

Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8506
www.dpor.virginia.gov



**Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects**
BUSINESS ENTITY INFORMATION SHEET

Under no circumstances is a business authorized to render professional services in Virginia until it has registered with the Virginia State Corporation Commission (SCC), and obtained a certificate of authority registration from the Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects. The certificate of authority issued by the Virginia Board permits a business to practice only the professions shown on the certificate of authority. The clerk's office of the Virginia SCC may be contacted at:

Virginia State Corporation Commission
P.O. Box 1197
Richmond, Virginia 23218
Phone: (804) 371-9733

Any changes of status, including but not limited to changes in entity, name (including assumed names), address, place of business or responsible person(s) shall be reported to the Board in accordance with Board regulation 18VAC10-20-660.

**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
 BUSINESS ENTITY REGISTRATION/REINSTATEMENT APPLICATION**

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.

All applicants are required to read and understand the *Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations* available at: <https://www.dpor.virginia.gov/Boards/APELS> prior to applying for licensure.

Select the one type of action you are requesting:

X	Type of Action	Virginia Registration Number	Trans	Fee
<input type="checkbox"/>	New Application		1020	\$180.00
<input type="checkbox"/>	Change of Status	0 4		No Fee
Reinstatement - Expired more than:				
<input type="checkbox"/>	6 months, but less than 5 years	0 4	4020	\$290.00
<input type="checkbox"/>	5 years	0 4	4020	\$390.00

1. Business Entity/Sole Proprietor Name

- A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name.
 All names must be the same as displayed on government issued ID or organization/business documents.

2. Assumed or Fictitious Name

- If an **assumed/fictitious name** is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the *Code of Virginia* must be attached to this application.

3. A. Type of business entity (select only one)

- Sole Proprietorship General Partnership Solely Owned LLC Corporation
 Limited Partnership Limited Liability Company Other, please specify: _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

B. State Corporation Commission (SCC) Number:

- All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No **person, partnership, limited liability company or corporation** may conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC.

For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

4. Provide one of the following identification numbers:

- Business Federal Employer Identification Number (EIN)
 Sole Proprietor's/Individual's Social Security Number **and/or**
 Virginia Department of Motor Vehicles Control Number *

_____	-	_____	_____	_____	_____
Federal Employer Identification Number (12-3456789)					
_____	-	_____	-	_____	_____
Social Security or Virginia DMV Number (123-45-6789)					

- Enter the same identification number as used on previous applications or licenses on file with the department.
- * State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the *Virginia Department of Motor Vehicles*.

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

5. Mailing Address (PO Box accepted)

The mailing address will be
printed on the license.

City _____ State _____ Zip Code _____

6. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

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

City _____ State _____ Zip Code _____

7. Contact Numbers

Primary Telephone _____ Alternate Telephone _____

8. Email Address

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

9. Profession(s) to be practiced by the business entity and Virginia-licensed responsible person(s):

Select all that apply

Name/Title of Responsible Person(s)

VA License No.

<input type="checkbox"/> Architects	_____	0 4 0 1
<input type="checkbox"/> Professional Engineers	_____	0 4 0 2
<input type="checkbox"/> Land Surveyors	_____	0 4 0 3
<input type="checkbox"/> Surveyor Photogrammetrists	_____	0 4 0 8
<input type="checkbox"/> Landscape Architects	_____	0 4 0 6
<input type="checkbox"/> Interior Designers	_____	0 4 1 2

10. Are you applying for a Change of Status for a business entity that is already registered with the Virginia Board?

No

Yes If yes, list all **current** and **new** responsible person(s).

Note: the business entity record will be updated to reflect only the individuals listed on this application.

Name	Title	Virginia License Number	Profession

11. Has this business ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, complete the [Disciplinary Action Reporting Form](#).

12. A. Has this business ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**?

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Has this business ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**?

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

13. Signatures of all Professional individual(s) listed in question #9:

- I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application.
- I certify that I am in responsible charge of the profession(s) practiced by the business.
- I also certify that I will comply with all relevant statutes including Chapter 4 of Title 54.1 of the *Code of Virginia*, and the *Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations*.

Signature _____ Date _____

14. Signature of Authorized Official/Responsible Person:

- I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application.
- I certify that the professions indicated on this application will be under the direct control and personal supervision of the licensed/certified full-time employee identified above.
- Any change of status, including but not limited to changes in entity, name, address, place of business or responsible person(s) shall be reported to the Board.
- I also certify that the business will comply with all relevant statutes of Title 54.1, Chapter 4 of the *Code of Virginia*, and the *Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations*.

Print Name _____ Title _____

Signature _____ Date _____

Signature of Authorized Official or Responsible Person

COMPLETE AFFIDAVIT NOTARIZATION ON FOLLOWING PAGE.

Affidavit Notarization

In the State of _____, City/County of _____, subscribed and sworn before me,
The undersigned Notary Public in and for the City/County aforesaid this _____, day of ___, 20 ___,
My commission expires the _____, day of ___, 20 ___.

Affix official seal here.

Signature of Notary Public