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



Department of Professional and Occupational Regulation

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Reinstatement Application is used when a license has expired for <u>more than 6 months,</u> <u>but less than 5 years</u> .						А	RCH	ITEC	t re	eins ⁻	ΤΑΤΕ	MEN		PLICATION Fee \$155.00
			eck or money of ted <u>credit card</u> APPLICA	insert m	nust be ma	ailed wi	th yo	ur app	licati		ckage) .		
1.	Virginia Archite	ect License nu) 4 (-					Expira	ation [Date*		
			or more years t fee. DO <u>NOT</u>					y for li	censi	ure on	the <u>A</u>	rchitec	t Lice	nse Application
2.	Full Legal Name (As it appears on your government issued ID or other legal documentation.)													
	Last (required)	(required)	ired) Middle									Generation		
3.	Provide the fol	lowing identific	cation numbers	*.										
	Social S	ecurity Number	r and/or				-		-					
	Virginia	DMV Control Nu	ımber											
	* State law re	quires every applica	mber as used on exa nt for a license, cert e a social security n	ificate, regi	stration or ot	ner autho	rization	to enga	ge in a	busine	ss, trad	e, profes		occupation issued
4.	Date of Birth													
		MM/DD/Y	YYY											
5.	Maiden or For	mer Name(s)												
6.		ss (PO Box act ng address will be on the license.	• •											
7.	City Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED				ty State Zip Code State Zip Code Check here if Street Address is the same as the Mailing Address listed above.									
				<u>C:h/</u>								Ctoto		Zin Codo
	r⇒ If you are u	ising your busines	ss address, please	City e include b	ousiness na	me, full s	street a	address	and a	any floc	or or su	State iite num	nbers.	Zip Code
8.	Contact Numb	ers				A 1-								
9.	Primary Telephone Alternate Telephone .													
э.			Email address i	s conside	red a public	record a	and wil	l be dis	closed	d upon	reques	st from	a third	party.
OFFICE	DATE	FEE	TRANS CODE	EN	ITITY #			F	ILE #/LIC	CENSE #				ISSUE DATE
USE ONLY			4020			04	01							

- 10. Have you completed a minimum of 16 hours of board approved Continuing Eduction (CE)?
 - No If no, you do <u>not</u> qualify to reinstate your license at this time.
 - Yes If yes, provide copies of training certificates or other documentation showing successful completion of CE requirements. (CE requirements set forth in the board regulations <u>18VAC10-20-683</u>).
- 11. Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body?
 - No 🗌
 - Yes If yes, complete the Disciplinary Action Reporting Form.
- 12. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u>?
 - No 🗌
 - Yes If yes, complete the <u>Criminal Conviction Reporting Form</u>.
 - B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any non-marijuana **misdemeanor**?
 - No
 - Yes If yes, complete the Criminal Conviction Reporting Form.
- 13. By signing this application, I certify the following statements:
 - I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession 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	