



**Board for Architects, Professional Engineers, Land Surveyors,  
 Certified Interior Designers and Landscape Architects  
 LANDSCAPE ARCHITECT EXPERIENCE VERIFICATION FORM  
 FOR EXAMINATION AND COMITY APPLICANTS**

**Instructions:**

**Applicant:** Complete items #1 through #11, then forward this form to the firm named in #4.  
**Verifier:** Complete items #12 through #23. 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 the application package) or mail directly to the Board at the address listed 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

4. Employer (firm where experience was obtained) \_\_\_\_\_

5. Employer's Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

6. DATES OF EMPLOYMENT						7. LENGTH OF TIME		8. STATUS (Check one)				9. INDICATE % OF TIME SPENT IN EACH PRACTICE CATEGORY													
FROM			TO			FULL-TIME	PART-TIME (Less than 35 hours per week)	EMPLOYEE WITH LANDSCAPE ARCHITECT SUPERVISOR	EMPLOYEE W/O LANDSCAPE ARCHITECT SUPERVISOR	PARTNER OR CORPORATE OFFICER	SELF-EMPLOYED	PROGRAMMING	SITE & ENVIRONMENTAL ANALYSIS	SCHEMATIC DESIGN	CONSTRUCTION COST ANALYSIS	CODE RESEARCH	DESIGN DEVELOPMENT	CONSTRUCTION DOCUMENTS	SPECS & MATERIALS RESEARCH	DOC. CHECKING & COORDINATION	BIDDING PROCEDURES	CONSTRUCTION PHASE-OFFICE	CONSTRUCTION PHASE-OBSERVATION	PROJECT MANAGEMENT	OFFICE MANAGEMENT
MO	DAY	YR	MO	DAY	YR	<input checked="" type="checkbox"/>	HOURS PER WEEK																		
						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

**Notes:** Applicants with an LAAB-accredited degree must demonstrate a minimum of 36 months of experience under the direct control and personal supervision of a licensed landscape architect, architect, professional engineer, or land surveyor. At least 12 months of the total experience must be under the direct control and personal supervision of a licensed landscape architect.

All other applicants must have at least eight years of combined education and experience evaluated in accordance with the Landscape Architect Equivalency Table as established in 18 VAC 10-20-420 of the Board's regulations.

10. Indicate the type(s) of services performed by the firm.  
 Landscape Architecture       Corporate Facilities Department       Military/Government Design Facility  
 Architecture       Design/Building       Teaching or Research  
 Construction Management       Engineering       Other

11. Applicant's authorization and release. **This release must be signed before forwarding form to the experience verifier.**

I hereby authorize the Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects to make inquiries of the individual listed in #12 on page 2 of this form with respect to my background and character. I invite full disclosure and complete responses to all inquiries. I release said person from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Items #12 through #23 should be completed by the applicant's employer or associate who qualifies as the person in responsible charge under whose supervision the applicant is claiming credit for work experience.

12. Verifier's Name \_\_\_\_\_  
Last First Middle Generation

13. Relationship to Applicant  Supervisor  Client  Co-worker  Other \_\_\_\_\_

14. Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

15. Current Position \_\_\_\_\_

16. Position held in (or in relationship to) the firm listed in #4. \_\_\_\_\_

17. Do you hold any of the following licenses? Check **all** that apply.

- Architect State \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Professional Engineer State \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Land Surveyor State \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Surveyor Photogrammetrists State \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Landscape Architect State \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

18. Are the dates of employment shown in #6 correct? Yes  No  If no, clarify. \_\_\_\_\_

19. Have you directly supervised the applicant for the entire period of time listed in #6?  
Yes   
No  If no, what is your professional relationship to the applicant? \_\_\_\_\_  
How did you obtain knowledge of the applicant's professional experience?  
\_\_\_\_\_

20. Are the areas of practice selected by the applicant in #9 correct? Yes  No  If no, please clarify.  
\_\_\_\_\_

21. Was the applicant employed full-time (35 hours or more per week)?  
Yes   
No  If no, how many hours did the applicant work each week? \_\_\_\_\_

22. Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Signature \_\_\_\_\_ Date \_\_\_\_\_