



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

SURVEYOR PHOTOGRAMMETRIST VERIFICATION OF EXAMINATION & LICENSURE FORM

Name of board providing verification

Applicant's Name _____
 Last First Middle Generation

Applicant's Social Security or 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.

Applicant's Street Address _____

City, State, Zip Code _____

I. EXAMINATION

Type of Examination	NCEES Examination?		Hours	Results	Exam Date
Surveyor Photogrammetrist	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Land Surveyor	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Surveyor-in-Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Board Specific	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Please explain any NCEES adjustments _____

II. LICENSURE, CERTIFICATION or REGISTRATION

The above-named applicant holds the following license, certificate or registration:

Type of License	<input checked="" type="checkbox"/>	License Number	Date Issued	Expiration Date
Surveyor Photogrammetrist	<input type="checkbox"/>			
Land Surveyor	<input type="checkbox"/>			
Surveyor-in-Training	<input type="checkbox"/>			

The applicant qualified for licensure, certification or registration through:

Written Examination

Any disciplinary actions?

Comity or Reciprocity

SP State _____

No

LS State _____

Yes

SIT State _____

If yes, attach documentation of findings, sanctions, etc.

Other Explain _____

Verifier's Name _____

Date _____

Title _____

Signature _____

Apply Board Seal here.