



**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
 PROFESSIONAL ENGINEER & ENGINEER-IN-TRAINING
 EXPERIENCE VERIFICATION FORM**

Page _____ of _____

Instructions:

Applicant: Complete **Sections A and C, sign and date**, then forward form to the employer. Please enclose a stamped self-addressed envelope. Associates or clients may verify experience obtained through self-employment. Any individual serving as a reference may **not** verify experience on this form. If more space is needed, make additional copies of this form. *Each position must be listed on a separate Experience Verification Form and verified with an original signature.* **AFTER THE SUPERVISOR HAS COMPLETED THE FORM, THE ORIGINAL AND ONE COPY OF EACH COMPLETED FORM MUST BE INCLUDED IN YOUR APPLICATION PACKAGE.**

Experience Verifier: Complete **Sections B and D, sign and date**, then return form to the applicant.

Section A (to be completed by applicant)

1. Applicant's Name _____

Last	First	Middle	Generation
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2. Social Security Number or Virginia DMV Control Number* - -

* 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.
3. Mailing Address _____

City	State	Zip Code
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4. Employer (verifying experience on this form) _____
5. Employer's Address _____

City	State	Zip Code
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6. Supervisor's Name _____

Section B (to be completed by supervisor)

1. Supervisor's Name _____

Last	First	Middle	Generation
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2. Supervisor's Title _____
3. Do you hold any of the following licenses? Check **all** that apply.

Architect	<input type="checkbox"/>	State(s) _____	License No. _____	
Professional Engineer	<input type="checkbox"/>	State(s) _____	License No. _____	
Land Surveyor	<input type="checkbox"/>	State(s) _____	License No. _____	
Other	<input type="checkbox"/>	State(s) _____	License No. _____	
4. What is your business relationship to the applicant? _____

Section C (to be completed by applicant)

Job Description – Provide a description (using concise statements) of the scope and nature of work or projects performed. Indicate whether you had full or partial responsibility for the work and the complexity of the work. If additional space is needed for this employer, please copy this form.

Title	From MM/YY	To MM/YY	Part-time? Less than 35 hrs/week NO <input type="checkbox"/> YES <input type="checkbox"/>
			Average part-time hours per week
Total Sub-professional (non-qualifying) Experience*		Number of Years	Number of Months
Total Professional Experience*		Number of Years	Number of Months
Applicant's Signature _____			Date _____

Section D (to be completed by supervisor)

Have you supervised the applicant for the entire period listed under Section C?

Yes

No If no, how long have you supervised the applicant? _____ To _____
DD/YY DD/YY

To the best of your knowledge, did the applicant correctly describe his/her experience in **Section C**?

Yes

No If no, provide a description of the type of work or projects performed by the applicant and the complexity of his/her work.

Supervisor's Signature _____ Date _____

* Refer to 18 VAC 10-20-240 Experience in the *Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations* for additional information on sub-professional and professional experience.