

11. Applicant's authorization and release. **This release must be signed before forwarding form to the experience verifier.**

I hereby authorize the Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects to make inquiries of the individual listed in #12 on page 2 of this form with respect to my background and character. I invite full disclosure and complete responses to all inquiries. I release said person from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board.

Signature _____ Date _____

Items #12 through #23 should be completed by the applicant's employer or associate who qualifies as the person in responsible charge under whose supervision the applicant is claiming credit for work experience.

12. Verifier's Name _____
Last First Middle Generation

13. Relationship to Applicant Supervisor Client Co-worker Other _____

14. Mailing Address _____

City State Zip Code

15. Current Position _____

16. Position held in (or in relationship to) the firm listed in #4. _____

17. Do you hold any of the following licenses? Check **all** that apply.

- Architect State _____ License No. _____ Expiration Date _____
- Professional Engineer State _____ License No. _____ Expiration Date _____
- Land Surveyor State _____ License No. _____ Expiration Date _____
- Surveyor Photogrammetrists State _____ License No. _____ Expiration Date _____
- Landscape Architect State _____ License No. _____ Expiration Date _____

18. Are the dates of employment shown in #6 correct? Yes No If no, clarify. _____

19. Have you directly supervised the applicant for the entire period of time listed in #6?
Yes
No If no, what is your professional relationship to the applicant? _____
How did you obtain knowledge of the applicant's professional experience?

20. Are the areas of practice selected by the applicant in #9 correct? Yes No If no, please clarify.

21. Was the applicant employed full-time (35 hours or more per week)?
Yes
No If no, how many hours did the applicant work each week? _____

22. Additional Comments _____

23. Signature _____ Date _____