 instructions

Applicant: Complete items #1 through #12, then forward this form to the firm listed below.
Verifier: Complete items #13 through #23. Return it to the applicant for inclusion in their application package. Your prompt response is appreciated.

1. Applicant’s Name
   Last: ____________________________ First: ____________________________ Middle: ____________________________ Generation: ____________________________

2. Provide one of the following identification numbers*
   - Social Security Number
   - Virginia DMV Control Number

*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
   City: ____________________________ State: ____________________________ Zip Code: ____________________________

4. Employer (firm where experience was obtained)
   ____________________________

5. Employer’s Mailing Address
   City: ____________________________ State: ____________________________ Zip Code: ____________________________

6. DATES OF EMPLOYMENT
   FROM: MM DD YY TO: MM DD YY
   FULL-TIME
   PART-TIME (Less than 30 hours per week)
   HOURS PER WEEK
   8. STATUS
   (check one)
   (IDP applicants must complete IDP training report instead of this form.)
   9. INDICATE % OF TIME SPENT IN EACH PRACTICE CATEGORY
   (IP applicidants must complete IDP training report instead of this form.)

7. LENGTH OF TIME

   Notes: Applicants with an LAAB-accredited degree must demonstrate a minimum of 36 months of experience under the direct control and personal supervision of a licensed landscape architect, architect, professional engineer, or land surveyor. At least 12 months of the total experience must be under the direct control and personal supervision of a licensed landscape architect.

   All other applicants must have at least eight years of combined education and experience evaluated in accordance with the Landscape Architect Equivalency Table as established in 18 VAC 10-20-420 of the Board’s regulations.

10. Check all services performed by the firm:
   - Landscape Architecture
   - Architecture
   - Construction Management
   - Design/Building
   - Other ____________________________
   - Engineering
   - Military/Government Design Facility
   - Teaching or Research

11. Indicate your supervisor’s position within the firm:
   - Architect
   - Professional Engineer
   - Landscape Architect
12. Applicant's authorization and release - This release must be signed before forwarding form to the experience verifier.
I hereby authorize the Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects to make inquiries of the individual listed in #13 of this form with respect to my background and character. I invite full disclosure and complete responses to all inquiries. I release said person from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board.

Signature ___________________________ Date __________

Questions #13 through #23 should be completed by the applicant's employer or associate who qualifies as being the person in responsible charge under whose supervision the applicant is claiming credit for work experience.

13. Verifier's Name
   Last ___________________ First ___________________ Middle ___________________ Generation ___________________

14. Mailing Address
   ____________________________________________________________
   City ___________________ State _______ Zip Code ________________

15. Current Position __________________________

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

   [ ] Architect
   [ ] Professional Engineer
   [ ] Land Surveyor
   [ ] Landscape Architects

   State _______ License No. _______ Exp. Date _______

17. Are the dates of employment shown in question #6 correct?
   Yes [ ] No [ ] If no, clarify: __________________________

18. Was the applicant employed full-time (30 hours or more per week)?
   Yes [ ] No [ ] how many hours did the applicant work each week? _______

19. Are the experiences shown by the applicant in question #9 correct?
   Yes [ ] No [ ] If no, please explain.
   __________________________________________

20. Are the services performed by the firm in question #10 correct?
   Yes [ ] No [ ] If no, please explain.
   __________________________________________

21. Indicate your assessment of the applicant's professional conduct and technical competence in the following chart. If you select an "Unsatisfactory" rating, please submit a letter of explanation with this form.

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<th>EXCELLENT</th>
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<th>MARGINAL</th>
<th>UNSATISFACTORY</th>
<th>NOT QUALIFIED TO ANSWER</th>
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<td>Professional Conduct</td>
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22. Additional Comments:

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

Signature ___________________________ Date ____________