



**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
 BUSINESS ENTITY BRANCH OFFICE REGISTRATION APPLICATION**

**A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert available at <http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf> 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 www.dpor.virginia.gov prior to applying for registration.

- ➔ **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.**

Please use a black or blue ink pen to complete this application.

Select the type of action you are requesting on this application.

Type of Action	VA Registration No.	Trans	Fee	X
New application		1020	\$50.00	<input type="checkbox"/>
Change of status	0411		No Fee	<input type="checkbox"/>

1. Business Name _____

2. Trade or Fictitious Name _____

If a Trade or Fictitious Name is to be used, a copy of the certificate filed with the State Corporation Commission or locality pursuant to § 59.1-69 of the Code of Virginia must be included with this application.

3. Federal Employer Identification No. -

4. Street Address of Branch Office _____
 City, State, Zip Code _____

5. Mailing Address of Branch Office _____

 City, State, Zip Code _____

6. E-mail Address _____

7. Contact Numbers Telephone _____ Facsimile _____

8. Main Office's VA Registration Number 0407

9. Street Address of Main Office _____

 City, State, Zip Code _____

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE 1020	ENTITY #	APPLICATION #	FILE# / LICENSE # 0411	ISSUE DATE
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10. Profession(s) to be practiced in the branch office listed above

At least one full-time employee or resident principal licensed or certified in each profession offered or practiced at each branch must 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.
Architects <input type="checkbox"/>	_____	0401
Professional Engineers <input type="checkbox"/>	_____	0402
Land Surveyors <input type="checkbox"/>	_____	0403
Surveyor Photogrammetrists <input type="checkbox"/>	_____	0408
Landscape Architects <input type="checkbox"/>	_____	0406
Interior Designers <input type="checkbox"/>	_____	0412

11. 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, please 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.	Profession

12. Has the business ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

13. Has the business ever been convicted in any jurisdiction of **any felony or misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application.*

No

Yes If yes, list the felony and/or misdemeanor conviction(s). Attach the original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documents of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which convicted. The address is available from your local police department.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, PO Box 27472, Richmond, VA 23261-7472.

14. Signatures of individuals listed in #10.

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 a full-time employee of the business and 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 _____

15. Signature of Authorized Official

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 the professions for which the branch office is registered will be under the direct control and personal supervision of the licensed or certified full-time employees identified in this application. I also certify that the business 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 _____
 Title _____

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

Any change of in status, including but not limited to changes in entity, name, address, place of business or responsible persons at each place of business should be reported to the Board in accordance with Board regulation 18VAC10-20-660.

For Official Use Only		
Date	Approved	Disapproved