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

Type of Action

New application



Board for Architects, Professional Engineers, Land Surveyors, **Certified Interior Designers and Landscape Architects** PROFESSIONAL CORPORATION BRANCH OFFICE REGISTRATION APPLICATION

Trans

1020

Fee

\$30.00

FILE# / LICENSE #

0410

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert available at http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf 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 www.dpor.virginia.gov prior to applying for registration.

A separate registration application must be completed for each branch office. At least one currently licensed or certified individual in each profession offered or practiced at each branch office must be resident at the branch office to provide effective supervision and control of the final professional product.

Please use a black or blue pen to complete this application

Select the type of action you are requesting on this application. VA Registration No.

Change of status 0410 No Fee 1. Business Name Trade or Fictitious Name If a Trade or Fictitious Name is to be used, a copy of the certificate filed with the State Corporation Commission or locality pursuant to § 59.1-69 of the Code of Virginia must be included with this application. 3. Federal Employer Identification No. 4. Street Address of Branch Office City, State, Zip Code 5. Mailing Address of Branch Office City, State, Zip Code 6. E-mail Address 7. Contact Numbers Telephone Facsimile 0405 8. Main Office's VA Registration Number 9. Street Address of Main Office City, State, Zip Code

APPLICATION #

OFFICE USE

ONI Y

DATE

FEE

TRANS CODE

1020

ENTITY #

ISSUE DATE

10.	Profession(s) to be practiced in the branch office: At least one currently licensed or certified individual in each profession offered or practiced at each branch supervision and control of the final professional product.	n must provide effective		
	Select all that apply Name/Title of Individual Resident & in Responsible Charge	VA License No.		
	Architects	0401		
	Professional Engineers	0402		
	Land Surveyors	0403		
	Surveyor Photogrammetrists	0408		
	Landscape Architects	0406		
	Interior Designers	0412		
	There shall be at least one Director of the firm currently lice profession offered or practiced by the firm. If there is not, the main office of the firm must be updated before this application.	en the registration for the		
11.	Has the business ever been subject to a disciplinary action imposed by <u>any</u> (including Virgini regulatory body? No	a) local, state or national		
	Yes If yes, please provide a certified copy of the final order, decree or case regulatory agency with lawful authority to issue such order, decree or case			
12.	Has the business ever been convicted in any jurisdiction of any felony or misdemeanor ? <i>nolo contendere must be disclosed on this application.</i> No	Any guilty plea or plea of		
	Yes If yes, list the felony and/or misdemeanor conviction(s). Attach the original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documents of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper. Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which convicted. The address is available from your local police department. Original criminal history records may be obtained by contacting the state police in the jurisdiction in which convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, PO Box 27472, Richmond, VA 23261-7472.			
13.	Signatures of individuals listed in #10.			
I, the undersigned, certify that the foregoing statements and answers are true, and I have not supprinformation that might affect the Board's decision to approve this application. I certify that I am a full-time the business and in responsible charge of the professions practiced by the branch office. I also certificate comply with all relevant statutes including Chapter 4 of Title 54.1 of the Code of Virginia, and the Virgin Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Regulations. Signature Date Signature Date Date				
	Signature Date			
	Signature Date			

14. Signature of Authorized Official

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 for which the branch office is registered will be under the direct control and personal supervision of the licensed or certified full-time employees identified in this application. I also certify that the business 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
Title	
Any amendments or changes to the corporation's charter	, articles of incorporation, bylaws, directors, shareholders
name, address or place of business in Virginia should be	reported to the Board in accordance with Board regulatio
18VAC10-20-560.	

For Official Use Only				
Date	Approved	Disapproved		