Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8506 www.dpor.virginia.gov



Department of Professional and Occupational Regulation

## Board for Architects, Professional Engineers, Land Surveyors, **Certified Interior Designers and Landscape Architects** INTERIOR DESIGNER EXPERIENCE VERIFICATION FORM No Fee Required

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		Complete items #1 through #8, then forward this form to either a certified/licensed Interior Designer, Architect or Professional Engineer.								
/erifier	: Complete is apprecia	items #9 through #19. Return ated.	it to the applicant for i	nclusio	on in their	applicatio	on packa	ige. You	ır prom	pt respons
1.	Applicant's Nam	e	First			Middle				Generatior
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2.		he following identification n <i>urity Number</i> or		or						
			nia Diviv Control Numi	Jei						
3.	Mailing Address									
		City				State			Zip Co	ode
4.	Employer (firm v	here experience was obtai	ned)							
5.		hich experience was obtair					To:			
5.	rime period in w	ment experience was obtain			MM/Y	Y	_ 10.		MM/	/YY
6.	Was this a full-ti	me (minimum of 30 hours p	er week) position?							
		no, how many hours did yo	<i>,</i> .							
	Yes 🗌	no, non many nouro ara yo								
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8. Applicant's Signature Date

## The applicant's employer or supervisor (during the time that the applicant is claiming credit for work experience) should complete questions #9 through #19.

9.	Verifier's Name				
10.	Contact Numbers				
	_	Primary Telephone	Alternate Telephone		
11.	Email Address	Email add	ress will only be used for communication	on with the Board staff.	
12.	What is your business re	elationship to the applicant	?		
13.	Do you hold any of the f	following licenses? Check <b>a</b>	III that apply.		
	Architect	State	License No	Exp. Date	
	Professional Engl	ineer State	License No.	Exp. Date	
	Interior Designer	State	License No	Exp. Date	
14.	Are the dates of employ Yes No If no, clar	ment shown in question #5	correct?		
15.	•	oyment (question #5), were I you directly supervising th	you a licensed Professional E e applicant? No  Ye	Engineer? es 🔲	
16.	Yes	oyed full-time (30 hours or i a many hours did the applic			
17.		e selected by the applicant			
18.	Additional comments:				
19.	I certify, to the best of m	iy knowledge, all informatio	n provided on this form is true	and accurate.	

Signature	Date	