Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8506 www.dpor.virginia.gov



Board for Architects, Professional Engineers, Land Surveyors, **Certified Interior Designers and Landscape Architects** LICENSE/CERTIFICATE RENEWAL FORM

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Х	Select one license/certificate you are renewing:	Fee
	0401 - Architect License	\$55.00
	0402 - Professional Engineer License	\$80.00
	0403 - Land Surveyor License	\$90.00
	0404 - Land Surveyor B License	\$90.00
	0406 - Landscape Architect License	\$110.00
	0408 - Surveyor Photogrammetrist License	\$90.00
	0412 - Interior Designer Certificate	\$45.00

General Information - Licenses and certificates cannot be renewed more than 90 days prior to expiration. The department automatically mails renewal notices to the license or certificate address of record approximately 45 days prior to expiration. If you receive a renewal notice from this department for your license or certificate, and you have already submitted this form with payment, please disregard the

- renewal notice. Please refer to our Forms & Applications page to report an Address Change or an Email Address Change.
- Use only one renewal form for each license or certificate to be renewed

1.	Provide your Virginia License or Certificate Number below:						
	Virginia License Number 0 4			Expiration Date			
	If a renewal payment is not <u>received</u> with charged. If payment is not <u>received</u> within 6 mo Reinstatement applications are available	nths after the expirat	ion date, the licens	se or certificate will be requ	ired to reinsta		
2.	Full Legal Name (As it appears on your	government issue	d ID or other lega	al documentation.)			
	Last (required)	First (required)		Middle		Generation	
3.	Provide at least one of the following identification numbers*:						
	Social Security Number and/or		-	-			
	> Enter the same identification number as used	on examination, previo	us applications or lice	nses on file with the department	 t.		
	* State law requires every applicant for a licens by the Commonwealth to provide a social sec					occupation issued	
4.	Mailing Address (PO Box accepted)						
		City			State	Zip Code	

ENTITY#

TRANS CODE

2020

OFFICE

ONLY

DATE

FEE

04

FILE #/LICENSE #

ISSUE DATE

5.	Street Address (PO B	ox <u>not</u> accepted) —	Check here if Street Address is the same as the Mailing Address listed above.					
		City		State	Zip Code			
6.	Contact Numbers							
		Primary Telephone	Alternate Telephone	_				
7.	Email Address							
		Email address is considered	a public record and will be disclosed upor	request from a thi	rd party.			
8.	By signing this applic	ation, I certify the following stater	nents:					
	requirements,	 I will continue to comply with the Standards of Practice and Conduct, including the Board's continuing education requirements, as established by the Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers, and Landscape Architects (APLESCIDLA Board). 						
	 I understand a occupation. 	d and have complied with all the laws and regulations of Virginia related to the practice of my						
	 I have success 	I have successfully completed the Board's continuing education requirements for the renewal of this license.						
	 I further certify that I understand and am compliant with all the laws of Virginia related to my occupation un the provisions of Title 54.1, Chapter 4 of the Code of Virginia and the APELSCIDLA Board. 							
	Signature			Date				

Mail this form with your renewal fee (check or a completed <u>credit card payment</u> form) to the following address:

Department of Professional and Occupational Regulation Post Office Box 29570 Richmond, VA 23242-0570