



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DELAWARE STATE BOARD OF LANDSCAPE ARCHITECTURE

LICENSURE VERIFICATION FORM

Name of Applicant:

Address of Applicant:

License Number: _____

Date Originally Licensed: _____ Expiration Date: _____

Method of Licensure: Examination Reciprocity

1. Has the applicant ever been professionally disciplined or penalized? Yes No

2. Are disciplinary proceedings or unresolved complaints pending against the applicant? Yes No

3. If "yes" to either question above, please attach an explanation.

Certified by: _____

Title: _____

State of _____

BOARD SEAL

Date _____

Please return form to: Delaware State Board of Landscape Architecture at the address above.