

**Board for Architects, Professional Engineers, Land Surveyors,  
 Certified Interior Designers and Landscape Architects**

**SURVEYOR PHOTOGRAMMETRIST - VERIFICATION OF EXAMINATION & LICENSURE FORM**

➤ Please note this form is for applicants who have completed examinations, designations, or licenses *outside of Virginia*. If you need **license information** verified by the Commonwealth of Virginia and sent to another state, use the *Certification Request Form*.

Name of board providing verification:

Complete Section I, II & III for the applicant referenced below.

APPLICANT INFORMATION	Applicant's Name										
	Last	First	Middle	Generation							
	Provide <b>one</b> of the following identification numbers:										
	<input type="checkbox"/> Social Security Number or		<input type="checkbox"/> Virginia DMV Control Number								
			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
Applicant's Street Address _____											
City		State	Zip Code								

**I. EXAMINATION**

Type of Examination	NCEES Examination?	Results	Exam Date
Surveyor Photogrammetrists	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Land Surveyor	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Surveyor-In-Training	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Board Specific	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Others:	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please explain any NCEES adjustments: \_\_\_\_\_

**II. LICENSURE, CERTIFICATION, or REGISTRATION**

The above-named applicant holds the following license, certificate or registration:

Type of License	X	License Number	Date Issued	Expiration Date
Surveyor Photogrammetrists	<input type="checkbox"/>			
Land Surveyor	<input type="checkbox"/>			
Surveyor-in-Training	<input type="checkbox"/>			

The applicant qualified for licensure, certification or registration through:

Written Examination

Comity or Reciprocity

SP State: \_\_\_\_\_  SIT State: \_\_\_\_\_

LS State: \_\_\_\_\_  Other Explain: \_\_\_\_\_

Has the applicant been subject to any disciplinary action?

Yes  If yes, attach documentation of findings, sanctions, etc.

No

**III. VERIFIER**

Verifier's Name \_\_\_\_\_ Verifier's Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ *Apply Board seal here.*