed by the firm:					
	☐ Architecture ☐ Surveyor Photogrammetry	Other				
	☐ Engineering ☐ Landscape Architect					
	☐ Land Surveyor ☐ Interior Design/Contract In	iteriors				
7.	To the best of your knowledge, did the applicant correctly describe h	is/her experience Section A, question #6.F.?				
	Yes					
	No If no, provide a description of the type of professional engineering work or project(s) performed by the applicant and the complexity of this work:					
	applicant and the complexity of this work.					
8.	I certify, to the best of my knowledge, all information provided on this form is true and accurate.					
	Signature	Date				