



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

PROFESSIONAL ENGINEER & ENGINEER-IN-TRAINING EXPERIENCE VERIFICATION FORM
 One Experience per Form

Instructions:

Applicant: Complete **Sections A and C, sign and date**, then forward form to the supervisor. Associates or clients may verify experience obtained through self-employment. Any individual serving as a reference may **not** verify experience on this form. If more space is needed, make additional copies of this form. *Each position must be listed on a separate Experience Verification Form and verified with an original signature.*

Experience Verifier: Complete **Sections B and D, sign and date**, then return form to the applicant.

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. Provide at least **one** of the following identification numbers*:

Social Security Number *or* Virginia DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* 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.

3. Mailing Address (PO Box accepted)

City
State
Zip Code

4. Employer (verifying experience on this form)

5. Employer's Mailing Address

City
State
Zip Code

Section B (to be completed by supervisor)

1. Supervisor's Name _____

2. Supervisor's Title _____

3. Do you hold any of the following licenses? Check **all** that apply.

Architect State _____ License No. _____ Exp. Date _____

Professional Engineer State _____ License No. _____ Exp. Date _____

Land Surveyor State _____ License No. _____ Exp. Date _____

Other _____ State _____ License No. _____ Exp. Date _____

4. What is your business relationship to the applicant? _____

Section C (to be completed by applicant):

Refer to the Board regulation [18VAC10-20-240. Experience](#) for examples of qualifying and nonqualifying engineering experience. Complete the following table and give a detailed description of the type of experience, indicating whether you had full or partial responsibility for the work and the complexity of the work.

The information provided in this table shall clearly describe the engineering work or research **that you personally performed**.

* If additional space is needed, copy this page (including Section D; Supervisor's signature), label each page and submit along with Sections A & B.

Title	Start Date MM/YY	End Date MM/YY	Total number of Years/Months of Exp. <small>(seeking credit for)</small>	Employment Type	
				<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time (less than 35 hrs./week)
				If part-time, on average, how many hours per week: _____	
Select the type(s) of "Qualified Experience" used in this description: <input type="checkbox"/> Construction experience <input type="checkbox"/> Military experience <input type="checkbox"/> Sales experience <input type="checkbox"/> Teaching <input type="checkbox"/> Graduate or doctorate's degree <input type="checkbox"/> Co-Op program <input type="checkbox"/> Industrial experience				Responsibility: % of work performed <input type="checkbox"/> Full or <input type="checkbox"/> Partial = _____ %	
Applicant's Signature				Date	

Section D (to be completed by supervisor)

Have you supervised the applicant for the entire period listed in Section C?

Yes

No If **no**, how long have you supervised the applicant? _____ To: _____
MM/DD/YYYY MM/DD/YYYY

To the best of your knowledge, did the applicant correctly describe his/her experience in Section C?

Yes

No If no, provide a description of the type of engineering work or project(s) performed by the applicant and the complexity of this work:

Supervisor's Signature _____ Date _____

★ Refer to 18VAC10-20-240 Experience in the *Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations* for additional information on qualifying and nonqualifying experience.