

**Board for Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects**  
**ENGINEER EXPERIENCE VERIFICATION FORM**  
**One Experience per Form**

**Instructions:**

**Applicant:** Complete **Sections A** then forward this form to a **licensed professional engineer** in the organization's engineering practice where the experience was obtained. *Each position must be listed on a separate Experience Verification Form and verified with an original signature.*

**Experience Verifier:** Complete **Sections B**. Return this form to the applicant for inclusion in their application package. Your prompt response is appreciated.

**Section A** (to be completed by applicant)

1. Applicant's Full Legal Name (As it appears on your government issued ID or other legal documentation.)

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

2. Provide **one** of the following identification number:

☐ **Social Security Number** or ☐ **Virginia DMV Control Number**\*

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

➤ 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.

3. Mailing Address (PO Box accepted)

\_\_\_\_\_

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

4. Employer (verifying experience on this form)

\_\_\_\_\_

5. Employer's Mailing Address

\_\_\_\_\_

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

6. Job Description - Provide your job title(s) during your employment with the firm listed in question #4.

A. Job Title \_\_\_\_\_

B. Time period in which the experience was obtained Start Date \_\_\_\_\_ - End Date \_\_\_\_\_  
MM/YY MM/YY

C. List the total number of **Years/Months of Experience** are you seeking approval for: \_\_\_\_\_  
# of Years # of Months

D. Employment Type: ☐ Fulltime ☐ Part-time (less than 30 hrs./week)  
If Part-time, on average, how many hours per week: \_\_\_\_\_

E. What is the total percentage of time devoted to the duties described in the box below: \_\_\_\_\_

F. In the box provided on page 2; provide a description of the experience you are seeking approval for. **Forward this completed form (Section A&B) to the "Verifier" for validation.**

**Experience:**

Refer to the Board regulation [18VAC10-20-240. Experience](#) for examples of qualifying and non-qualifying engineering experience. Complete the following table and give a detailed description of the type of experience, indicating whether you had full or partial responsibility for the work and the complexity of the work.

The information provided in this table shall clearly describe the engineering work or research that you personally performed.

|  |                                   |                                     |   |                                  |                                     |  |
|--|-----------------------------------|-------------------------------------|---|----------------------------------|-------------------------------------|--|
| Select the type(s) of "Qualified" experience used in this description: |                                   |                                     |   |                                  | Responsibility: % of work performed |  |
| <input type="checkbox"/> Design  | <input type="checkbox"/> Military | <input type="checkbox"/> Industrial | <input type="checkbox"/> Graduate/Doctoral Degree | <input type="checkbox"/> General | <input type="checkbox"/> Full       | or <input type="checkbox"/> Partial = ____ % |
| <input type="checkbox"/> Construction                                  | <input type="checkbox"/> Sales    | <input type="checkbox"/> Teaching   | <input type="checkbox"/> Co-Op/Internship         |                                  |                                     |  |

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

|                       |      |      |    |
|-----------------------|------|------|----|
| Applicant's Signature | Date | Page | of |
|-----------------------|------|------|----|

**Section B** (to be completed by the verifier) - Review Section A above and answer the following questions:

1. Verifier's Name \_\_\_\_\_
2. Verifier's Title \_\_\_\_\_
3. Provide your license information:  
☐ Professional Engineer    State \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_
4. What is your business relationship to the applicant? \_\_\_\_\_
5. During this time listed in question #6.B, were you a licensed professional engineer?  
Yes ☐  
No ☐ If **no**, how long have you been lincensed? \_\_\_\_\_ To: \_\_\_\_\_  

MM/DD/YYYY                      MM/DD/YYYY
6. Check **all** services performed by the firm:  

|  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Architecture  | <input type="checkbox"/> Surveyor Photogrammetry            | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Engineering   | <input type="checkbox"/> Landscape Architect                |                                      |
| <input type="checkbox"/> Land Surveyor | <input type="checkbox"/> Interior Design/Contract Interiors |                                      |
7. To the best of your knowledge, did the applicant correctly describe his/her experience Section A, question #6.F.?  
Yes ☐  
No ☐ If no, provide a description of the type of professional engineering work or project(s) performed by the applicant and the complexity of this work:
8. I certify, to the best of my knowledge, all information provided on this form is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_