

Department of Professional and Occupational Regulation

Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects PROFESSIONAL ENGINEER EXPERIENCE VERIFICATION FORM One Experience per Form

Instructions:

| Applicant: | Complete Sections A then forward this form to a licensed professional engineer in the organization's engineering practice |
|------------|---|
| | where the experience was obtained. Each position must be listed on a separate Experience Verification Form and verified |
| | with an original signature. |

Experience Verifier: Complete Sections B. Return this form to the applicant for inclusion in their application package. Your prompt response is appreciated.

Section A (to be completed by applicant)

1. Applicant's Full Legal Name (As it appears on your government issued ID or other legal documentation.)

| | Last (| (required) | First (required) | | Middle | | Generation |
|----|--------|--|----------------------------------|---------------------|-----------------------------|----------------------|---------------------|
| 2. | Provi | de one of the following identifica | tion number: | | | | |
| | | Social Security Number or | | * Number | | | |
| | > | Enter the same identification number as use | | | es on file with the departr | nent. | |
| | * | State law requires every applicant for a licen by the Commonwealth to provide a social se | se, certificate, registration or | other authorization | to engage in a business, | trade, profession or | occupation issued |
| 3. | Mailir | ng Address (PO Box accepted) | | | | | |
| | | | City | | | State | Zip Code |
| 4. | Empl | oyer (verifying experience on this | s form) | | | | |
| 5. | Empl | oyer's Mailing Address | | | | | |
| | | | City | | | State | Zip Code |
| 6. | Job D | Description - Provide your job title | (s) during your empl | oyment with th | e firm listed in que | stion #4. | |
| | A. | Job Title | | | | | |
| | В. | Time period in which the expe | ience was obtained | Start Date | - | End Date | |
| | | | | - | MM/YY | | MM/YY |
| | C. | List the total number of Years/ | Months of Experien | ice are you se | eking approval for: | | |
| | | | | | 0 11 | # of Years | # of Months |
| | D. | Employment Type: 🗌 Full | ime 🗌 Part-time | e (less than 30 | hrs./week) | | |
| | | | lf Part-ti | me, on average | e, how many hours | per week: | |
| | E. | What is the total percentage of | time devoted to the | duties describe | ed in the box belov | <i>I</i> : | |
| | F. | In the box provided on page 2 this completed form (Section | · • | • | | eking approval | for. <u>Forward</u> |

| Experience : Refer to the Board regulation <u>18VAC10-20-240</u> . Experience for experience. Complete the following table and give a detailed detailed full or partial responsibility for the work and the complexity of the information provided in this table shall clearly describe the performed. | scription of the type o the work. | f experience, ind | dicating whether you |
|--|--------------------------------------|-------------------|----------------------|
| Select the type(s) of "Qualified" experience used in this description: Design Military Industrial Graduate/Doctoral D Construction Sales Teaching Co-Op/Internship | egree 🗌 General | Responsibility: | % of work performed |
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| | | | |
| I certify, to the best of my knowledge, all information provided on t | his form is true and ac | curate. | |
| Applicant's Signature | Date | Page | of |

| 1. | Verifier's Name | | | | | |
|----------|---|---------------------|---|--------------------|--------------|-------------|
| 2. | Verifier's Title | | | | | |
| 3. | Provide your license informat | | | | | |
| | Professional Engineer | | License No | | _ Exp. Date | |
| 4. | What is your business relatio | nship to the ap | pplicant? | | | |
| 5. | During this time listed in ques | stion #6.B, wer | re you a licensed professional | engineer? | | |
| | Yes | | | | | |
| | No | j have you bee | en lincensed? | | To: | |
| <u> </u> | Ohaali all aan isaa na famaa | d har the e finner. | | MM/DD/YYYY | | MM/DD/YYYY |
| 6. | Check all services performed | • | | | | |
| | Architecture Engineering | | Surveyor Photogrammetry Landscape Architect | ☐ Other _ | | |
| | I I Fnaineenna | | | | | |
| | Land Surveyor | | Interior Design/Contract Interio | ors | | |
| 7. | Land Surveyor | | • | | tion A, ques | tion #6.F.? |
| 7. | Land Surveyor To the best of your knowledg Yes No If no, provide | le, did the appl | Interior Design/Contract Interior licant correctly describe his/he of the type of professional en | er experience Sect | | |
| 7. | Land Surveyor To the best of your knowledg Yes | le, did the appl | Interior Design/Contract Interior licant correctly describe his/he of the type of professional en | er experience Sect | | |
| 7. | Land Surveyor To the best of your knowledg Yes No If no, provide | le, did the appl | Interior Design/Contract Interior licant correctly describe his/he of the type of professional en | er experience Sect | | |
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| 7. | Land Surveyor To the best of your knowledg Yes No If no, provide | le, did the appl | Interior Design/Contract Interior licant correctly describe his/he of the type of professional en | er experience Sect | | |
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| 7. | Land Surveyor To the best of your knowledg Yes No If no, provide | le, did the appl | Interior Design/Contract Interior licant correctly describe his/he of the type of professional en | er experience Sect | | |

8. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Signature

Date