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



Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects LANDSCAPE ARCHITECT REINSTATEMENT APPLICATION Fee \$250.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

1.	Provide your Virginia Landscape Architect Li	cense oi	r certific	ation?	)					
	VA License Number 0 4 0 6				Expiration	) Dat	:e <b>*</b>			
	If the license expired 5 or more years ago Application.	, you are	required	J	•		_	the <u>Lands</u>	cape A	 rchitect License
2.	full Legal Name (As it appears on your government issued ID or other legal documentation.)									
	Last (required) First (requi	red)			Middle					Generation
3.	Provide <u>one</u> of the following identification numbers*:									
	Social Security Number and/or					- [				
									Ī	
	<ul> <li>Enter the same identification number as used on examina</li> <li>State law requires every applicant for a license, certificate by the Commonwealth to provide a social security number</li> </ul>	, registration	n or other au	thorizati	on to engage	in a b	usines	s, trade, pro		or occupation issued
4.	Date of Birth									
5.	Maiden or Former Name(s)									
6.	Mailing Address (PO Box accepted)  The mailing address will be printed on the license.  City							Stat		Zip Code
7.	Street Address (PO Box not accepted)  PHYSICAL ADDRESS REQUIRED	Check he	ere if Street /	Address	is the <u>same</u> a	as the	Mailing			·
	City							Stat	.e —	Zip Code
8.	Contact Numbers  Primary Telephone			Alternati	e Telephone					
9.	Email Address			7 11011100	o rotopitono					
0.	Email address is cor	sidered a	public reco	rd and	will be discl	osed	upon r	equest fror	n a third	l party.
10.	Have you ever been subject to a <b>disciplinary</b> a body?  No				luding Vir	ginia	a) loc	al, state o	or natio	onal regulatory
	Yes  If yes, complete the <u>Disciplinary</u>	Action Re	eporting I	-orm.						
OFFICE USE	DATE FEE TRANS CODE	ENTITY#				#/LICE	NSE#			ISSUE DATE
ONLY			(	)406						

11.		•	er been convicted or found guilty, resof any felony?  If yes, complete the Criminal Convi	gardless of the manner of adjudication ction Reporting Form.	on, in any jurisdiction of the
		United States	er been convicted or found guilty, re s of any non-marijuana <b>misdemeanc</b>	gardless of the manner of adjudication or a djudication or a djudication or a djudication or a djudication or a	on, in any jurisdiction of the
		No ☐ Yes ☐	If yes, complete the Criminal Convi	ction Reporting Form.	
12.	•	I am aware application I will notify requested I a felony or I authorize person, or required or I authorize business to	will delay processing and may lead to the Board of any changes to the icense, certification, or registration in misdemeanor (in any jurisdiction). the Department to verify information any source the department may concerned by the Department.  any federal, state or local government release information which may be re-	omitting pertinent or material information license revocation or denial of license information provided in this applicancluding, but not limited to any discipling the concerning me or any statement in concerning me or any statement in contact. It also agree to present any ment agency, current or former employed a background investigation.	se.  ation prior to receiving the nary action or conviction of this application from any credentials or documents over, or other individual or n.
	•	of Title 54.	•	ne laws of Virginia related to this profe a and the Virginia Board for Architec d Landscape Architects Regulations.	•
		Signature			Date