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

Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects
ENGINEER VERIFICATION OF EXAMINATION & LICENSURE FORM

Name of board providing verification

Applicant's Name _____
Last First Middle Generation

Applicant's Social Security Number or Virginia 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.

Applicant's Street Address _____

City, State, Zip Code _____

I. EXAMINATION

The written examination was prepared by:

NCEES ☐ Board ☐

Please explain any NCEES grade adjustments

Type of Examination	Hours	Results	Exam Date
Engineer-in-Training			
Professional Engineer			
Exam Option:			

II. LICENSURE, CERTIFICATION or REGISTRATION

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

Type of License	✗	License Number	Date Issued	Expiration Date
Engineer-in-Training	☐			
Professional Engineer	☐			

The applicant qualified for licensure, certification or registration through:

Written Exam ☐

Comity or Reciprocity ☐

PE ☐ State _____

EIT ☐ State _____

Other ☐ Explain _____

Any disciplinary actions?

No ☐

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

Verifier's Name _____ Date _____

Title _____

Signature

Apply board seal here