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 ARCHITECT - EXPERIENCE VERIFICATION FORM

Appl Verit	icai						ugh #11, ther ough #25. Re								-				packa	age.					
1.		Applic	ant's	Nar	ne	Last					1						Mida							0	-1:
2.	2. Provide <u>one</u> of the following identification							First								Middle							Gener	alion	
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3.		Mailin	g Au	ares	S																				
						City												State				Ziį	p Code	e	
4.		Emplo	yer (	(firm	whe	re exp	erience was	obta	ainec	d)															
5.		Emplo	yer's	Mai	iling	Addres	SS																		
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6. D	)ATI	ES OF I	EMPL	.OYM	ENT	7. LEN	GTH OF TIME		8. ST (chec	ATUS k one					E % C nts mu										
ı	FROM		м то		FULL- TIME			CORP. DIRECTOR		OTHER (EXPLAIN)		SITE & ENVIRONMENTAL ANALYSIS	SCHEMATIC DESIGN	CONSTRUCTION COST ANALYSIS	CODE RESEARCH	DESIGN DEVELOPMENT		S	DOC. CHECKING & COORDINATION	BIDDING PROCEDURES	CONSTRUCTION PHASE - OFFICE	ATION	_	DFFICE MANAGEMENT	
ММ	DI	D YY	MM	DD	YY	<b>✓</b>	HOURS PER WEEK	PARTNER	ORP. [	EMPLOYEE	THER	ROGR	ITE & E	CHEM	ONSTR	ODE R	ESIGN	ONSTR	PECS (	OC. CF	DDING	ONSTE	ONSTE	ROJEC	PFICE
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10.		Check <b>all</b> services performed by the firm:  Architecture Planning Military/Government Design Engineering Interior Design/Contract Interiors Corporate Facilities Develop Real Estate Development Construction Management Other										•													
11.		Applic	ant's	auth	noriz	ation a	ind release	- Thi	s rel	ease	mus	st be	sigr	ned l	pefor	e for	war	ding	form	to t	he e	xper	ienc	e ver	ifier.
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3.	person in responsible e	charge under whose	e supervision the a		sociate who qualiting credit for work	•			
	Verifier's Name								
4.	Mailing Address								
	City				State	Zip Code			
5.	Current Employer								
6.	Employer's Address								
	City				State	Zip Code			
7.	Current Position								
8.	Do you hold any of the fo	•	• • •		Evm D	-1-			
	☐ Architect				Exp. Date				
	Professional Engine								
	Other	State	Lice	nse No	Exp. Da	ate			
1.	Have you directly superv  Yes   ☐	used the applicant to	or the entire period	·	uestion #6?				
	No  If no, what	t is your professiona ou obtain knowledg	•	· · · —	prience?				
2.	No	ou obtain knowledg	e of the applicant's	professional expe	erience?				
	No	ou obtain knowledge wn by the applicant se explain.	e of the applicant's in question #9 corr	professional expe	erience?				
3.	Are the experiences shown in the services perform in t	wn by the applicant se explain.  ed by the firm in quese explain.	e of the applicant's in question #9 corr estion #10 correct?	professional expe	technical compete	nce in the followi			
3.	No	wn by the applicant se explain.  ed by the firm in quese explain.  nt of the applicant's nsatisfactory" rating	e of the applicant's in question #9 corr estion #10 correct? s professional cond p, please submit a le	professional expense.	technical competer n with this form.	NOT QUALIFIED			
<ol> <li>3.</li> <li>4.</li> </ol>	Are the experiences shown in the services perform in t	wn by the applicant se explain.  ed by the firm in quese explain.	e of the applicant's in question #9 corr estion #10 correct?	professional expe	technical compete				

25.	Additional Comments:							
26.	I certify, to the best of my knowledge, all information provided on this form is true and accurate.							
	Signature	Date						