

**Board for Architects, Professional Engineers, Land Surveyors,  
 Certified Interior Designers and Landscape Architects  
 LICENSE/CERTIFICATE RENEWAL FORM**

**A check or money order payable to the TREASURER OF VIRGINIA,  
 or a completed [credit card insert](#) must be mailed with your application package.  
 APPLICATION FEES ARE NOT REFUNDABLE.**

X	Select one license/certificate you are renewing:	Fee
<input type="checkbox"/>	0401 - Architect License	\$110.00
<input type="checkbox"/>	0402 - Professional Engineer License	\$160.00
<input type="checkbox"/>	0403 - Land Surveyor License	\$180.00
<input type="checkbox"/>	0404 - Land Surveyor B License	\$180.00
<input type="checkbox"/>	0406 - Landscape Architect License	\$190.00
<input type="checkbox"/>	0408 - Surveyor Photogrammetrist License	\$180.00
<input type="checkbox"/>	0412 - Interior Designer Certificate	\$90.00

**General Information** - Licenses and certificates cannot be renewed more than 90 days prior to expiration. The department automatically mails renewal notices to the license or certificate address of record approximately 45 days prior to expiration. If you receive a renewal notice from this department for your license or certificate, and you have already submitted this form with payment, please disregard the renewal notice.

- Please refer to our [Forms & Applications](#) page to report an *Address Change* or an *Email Address Change*.
- Use only one renewal form for each license or certificate to be renewed
- Each profession (*except Interior Designers*) must attach evidence of satisfying the *Continuing Education* requirements set forth in regulations 18VAC10-20-683. *Interior Designers are except from this requirement.*

1. Provide your Virginia License or Certificate Number below:

Virginia License Number 

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 Expiration Date <sup>\*</sup> \_\_\_\_\_

- \*** If a renewal payment is not **received** within 30 days after the expiration date on your license or certificate, an additional \$50 late fee will be charged.  
 If payment is not **received** within 6 months after the expiration date, the license or certificate will be required to **reinstate** their license.  
 Reinstatement applications are available on the Board's website at <https://www.dpor.virginia.gov/Boards/APELS>.

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_  
 Last (required)                      First (required)                      Middle                      Generation

3. Provide at least **one** of the following identification numbers\*:

☐ **Social Security Number** and/or 

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☐ **Virginia DMV Control Number**

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- Enter the same identification number as used on examination, previous applications or licenses on file with the department.
- \*** 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.

4. Mailing Address (PO Box accepted) \_\_\_\_\_

\_\_\_\_\_  
 City                      State                      Zip Code

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			2020		04	

5. Street Address (PO Box not accepted)

**PHYSICAL ADDRESS REQUIRED**

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Check here if Street Address is the same as the Mailing Address listed above.

City

State

Zip Code

6. Contact Numbers

Primary Telephone

Alternate Telephone

7. Email Address

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

8. By signing this application, I certify the following statements:

- I will continue to comply with the Standards of Practice and Conduct, including the Board's continuing education requirements, as established by the Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers, and Landscape Architects (APLESCIDLA Board).
- I understand and have complied with all the laws and regulations of Virginia related to the practice of my occupation.
- I have successfully completed the Board's continuing education requirements for the renewal of this license.
- I further certify that I understand and am compliant with all the laws of Virginia related to my occupation under the provisions of Title 54.1, Chapter 4 of the Code of Virginia and the APELSCIDLA Board.

Signature

Date

Mail this form with your renewal fee (check or a completed [credit card payment](#) form) to the following address:

Department of Professional and Occupational Regulation  
Post Office Box 29570  
Richmond, VA 23242-0570