



**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
 LANDSCAPE ARCHITECT EXPERIENCE VERIFICATION FORM
 FOR EXAMINATION AND COMITY APPLICANTS**

Instructions:

Applicant: Complete items #1 through #11, then forward this form to the firm named in #4.
Verifier: Complete items #12 through #22. Enclose the form and one copy in a sealed envelope with your signature across the sealed flap. Return it to the applicant (for inclusion in their application package) or mail directly to the Board at the address listed above. Your prompt response is appreciated.

1. Applicant's Name _____
 Last First Middle Generation

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

4. Employer (firm where experience was obtained) _____
 5. Employer's Mailing Address _____

 City State Zip Code

6. DATES OF EMPLOYMENT						7. LENGTH OF TIME		8. STATUS (Check one)				9. INDICATE % OF TIME SPENT IN EACH PRACTICE CATEGORY (IDP applicants must complete IDP training report instead of this form)													
FROM			TO			FULL-TIME	PART-TIME (Less than 35 hours per week)	EMPLOYEE WITH LAND ARCHITECT SUPERVISOR	EMPLOYEE W/O LAND ARCHITECT SUPERVISOR	PARTNER OR CORPORATE OFFICER	SELF-EMPLOYED	PROGRAMMING	SITE & ENVIRONMENTAL ANALYSIS	SCHEMATIC DESIGN	CONSTRUCTION COST ANALYSIS	CODE RESEARCH	DESIGN DEVELOPMENT	CONSTRUCTION DOCUMENTS	SPECS & MATERIALS RESEARCH	DOC. CHECKING & COORDINATION	BIDDING PROCEDURES	CONSTRUCTION PHASE-OFFICE	CONSTRUCTION PHASE-OBSERVATION	PROJECT MANAGEMENT	OFFICE MANAGEMENT
MO	DAY	YR	MO	DAY	YR	<input checked="" type="checkbox"/>	HOURS PER WEEK																		
						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															

10. Indicate the type(s) of services performed by the firm.
 Landscape Architecture Corporate Facilities Department Military/Government Design Facility
 Architecture Design/Building Teaching or Research
 Construction Management Engineering Other

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 #13 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 Virginia Board.

Signature _____ Date _____

Questions #12 through #22 should be completed by the applicant's employer or associate who qualifies as being 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 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 _____
 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 _____