



**Board for Architects, Professional Engineers, Land Surveyors,  
 Certified Interior Designers and Landscape Architects**  
**SURVEYOR PHOTOGRAMMETRIST LICENSE REINSTATEMENT APPLICATION**  
**Fee \$190.00**

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.**

⇒ Evidence of 16 hours of continuing education requirement set forth in regulations 18VAC10-20-683 must accompany this license reinstatement application.

1. Provide the expired Virginia Surveyor Photogrammetrist License number:

VA License Number \_\_\_\_\_ Expiration Date <sup>❖</sup> \_\_\_\_\_

- ❖ If the license expired more than 6 months ago, but less than 5 years, you are required to **reinstate** the Virginia license by completing this application and paying the fee.
- ❖ If the license expired more than 5 years, you are required to re-apply for licensure by completing the *Surveyor Photogrammetrist License Application* and paying the fee.

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

\_\_\_\_\_ Last (required) \_\_\_\_\_ First (required) \_\_\_\_\_ Middle \_\_\_\_\_ Generation \_\_\_\_\_

3. Provide **one** of 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 \_\_\_\_\_

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
					0408	

10. 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](#).
11. 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 a non-marijuana **misdemeanor** in the last 10 years?  
No   
Yes  If yes, complete the [Criminal Conviction Reporting Form](#).
12. 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 \_\_\_\_\_