



**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects**
BUSINESS ENTITY - BRANCH OFFICE REGISTRATION/REINSTATEMENT 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: <https://dpor.virginia.gov/Boards/APELS> prior to applying for licensure.

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	\$45.00
<input type="checkbox"/>	Change of Status	0 4		No Fee
	Reinstatement - Expired more than:			
<input type="checkbox"/>	30 days or more	0 4	4020	\$65.00

1. Business Entity/Sole Proprietor Name _____
 > A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name. All names must be the same as displayed on government issued ID or organization/business documents.
2. Assumed or Fictitious Name [▲] _____
 ▲ If an **assumed/fictitious name** is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the *Code of Virginia* must be attached to this application.
3. A. Type of business entity (select only **one**)
 Sole Proprietorship General Partnership Solely Owned LLC Corporation
 Limited Partnership Limited Liability Company Other, please specify: _____
Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.
- B. State Corporation Commission (SCC) Number: _____ (If applicable)
 > All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. **No person, partnership, limited liability company or corporation** shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC.
 For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

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

4. Provide **one** of the following identification numbers:

Business Federal Employer Identification Number (EIN)

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Federal Employer Identification Number (12-3456789)

Sole Proprietor's/Individual's Social Security Number **and/or**

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Virginia Department of Motor Vehicles Control Number *

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Social Security or Virginia DMV Number (123-45-6789)

- Enter the same identification number as used on previous applications or licenses on file with the department.
- * State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

5. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

City _____ State _____ Zip Code _____

6. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

Check here if Street Address is the same as the Mailing Address listed above.

City _____ State _____ Zip Code _____

7. Contact Numbers

_____	_____
Primary Telephone	Alternate Telephone

8. Email Address

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

9. **Main Office's** VA Registration Number

0	4									
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10. **Main Office** - Street Address

City _____ State _____ Zip Code _____

11. 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 must be resident at this business location to 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						

12. 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

13. 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](#).

14. 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**?

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**?

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

15. Signatures of individuals listed in question #11:

- 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 _____

16. Signature of Authorized Official/Responsible Person:

- 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).
- Any change of status, including but not limited to changes in entity, name, address, place of business or responsible person(s) shall be reported to the Board.
- 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 Official or Responsible Person

Affidavit Notarization

In the State of _____, City/County of _____, subscribed and sworn before me,
 The undersigned Notary Public in and for the City/County aforesaid this _____, day of _____, 20____,
 My commission expires the _____, day of _____, 20____.

Affix official seal here.

Signature of Notary Public