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

Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects
ARCHITECT CLIENT EXPERIENCE VERIFICATION FORM

ONLY COMITY AND REINSTATEMENT APPLICANTS MAY USE THIS EXPERIENCE VERIFICATION FORM.

INSTRUCTIONS:

Applicant: Complete items #1 through #3 then forward this form to the client who will verify your experience.

Reference: Complete items #4 through #13. Enclose the form and one copy in a sealed envelope with your signature across the sealed flap. Return it to the applicant for inclusion in their application package) or mail it directly to the Board at the address above. Your prompt response is appreciated.

1. Applicant's Name _____
   Last First Middle Generation
2. Social Security Number or Virginia DMV Control Number✳ ☐☐☐ - ☐☐ - ☐☐☐☐
   ✳ 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.
3. Mailing Address (PO Box accepted) _____
   _____
   City State Zip Code

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4. Client's Name _____ n/a
   Last First Middle Generation
5. Mailing Address _____
   _____
   City State Zip Code
6. Contact Numbers _____ _____ _____
   Primary Telephone Alternate Telephone Facsimile
7. Length of time you have known the applicant in a professional capacity. Start Date _____ End Date _____
8. Describe the type of projects the applicant worked on during your professional association
   Residential ☐ Commercial ☐
9. Check all the architectural services in which the applicant was involved.
   - ☐ A & E Contract Negotiations
   - ☐ Bidding to Contractors
   - ☐ Construction Administration
   - ☐ Construction Dispute Resolution
   - ☐ Construction Docs & Preparation
   - ☐ Construction Management
   - ☐ Cost Estimating
   - ☐ Expert Witness
   - ☐ Full-time Construction Observation
   - ☐ Interior Space Planning
   - ☐ Master Site Planning
   - ☐ Preliminary Design
10. Based on your professional association with the applicant, do you believe the applicant possesses adequate knowledge to practice as an architect?
11. In your opinion, has the applicant's work been of a satisfactory quality?
12. Additional comments
13. Signature _____ Date _____