



**Board for Architects, Professional Engineers, Land Surveyors,  
 Certified Interior Designers and Landscape Architects  
 ENGINEER VERIFICATION OF EXAMINATION & LICENSURE FORM**

➤ Please note that this form is for those who have examinations, designations, or licenses outside of Virginia. If you need information verified and sent to another state, use the Certification Request Form.

Name of board providing verification:

Applicant's Name

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Generation \_\_\_\_\_

Provide **one** of the following identification numbers\*:

**Social Security Number** or  **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.

Applicant's Street Address

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

**I. EXAMINATION**

The written examination was prepared by:

NCEES Please explain any NCEES or Board grade adjustments: \_\_\_\_\_  
 Board

Type of Examination	Hours	Results	Exam Date
Fundamentals of Engineering			
Professional Engineer			
Exam Option:			

**II. LICENSURE, CERTIFICATION, or REGISTRATION**

The above-named applicant holds the following license, certification or registration:

Type of License	X	License Number	Date Issued	Expiration Date
Engineer-in-Training	<input type="checkbox"/>			
Professional Engineer	<input type="checkbox"/>			

The applicant qualified for licensure, certification or registration through:

Written Examination

Endorsement or Reciprocity

PE State: \_\_\_\_\_

FE State: \_\_\_\_\_

Other Explain: \_\_\_\_\_

Has the applicant been subject to any disciplinary action?

Yes  If yes, attach documentation of findings, sanctions, etc.

No

Verifier's Name

\_\_\_\_\_

Date

\_\_\_\_\_

Verifier's Title

\_\_\_\_\_

Signature

\_\_\_\_\_

*Apply Board seal here.*