INTERIOR DESIGNER EXPERIENCE VERIFICATION FORM

No Fee Required

Instructions
Applicant: Complete items #1 through #8, then forward this form to either a certified/licensed Interior Designer, Architect or Professional Engineer.
Verifier: Complete items #9 through #19. 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  or  ☐ Virginia DMV Control Number

3. Mailing Address
   ____________________________________________________________
   City ___________________________ State ___________________________ Zip Code ___________________________

4. Employer (firm where experience was obtained)
   ____________________________________________________________

5. Time period in which experience was obtained
   From: ___________________________ To: ___________________________

6. Was this a full-time (minimum of 30 hours per week) position?
   ☐ No  ☐ Yes  If no, how many hours did you work per week? ___________

7. Indicate the percentage of time spent in each category (percentages must add up to 100 percent). Be mindful of how your work has enhanced and protected the health, safety and welfare of the public in completing this section. As some of the categories overlap, please note that your work experience may be relevant to more than one category; therefore, apply percentages for all categories that are applicable:
   1. Client Interviews
   2. Needs & Relationship Analysis
   3. Space Planning
   4. Design Concepts
   5. Presentations
   6. Code Analysis
   7. Fire Safety Considerations
   8. Barrier Free Evaluations
   9. Product & Material Selection
   10. Inventory & Analysis
   11. Budgeting & Cost Projections
   12. Architect/Engineer Coordination
   13. Building System Considerations
   14. General Drafting
   15. Custom Project Design
   16. Furniture & Equipment Specifications & Plans
   17. Non-load Bearing Interior Construction Specs/Plans
   18. Bid/Purchase Order Preparation
   20. Project Scheduling
   21. Shop Drawings & Submittal Reviews
   22. Site Visits/Punch Lists
   23. Personnel Management
   24. Marketing
   25. Business Office Operation
   Other: ___________________________

   TOTAL Percentage ___________________________

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 address will only be used for communication with the Board staff.

12. What is your business relationship to the applicant?

13. 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
   - Interior Designer
     State
     License No.
     Exp. Date

14. Are the dates of employment shown in question #5 correct?
   Yes
   No
   If no, clarify.

15. During the time of employment (question #5), were you a licensed Professional Engineer?
   Yes
   No
   If yes, did you directly supervising the applicant? Yes

16. Was the applicant employed full-time (30 hours or more per week)?
   Yes
   No
   If no, how many hours did the applicant work each week?

17. Are the areas of practice selected by the applicant in question #7 correct?
   Yes
   No
   If no, explain.

18. Additional comments:

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

   Signature
   Date