



Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
ARCHITECT REINSTATEMENT APPLICATION
 Fee \$155.00

Reinstatement Application is used when a license has expired for *more than 6 months, but less than 5 years.*

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.

1. Virginia Architect License number _____ Expiration Date [❖] _____
 ❖ If the license **expired 5 or more years ago**, you are required to re-apply for licensure on the *Architect License Application* and pay a reinstatement fee. **DO NOT USE THIS APPLICATION.**

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

_____ Last (required) _____ First (required) _____ Middle _____ Generation _____

3. Provide the following identification numbers*:

Social Security Number and/or _____ - _____

Virginia DMV Control Number

➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

4. Date of Birth _____
MM/DD/YYYY

5. Maiden or Former Name(s) _____

6. Mailing Address (PO Box accepted) _____
 The mailing address will be printed on the license. _____

City _____ State _____ Zip Code _____

7. 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 _____

⇒ If you are using your business address, please include business name, full street address and any floor or suite numbers.

8. Contact Numbers _____
Primary Telephone Alternate Telephone

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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			4020		0401	

10. Have you completed a minimum of 16 hours of board approved Continuing Education (CE)?
- No If no, you do **not** qualify to reinstate your license at this time.
- Yes If yes, provide copies of training certificates or other documentation showing successful completion of CE requirements. (CE requirements set forth in the board regulations [18VAC10-20-683](#)).
11. Have you 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](#).
12. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**?
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any non-marijuana **misdemeanor**?
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).
13. By signing this application, I certify the following statements:
- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - 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 authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 4, of the *Code of Virginia* and the *Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations*.

Signature _____ Date _____