

Commonwealth of Virginia  
 Department of Professional and Occupational Regulation  
 9960 Mayland Drive, Suite 400  
 Richmond, VA 23233  
 (804) 367-8506 or 367-8512  
[www.dpor.virginia.gov](http://www.dpor.virginia.gov)



**Board for Architects, Professional Engineers, Land Surveyors,  
 Certified Interior Designers and Landscape Architects  
 ARCHITECT LICENSE RENEWAL FORM  
 RENEWAL FEE DUE \$55**

➔ **USE THIS FORM ONLY IF YOU DO NOT RECEIVE YOUR RENEWAL NOTICE FROM THE DEPARTMENT. THE RENEWAL NOTICE IS MAILED TO YOUR ADDRESS OF RECORD APPROXIMATELY 45 DAYS PRIOR TO THE EXPIRATION DATE ON YOUR LICENSE. YOUR LICENSE CANNOT BE RENEWED MORE THAN 90 DAYS PRIOR TO THE EXPIRATION DATE ON YOUR LICENSE.**

So that we may renew your license, complete all the following information. Please key the information directly onto the form or print clearly.

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER OR VA DMV CONTROL NO.\*    -   -

\* 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.

LICENSE NUMBER: 0401

ADDRESS: \_\_\_\_\_

If your mailing address is a post office box, you MUST also provide your physical (street) address.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is this a new address? No  Yes\*  \* If yes, your address of record will be changed to the address on this form.

LICENSE EXPIRATION DATE: \_\_\_\_\_

➔ **IMPORTANT: A \$55.00 renewal fee is due.** If payment is not **received** within 30 days after the expiration date on your license, an additional \$25 late fee will be charged. If payment is not **received** within 6 months after the expiration date on your license, you must contact the Board office at (804) 367-8506 or 367-8512 to get the appropriate forms to reinstate your license.

**I certify that I continue to comply with the Standards of Practice and Conduct as established by the APELSCIDLA Board. I further certify that I understand and have complied with all the laws of Virginia related to my occupation 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 (required)

Mail this form with your renewal fee, made payable to the *Treasurer of Virginia* or use the credit card payment form available at <http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf> to the following address:

Department of Professional and Occupational Regulation  
 Post Office Box 29570  
 Richmond, VA 23242-0570

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
			2020			0401	