



**DENIAL OF LICENSURE REPORTING FORM  
 (Applicants Only)**

This form is to be used by an **applicant** as part of your DPOR license, certification, or registration application. The information requested is in regard to your affirmative response(s) to the question regarding denial of a license, certification, or registration and should be included with your application package. If you did **not** report any denial of a license, certification, or registration on your application, this form is **not** required.

This form is to be submitted directly to the applicable DPOR Board Section at the address provided above.

**APPLICANT INFORMATION**

➤ Individual/Business Name:

Individual Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_

First (required)                      Middle                      Last (required)                      Generation

Business/Sole Proprietor Name \_\_\_\_\_

➤ Profession: \_\_\_\_\_

➤ Provide one of the following identification number\*:

Business - Federal Employee Identification Number (EIN):        -

Individual - Social Security or  Virginia DMV Control Number:     

\* Use the same identification number as used on file with DPOR from a previous application.

**DENIED LICENSURE, CERTIFICATION, OR REGISTRATION**

**Applicants** - if you answered 'yes' on your license, certification or registration application; after being refused or **denied** a professional, occupational, or business license, certification, or registration by any (including Virginia) local, state or national regulatory body; complete the following table.\*

Type of License, Certification, or Registration	License, Certification, or Registration No.	State/Jurisdiction	Reason for Denial	Date of Denial	Case Number	Decision (fine, suspension, revocation, etc.)

\* Provide a certified copy of the final order, decree or case decisions by a court or regulatory agency with lawful authority to issue such order, decree or case decisions.

**SIGNATURE**

*I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve my pending application.*

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

(Businesses Only)