

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
 LANDSCAPE ARCHITECT LICENSE REINSTATEMENT APPLICATION
 Fee \$210.00**

A check or money order payable to the **TREASURER OF VIRGINIA**, or a completed credit card insert available at <http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf> must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

Evidence of compliance with the continuing education requirement set forth in 18 VAC 10-20-683 of the Board's regulations must accompany this licensure reinstatement application.

1. What was your previous Virginia landscape architect license number?

License Number _____ Expiration Date _____

➔ If your license expired five or more years ago, you are required to re-apply for licensure on the *Landscape Architect License Application*.

2. Name

Last _____ First _____ Middle _____ Generation _____

3. Social Security Number or Virginia DMV Control Number *

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* 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.

4. Date of Birth _____

5. Street Address (PO Box not accepted) _____

City _____ State _____ Zip Code _____

➔ If you are using your business address, please include business name, full street address and any floor or suite numbers.

6. E-mail Address _____

7. Contact Numbers

Primary Telephone _____ Ext. _____

Alternate Telephone _____ Ext. _____

Facsimile _____

8. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body? This does not include any traffic citations, misdemeanors, or felony convictions. Information on these convictions is requested in question #9.

No

Yes If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
		\$210.00	4020			0406	

9. Have you ever been convicted in any jurisdiction of **any felony or misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No

Yes

If yes, please attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation).

Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472. The Board will not request any police reports from a law enforcement agency on behalf of an applicant. It is the applicant's responsibility to provide the Board with all full and relevant police reports, court records, and other pertinent documentation along with the license application.

10. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to a disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving my landscape architect license. I certify that I understand and have complied with all the laws of Virginia related to landscape architect 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 _____ Date _____