



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

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF PROFESSIONAL LAND SURVEYORS

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

PROFESSIONAL LAND SURVEYOR APPLICATION INSTRUCTION SHEET

How to Apply

All applicants must submit:

- Completed, signed and notarized application form
- Non-refundable processing fee by check or money order made payable to "State of Delaware." See Fee Schedule at www.dpr.delaware.gov/boards/landsurveyors.
- Official transcript from college(s)/university(ies) sent *directly* from school to Board office
- Proof of experience on the *Experience Verification Form*, completed, signed and submitted by professional land surveyor and sent *directly* to the Board office.
- If you are applying by reciprocity*, a letter of good standing or verification of licensure from *each* state in which you have *ever* held a license, sent *directly* to the Board office

Information for Applicants by Examination

Exams are held in April and October. The deadline for submission of all documents for the next exam is sixty days before the next scheduled examination date.

Please Note: It is the applicant's responsibility to ensure that all licensing requirements are fulfilled and to arrange for the Board office to receive all necessary supporting documents. The Board may request additional information or documents if clarification is needed. When the application is complete and all documents received, the Board will review the application at its next meeting. See Meeting Calendar at www.dpr.delaware.gov/boards/landsurveyors. The Board office will notify the applicant of the outcome. Please direct any questions regarding the application process or specific application inquiries to the Board office at (302) 744-4500 or by email to customerservice.dpr@state.de.us.



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PROFESSIONAL LAND SURVEYOR APPLICATION

TYPE OF APPLICATION

1. Select the type of application you are filing:

Experience/Examination based on (check one):

4-year surveying degree

32 semester hours

4-year related degree

Ten years experience

Reciprocity/State Examination

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
Last First Middle

2. Residence Address: _____

City State Zip

3. Business Address: _____

City State Zip

4. Phone: _____
business other

5. Email: _____

7. Date of Birth (month/day/year): _____

8. Have you been issued a U.S. Social Security Number? Yes No

• If yes, enter your SSN: _____

• If no, you must file a *Request for Exemption from Social Security Number Requirement*.

EDUCATION

9. Enter the following information about your education.

College or University	Date of Attendance	Degree Earned

LICENSURE HISTORY

10. Have you *ever* held a Professional Land Surveyor in another state or jurisdiction? Yes No If yes, enter the following information about *each* license you have held:

State/Jurisdiction	License Number	Date Issued	Expiration Date

DISCLOSURES

11. Have you been the subject of any administrative penalties regarding your practice of land surveying such as a fine, formal reprimand, suspension, revocation, probation or voluntary license surrender?
Yes No **If yes, submit a letter giving a full explanation. Include copies of all appropriate records.**
12. Are any unresolved complaints pending against you in any jurisdiction? Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
13. Do you have any impairment related to drugs or alcohol that would limit your practice of land surveying?
Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
14. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No **If yes, submit a certified copy of your criminal history record.**

EMPLOYMENT HISTORY

15. Enter the following information about your land surveying employment. You may copy this page as needed.

Name of Employer	Dates (month/year)		Title and Detailed Description of Experience Describe magnitude and complexity of work, your duties and your degree of responsibility.	Surveying Experience in Months
	To	From		

Cumulative total this page _____

Page _____ of _____

EXPERIENCE

Complete this section when applying based on 4-year surveying degree.

Breakdown of Surveying Experience	Minimum Required (Months)	Actual (Months)
<i>Field Experience in Surveying</i>		
a. Experience not in responsible charge		
b. Supervisory experience in responsible charge of boundary and retracement surveys	18	
c. Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	25	
<i>Office Experience in Surveying</i>		
d. Experience not in responsible charge		
e. Supervisory experience in responsible charge of boundary and retracement surveys		
f. Supervisory experience in responsible charge of boundary and retracement surveys	11	
Total supervisory experience in responsible charge of all surveys (total lines c and f)	36	

Complete this section when applying based on 4-year related degree.

Breakdown of Surveying Experience	Minimum Required (Months)	Actual (Months)
<i>Field Experience in Surveying</i>		
a. Experience not in responsible charge		
b. Supervisory experience in responsible charge of all boundary and retracement surveys	30	
c. Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	42	
<i>Office Experience in Surveying</i>		
d. Experience not in responsible charge		
e. Supervisory experience in responsible charge of boundary and retracement surveys		
f. Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	18	
Total supervisory experience in responsible charge of all surveys (total lines c and f)	60	

EXPERIENCE (continued)

Complete this section when applying based on 32 semester hours of surveying or surveying related coursework.

Breakdown of Surveying Experience	Minimum Required (Months)	Actual (Months)
<i>Field Experience in Surveying</i>		
a. Experience not in responsible charge		
b. Supervisory experience in responsible charge of boundary and retracement surveys	35	
c. Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	50	
<i>Office Experience in Surveying</i>		
d. Experience not in responsible charge		
e. Supervisory experience in responsible charge of boundary and retracement surveys		
f. Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	22	
Total supervisory experience in responsible charge of all surveys (total lines c and f)	72	

Complete this section when applying based on 10 years of experience.

Breakdown of Surveying Experience	Minimum Required (Months)	Actual (Months)
<i>Field Experience in Surveying</i>		
a. Experience not in responsible charge		
b. Supervisory experience in responsible charge of boundary and retracement surveys	59	
c. Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	84	
<i>Office Experience in Surveying</i>		
d. Experience not in responsible charge		
e. Supervisory experience in responsible charge of boundary and retracement surveys		
f. Supervisory experience in responsible charge of all surveys including boundary and retracement surveys	36	
Total supervisory experience in responsible charge of all surveys (total lines c and f)	120	

If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's next meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

The undersigned, being sworn, deposes and says that he or she is applying for a license as a professional land surveyor under the terms of Title 24 *Delaware Code*, Chapter 27; that he or she is the person who executed this application; that all statements and answers herein are truthful; that he or she has not suppressed any information that might affect this application; and that he or she has read and understands this affidavit and the fact that Fraud or Misrepresentation are grounds for denial or subsequent revocation of a license.

Applicant Signature: _____ Date: _____

Notary Public in and for the
County of _____
State of _____

Subscribed and sworn to before me this _____ day of _____, 2____.

Signature of Notary Public : _____

My Commission expires _____

SEAL

Applications that are unsigned, not notarized, incomplete or not accompanied by the required processing fee will be rejected.



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LAND SURVEYING EXPERIENCE VERIFICATION FORM

The applicant's **licensed direct** supervisor must complete this form and mail it *directly* to the Board of Professional Land Surveyors at the address listed above. The purpose of the form is to document the applicant's experience *in responsible charge of land surveying projects* under the total direct supervision of a licensed professional land surveyor as required by 24 Del. C. § 2708 (1). Additional forms are available at www.dpr.delaware.gov or call (302) 744-4500.

1. Name of Applicant: _____

2. Name of Supervising Professional Land Surveyor: _____

3. License Number: _____

4. Business Address:

City

State

Zip

5. Phone: _____ 6. Email: _____

7. Enter the time periods during which the applicant worked under your licensed direct supervision:

FROM (month/year)	TO (month/year)	NUMBER OF MONTHS
TOTAL MONTHS SUPERVISED		

8. Enter the following information about the titles and licenses you held while directly supervising the applicant.

TITLE	LICENSE NO	TYPE OF LICENSE	ISSUE DATE

9. Enter the following information about the applicant's combined office and field experience of land surveying projects performed under your direct supervision as a professional land surveyor in the active practice of land surveying.

BREAKDOWN OF SURVEYING EXPERIENCE		
	Field Experience (In Months)	Office Experience (in Months)
Not in responsible charge		
In responsible charge of boundary and retracement surveys		
In responsible charge of all surveys excluding boundary and retracement surveys		
Total Months of Experience	Field: _____	Office: _____

Note: The sum of total months of field experience and total months of office experience must equal the total supervised months you entered on page 1 of this form.

10. Check off the appropriate boxes completing the statements in the following table:

Has the applicant demonstrated satisfactory completion in responsible charge under your direct supervision as a professional land surveyor in the active practice of land surveying for...	
Field Experience	
...Horizontal and Vertical Control Surveys?	Yes <input type="checkbox"/> No <input type="checkbox"/>
...Boundary and Retracement Surveys?	Yes <input type="checkbox"/> No <input type="checkbox"/>
...Geodetic Work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
...Topographic Surveys?	Yes <input type="checkbox"/> No <input type="checkbox"/>
...Highway Construction Surveys?	Yes <input type="checkbox"/> No <input type="checkbox"/>
...Subdivision Construction Layout?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Office Experience	
...Record Research?	Yes <input type="checkbox"/> No <input type="checkbox"/>
...Note Reduction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
...Subdivision Design?	Yes <input type="checkbox"/> No <input type="checkbox"/>
...Plotting and Drafting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
...Descriptions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
...Stormwater Design?	Yes <input type="checkbox"/> No <input type="checkbox"/>
...Boundary and Retracement Computations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I attest that I directly supervised the applicant and that the information I have provided here provided herein is accurate and complete to the best of my knowledge and belief.

SIGNATURE OF SUPERVISING PROFESSIONAL LAND SURVEYOR:

Date: _____

EMBOSSSED
STATE SEAL OF
PROFESSIONAL
LAND SURVEYOR

RETURN THIS FORM *DIRECTLY* TO THE DELAWARE BOARD OFFICE AT ADDRESS ABOVE.