



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: WWW.DPR.DELAWARE.GOV

License Verification from Reciprocal State

Use a separate form for each state in which you have ever been licensed to practice land surveying. Forward to the other state jurisdiction(s) for their completion.

Name and address of Licensing Authority Performing the Verification: _____

This section is to be completed by the applicant.

Don't forget to sign the form.

Last Name: _____ First Name: _____
 SSN: _____
 DOB: _____

I am applying for licensure as a Professional Land Surveyor in the State of Delaware. Before my application can be reviewed, verification of my license in good standing is required. I am authorizing the release of the information requested on this form to be sent to the State of Delaware.

Signature: _____ Date: _____

To be completed by the Licensing Authority

Our records indicate that _____ was Licensed in the
 (Type or print individual's name)
 State of _____, on _____ and was
 (MM/DD/YY)
 issued License Number _____ on _____ with an Expiration Date of _____.

Examination History (NCESS, State, Other), Grades, etc.

Has any discipline activity taken place regarding this licensee? Yes No
 If an action has been taken, please enclose a certified copy of the Board Order when returning this license verification to the Delaware Board of Professional Land Surveyors.

Certification

AFFIX
 OFFICIAL
 SEAL
 HERE

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.

Name: _____ Signature: _____
 Title: _____ Date of Signature: _____
 Tel: _____ Fax: _____ E-mail: _____

PLEASE COMPLETE THIS FORM AND RETURN IT TO
DE Board of Professional Land Surveyors
861 Silver Lake Boulevard
Dover, DE 19904