



**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
 BUSINESS ENTITY REGISTRATION RENEWAL FORM
 Fee \$250.00**

**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.**

General Information - A business cannot be renewed more than 90 days prior to the expiration date. The department automatically mails a renewal notice to the business address of record approximately 45 days prior to the expiration date.

1. Provide the Virginia business registration number below:

Virginia Reg. Number

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 Expiration Date ^{*} _____

^{*} If a renewal payment is not **received** within 30 days after the expiration date on the business registration, an additional \$200 late fee will be charged. If payment is not **received** within 6 months after the expiration date on the business registration, the business will be required to reinstate their registration. Reinstatement applications are available on the Board's website: www.dpor.virginia.gov/Boards/APELS/

2. Business Name _____

3. Assumed or Fictitious Name _____

4. Contact Numbers* _____
Primary Telephone Alternate Telephone

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

6. By submitting this application, I certify the following statements:
- By submitting the renewal fee, you certify continued compliance with the Board's Standards of Practice and Conduct including regulation 18VAC10-20-780, as established by the Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers, and Landscape Architects (APLESCIDLA Board)
 - I further certify that this business understand and is in compliance with all the laws of Virginia under the provisions of Title 13.1 Chapter 7 and Title 54.1 Chapter 4 of the Code of Virginia and the APELSCIDLA Board.

Mail this form, along with the 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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			2020		0407	