

**Board for Architects, Professional Engineers, Land Surveyors,  
 Certified Interior Designers and Landscape Architects**

**INTERIOR DESIGNER - VERIFICATION OF EXAMINATION & CERTIFICATION FORM  
 No Fee Required**

➤ Please note this form is for applicants who have completed examinations, designations, or licenses *outside of Virginia*. If you need **license information** verified by the Commonwealth of Virginia and sent to another state, use the *Certification Request Form*. NCIDQ Certification should not be verified on this form.

**Name of board providing verification:**

Complete Section I, II & III for the applicant referenced below.

<b>APPLICANT INFORMATION</b>	Applicant's Name			
	Last	First	Middle	Generation
	Provide <b>one</b> of the following identification numbers:			
	<input type="checkbox"/> Social Security Number or		<input type="checkbox"/> Virginia DMV Control Number	
			<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Applicant's Street Address _____				
City		State	Zip Code	

**I. EXAMINATION**

The written examination was prepared by:

- NCIDQ  
 Board

Please explain any NCIDQ or Board grade adjustments:

Date of Examination \_\_\_\_\_ Scores \_\_\_\_\_

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

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

License Number	Date Issued	Expiration Date

The applicant qualified for licensure, certification or registration through:

- Education       Written Examination  
 Experience       Endorsement State: \_\_\_\_\_  
 Other Explain: \_\_\_\_\_

Has the applicant been subject to any disciplinary action?

- Yes  If yes, attach documentation of findings, sanctions, etc.  
 No

**III. VERIFIER**

Verifier's Name \_\_\_\_\_ Verifier's Title \_\_\_\_\_

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

➤ Return this completed form to the APELSCIDLA Board via mail, email, or fax at (866)-465-6206.

Apply Board seal here.