Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233
(804) 367-8506
www.dpor.virginia.gov

Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects

VERIFICATION OF INTERIOR DESIGNER EXAMINATION & CERTIFICATION FORM

Name of board providing verification

Applicant's Name _____
Last First Middle Generation

Applicant's Social Security Number of VA 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.

Applicant's Street Address _____

City, State, Zip Code _____

I. EXAMINATION

The written examination was prepared by:

NCIDQ ☐
Board ☐

Please explain any NCIDQ or Board grade adjustments

Date of Examination _____ Scores _____

II. LICENSURE, CERTIFICATION or REGISTRATION

The above-named applicant holds the following interior designer license, certification or registration:

License Number	Date Issued	Expiration Date

The applicant qualified for licensure, certification or registration through:

Education ☐
Experience ☐
Written Examination ☐
Comity or Reciprocity ☐ State _____
Other ☐ Explain _____

Has the applicant been subject to any disciplinary action?

No ☐
Yes ☐ If yes, attach documentation of findings, sanctions, etc.

Verifier's Name _____ Date _____

Title _____

Apply board seal here

Signature _____