



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

STATE OF DELAWARE

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

## WRITTEN LICENSE VERIFICATION REQUEST FORM

### 1. REQUESTER INFORMATION

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Street: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

**Enter email address to request a confirmation email. We DO NOT email or fax copies of Delaware Verifications.**

### 2. LICENSEE INFORMATION

#### **If licensee is a person:**

First Name: \_\_\_\_\_  
Last/Family Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Delaware License Number: \_\_\_\_\_

#### **If licensee is a business or organization:**

Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Delaware License Number: \_\_\_\_\_

### 3. ADDRESS WHERE WRITTEN VERIFICATION IS TO BE MAILED

Name: \_\_\_\_\_  
Street: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 4. TYPE OF VERIFICATION (Choose Standard or Special)

- Standard Verification** (Includes license status, expiration date and disciplinary indicator) - **\$35.00**
- If you wish to verify a Delaware Physician M.D., Physician D.O., ACGME Training or Physician-Limited license, do **not** submit this form unless the verification is for the Veterans Administration. You must submit your request to [VeriDoc](#).
  - If you wish to verify a Delaware RN or LPN license, do **not** submit this form unless the verification is for a visa screen or for the Veterans Administration. Either print out an [online verification](#) or go to [www.nursys.com](http://www.nursys.com).
- Special Verification - \$45.00** (Includes the Standard Verification plus additional information)
- Accountancy CPA Exam Scores**  
CPA Exam Score verification is available only to persons who hold Delaware Accountancy Permits or Certificates. All others must order a [Candidate Score Transfer](#) from the National Association of State Boards of Accountancy (NASBA).
- Architect Exam Scores**
- Cosmetology/Barbering Exam Scores or School Hours**
- Geology Exam Scores**
- Pharmacy Internship Hours**
- Real Estate Licensure History**
- Verification of Supervised Hours** (specify license type \_\_\_\_\_)
- Professional Land Surveyors Scores**

**Mail your request to the address above. Faxed or emailed requests will not be processed.**

**VERIFICATION REQUESTS RECEIVED WITHOUT THE CORRECT PAYMENT WILL BE REJECTED.**