

**Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects
BUSINESS ENTITY INFORMATION SHEET**

Under no circumstances is a business authorized to render professional services in Virginia until it has registered with the Virginia State Corporation Commission (SCC), and obtained a certificate of authority registration from the Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects. The certificate of authority issued by the Virginia Board permits a business to practice only the professions shown on the certificate of authority. The clerk's office of the Virginia SCC may be contacted at:

Virginia State Corporation Commission
P.O. Box 1197
Richmond, Virginia 23218
Phone: (804) 371-9733

If professional services are offered or rendered in a branch office, a separate Business Entity Branch Office Registration Application must be completed for each branch office. At least one currently licensed or certified responsible person (as defined by regulation 18VAC10-20-10) in each profession offered or practiced in each branch office must be resident at the branch to provide effective supervision and control of the final professional product.

Any changes of status, including but not limited to changes in entity, name (including assumed names), address, place of business or responsible person(s) shall be reported to the Board in accordance with Board regulation 18VAC10-20-660.

**Board for Architects, Professional Engineers, Land Surveyors,
 Certified Interior Designers and Landscape Architects
 BUSINESS ENTITY REGISTRATION/REINSTATEMENT APPLICATION**

**A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed credit card insert 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: <https://www.dpor.virginia.gov/Boards/APELS> prior to applying for licensure.

Select the one type of action you are requesting:

X	Type of Action	Virginia Registration Number	Trans	Fee
<input type="checkbox"/>	New Application		1020	\$90.00
<input type="checkbox"/>	Change of Status	0 4		No Fee
	Reinstatement - Expired more than:			
<input type="checkbox"/>	6 months, but less than 5 years	0 4	4020	\$145.00
<input type="checkbox"/>	5 years	0 4	4020	\$295.00

1. Business Entity/Sole Proprietor Name _____

- A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name. All names must be the same as displayed on government issued ID or organization/business documents.

2. Assumed or Fictitious Name [^]_____

- [^] If an **assumed/fictitious name** is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the *Code of Virginia* must be attached to this application.

3. A. Type of business entity (select only one)

- ☐ Sole Proprietorship ☐ General Partnership ☐ Solely Owned LLC ☐ Corporation
☐ Limited Partnership ☐ Limited Liability Company ☐ Other, please specify: _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

B. State Corporation Commission (SCC) Number: _____

- All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No **person, partnership, limited liability company or corporation** shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC.

For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

4. Provide one of the following identification numbers:

- ☐ Business Federal Employer Identification Number (EIN)

____ - _____
 Federal Employer Identification Number (12-3456789)

- ☐ Sole Proprietor's/Individual's Social Security Number **and/or**

____ - ____ - _____

- ☐ Virginia Department of Motor Vehicles Control Number *

 Social Security or Virginia DMV Number (123-45-6789)

- Enter the same identification number as used on previous applications or licenses on file with the department.
 * State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

OFFICE USE ONLY	DATE	FEES	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
				04		

5. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

 City State Zip Code

6. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

☐ Check here if Street Address is the same as the Mailing Address listed above.

 City State Zip Code

7. Contact Numbers

 Primary Telephone Alternate Telephone

8. Email Address

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

9. Profession(s) to be practiced by the business entity and Virginia-licensed individual(s) in responsible charge:

- At least one full-time employee or resident principal licensed or certified in each profession offered or practiced must be resident at this business location to provide effective supervision and control of the final professional product.

Select all that apply

Name/Title of Individual Resident & in Responsible Charge

VA License No.

<input type="checkbox"/> Architects	_____ _____	0 4 0 1
<input type="checkbox"/> Professional Engineers	_____ _____	0 4 0 2
<input type="checkbox"/> Land Surveyors	_____ _____	0 4 0 3
<input type="checkbox"/> Surveyor Photogrammetrists	_____ _____	0 4 0 8
<input type="checkbox"/> Landscape Architects	_____ _____	0 4 0 6
<input type="checkbox"/> Interior Designers	_____ _____	0 4 1 2

10. Are you applying for a Change of Status for a business entity that is already registered with the Virginia Board?

No ☐

Yes ☐ If yes, list all **current** and **new** individuals in responsible charge.

Note: the business entity record will be updated to reflect only the individuals listed on this application. All professionals affiliated with this location must comply with regulation 18VAC10-20-780.

Name	Title	Virginia License Number	Profession

11. Has this business ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the [Disciplinary Action Reporting Form](#).

12. A. Has this business ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**?

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

B. Has this business ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**?

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

13. Signatures of all Professional individual(s) listed in question #9:

- 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 I am in responsible charge of the profession(s) practiced by the business.
- I also certify that I 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 _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

14. Signature of Authorized Official/Responsible Person:

- 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 indicated on this application will be under the direct control and personal supervision of the licensed/certified full-time employee identified above.
- Any change of status, including but not limited to changes in entity, name, address, place of business or responsible person(s) shall be reported to the Board.
- I also certify that the business will comply with all relevant statutes of Title 54.1, Chapter 4 of the *Code of Virginia*, and the *Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations*.

Print Name _____ Title _____

Signature _____ Date _____

Signature of Authorized Official or Responsible Person

Affidavit Notarization

In the State of _____, City/County of _____, subscribed and sworn before me,

The undersigned Notary Public in and for the City/County aforesaid this _____, day of _____, 20____,

My commission expires the _____, day of _____, 20____.

Affix official seal here.

Signature of Notary Public