All applicants are required to read and understand the Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations available at: https://www.dpor.virginia.gov/Boards/APELS prior to applying for licensure.

A separate registration application must be completed for each branch office. At least one currently licensed or certified individual in each profession offered or practiced at each branch office must be resident at the branch office to provide effective supervision and control of the final professional product.

Select the type of action you are requesting:

<table>
<thead>
<tr>
<th>Type of Action</th>
<th>Virginia Registration Number</th>
<th>Trans</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Application</td>
<td></td>
<td>1020</td>
<td>$45.00</td>
</tr>
<tr>
<td>Change of Status</td>
<td></td>
<td>0</td>
<td>No Fee</td>
</tr>
<tr>
<td>Reinstatement - Expired more than:</td>
<td></td>
<td>4020</td>
<td>$65.00</td>
</tr>
</tbody>
</table>

1. Business Entity/Sole Proprietor Name
   - A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name.
     All names must be the same as displayed on government issued ID or organization/business documents.

2. Assumed or Fictitious Name
   - If an assumed/fictitious name is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the Code of Virginia must be attached to this application.

3. Type of business entity (select only one)
   - Sole Proprietorship
   - General Partnership
   - Solely Owned LLC
   - Corporation
   - Limited Partnership
   - Limited Liability Company
   - Other, please specify: ______________________


4. State Corporation Commission (SCC) Number: ________________ (If applicable)
   - All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virignia. No person, partnership, limited liability company or corporation shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC.

   For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.
4. Provide one of the following identification numbers:

- Business Federal Employer Identification Number (EIN)
- Sole Proprietor's/Individual's Social Security Number and/or Virginia Department of Motor Vehicles Control Number *
- Federal Employer Identification Number (12-3456789)
- Social Security or Virginia DMV Number (123-45-6789)
- Enter the same identification number as used on previous applications or licenses on file with the department.
- State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

5. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

6. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

7. Contact Numbers

Primary Telephone

Alternate Telephone

8. Email Address

Email address is considered a public record and will be disclosed upon request from a third party.

9. Main Office's VA Registration Number

0 4 0 7

10. Main Office - Street Address

City

State

Zip Code

11. Profession(s) to be practiced by the corporation and Virginia-licensed individual(s) in responsible charge:

- At least one full-time employee or resident principal licensed or certified in each profession offered or practiced must be resident at this business location to provide effective supervision and control of the final professional product.

Select all that apply

<table>
<thead>
<tr>
<th>Name/Title of Individual Resident &amp; in Responsible Charge</th>
<th>VA License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Architects</td>
<td>0 4 0 1</td>
</tr>
<tr>
<td>Professional Engineers</td>
<td>0 4 0 2</td>
</tr>
<tr>
<td>Land Surveyors</td>
<td>0 4 0 3</td>
</tr>
<tr>
<td>Surveyor Photogrammetrists</td>
<td>0 4 0 8</td>
</tr>
<tr>
<td>Landscape Architects</td>
<td>0 4 0 6</td>
</tr>
<tr>
<td>Interior Designers</td>
<td>0 4 1 2</td>
</tr>
</tbody>
</table>

12. Are you applying for a Change of Status for a business entity location that is already registered with the Virginia Board?

No

Yes If yes, list all current and new individuals in responsible charge.

Note: the business entity record will be updated to reflect only the individuals listed on this application. All professionals affiliated with this location must comply with regulation 18VAC10-20-780.
13. Has the business ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?
   - No
   - Yes  If yes, complete the [Disciplinary Action Reporting Form](#).

14. A. Has the business ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**?
   - No
   - Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

   B. Has the business ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**?
   - No
   - Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

15. Signatures of individuals listed in question #11:
   - I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application.
   - I certify that I am in responsible charge of the professions practiced by the branch office.
   - I also certify that I will comply with all relevant statutes including Chapter 4 of Title 54.1 of the [Code of Virginia](#), and the [Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations](#).

<table>
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</tbody>
</table>

16. Signature of Authorized Official/Responsible Person:
   - I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application for a certificate of authority to practice the professions selected on this application.
• 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).

• Any change of status, including but not limited to changes in entity, name, address, place of business or responsible person(s) shall be reported to the Board.

• I also certify that the firm has complied with Chapter 4 of Title 54.1 of the Code of Virginia, and the Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations.

Print Name ___________________________________________ Title ________________________________

Signature ___________________________________________ Date ________________

Signature of Authorized Official or Responsible Person

Affidavit Notarization
In the State of _______________, City/County of _______________, subscribed and sworn before me,
The undersigned Notary Public in and for the City/County aforesaid this _______________, day of ___, 20___,
My commission expires the _______________, day of ___, 20___.

Affix official seal here. ___________________________________________ Signature of Notary Public