

**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects**

SURVEYOR PHOTOGRAMMETRIST - VERIFICATION OF EXAMINATION & LICENSURE FORM

➤ Please note this form is for applicants who have completed examinations, designations, or licenses *outside of Virginia*. If you need **license information** verified by the Commonwealth of Virginia and sent to another state, use the [Certification Request Form](#).

Name of board providing verification:

Complete Section I, II & III for the applicant referenced below.

APPLICANT INFORMATION	Applicant's Name			
	Last	First	Middle	Generation
	Provide one of the following identification numbers:			
	<input type="checkbox"/> Social Security Number or <input type="checkbox"/> Virginia DMV Control Number			
Applicant's Street Address _____				
City		State	Zip Code	

I. EXAMINATION

Type of Examination	NCEES Examination?	Results	Exam Date
Surveyor Photogrammetrists	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Land Surveyor	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Surveyor-In-Training	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Board Specific	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Others:	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please explain any NCEES adjustments: _____

II. LICENSURE, CERTIFICATION, or REGISTRATION

The above-named applicant holds the following license, certificate or registration:

Type of License	X	License Number	Date Issued	Expiration Date
Surveyor Photogrammetrists	<input type="checkbox"/>			
Land Surveyor	<input type="checkbox"/>			
Surveyor-in-Training	<input type="checkbox"/>			

The applicant qualified for licensure, certification or registration through:

Written Examination

Comity or Reciprocity

SP State: _____ SIT State: _____

LS State: _____ Other Explain: _____

Has the applicant been subject to any disciplinary action?

Yes If yes, attach documentation of findings, sanctions, etc.

No

III. VERIFIER

Verifier's Name _____ Verifier's Title _____

Signature _____ Date _____ *Apply Board seal here.*