

5. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.
PHYSICAL ADDRESS REQUIRED

City State Zip Code

6. Contact Numbers

Primary Telephone Alternate Telephone

7. Email Address

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

8. By signing this application, I certify the following statements:
- I will continue to comply with the Standards of Practice and Conduct, including the Board's continuing education requirements, as established by the Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers, and Landscape Architects (APLESCIDLA Board).
 - I understand and have complied with all the laws and regulations of Virginia related to the practice of my occupation.
 - I have successfully completed the Board's continuing education requirements for the renewal of this license.
 - I further certify that I understand and am compliant with all the laws of Virginia related to my occupation under the provisions of Title 54.1, Chapter 4 of the Code of Virginia and the APELSCIDLA Board.

Signature _____ Date _____

Mail this form with your 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