



CANNON BUILDING
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LICENSE ROSTER REQUEST FORM

IMPORTANT: The roster(s) you receive will contain only public information. Mailing addresses, phone numbers and email addresses are not public information and will not be included with your roster. [What is public information?](#)

1. CHECK EACH PROFESSION FOR WHICH YOU ARE REQUESTING A ROSTER:

We will include all active licenses under the jurisdiction of the profession(s) you select.

- | | | |
|---|---|---|
| <input type="checkbox"/> Accountancy | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Nursing Home Administrators |
| <input type="checkbox"/> Architects | <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Massage and Bodywork | <input type="checkbox"/> Optometry |
| <input type="checkbox"/> Controlled Substances with Drug Schedules | <input type="checkbox"/> Medical Licensure and Discipline – Includes | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Controlled Substances without Drug Schedules | <ul style="list-style-type: none"> • Physicians • Physician Assistants • Respiratory Care Practitioners • Paramedics • Acupuncture Practitioners & Detoxification Specialists • Genetic Counselors • Polysomnographers | <input type="checkbox"/> Physical Therapy/Athletic Trainers |
| <input type="checkbox"/> Cosmetology/Barbering | | <input type="checkbox"/> Plumbers/HVACR |
| <input type="checkbox"/> Deadly Weapons | | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Dentistry | | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dietitians/Nutritionists | <input type="checkbox"/> Mental Health – Includes | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Electrician | <ul style="list-style-type: none"> • Professional Counselors • Chemical Dependency Professionals • Marriage & Family Therapists | <input type="checkbox"/> Real Estate Appraisers |
| <input type="checkbox"/> Funeral Services | | <input type="checkbox"/> River Pilots |
| <input type="checkbox"/> Geology | <input type="checkbox"/> Nursing – Includes | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Home Inspectors | <ul style="list-style-type: none"> • Registered Nurses • Practical Nurses • Advanced Practice Nurses (APN) | <input type="checkbox"/> Speech Pathology, Audiology & Hearing Aid Dispensers |
| <input type="checkbox"/> Land Surveyors | <input type="checkbox"/> Nursing – APNs with Prescriptive Authority | <input type="checkbox"/> Veterinary Medicine |

Include payment of \$40.00 for each box checked above.
Example: If you checked five boxes above, enclose payment of \$200.00.

2. ENTER REQUESTER INFORMATION:

Organization Name: _____

Contact Person Name: _____

Contact Person Address: _____

Phone: _____

IMPORTANT! Enter Email Address to which roster should be sent:
