



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

STATE OF DELAWARE  
**BOARD OF GEOLOGISTS**

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

## PROFESSIONAL EXPERIENCE REFERENCE FORM – RECIPROCITY APPLICANTS

### APPLICANT INFORMATION – The applicant completes this section (Questions 1-5).

Arrange for the Board to receive at least **two professional references** that document a combined total of **two years** of licensed professional geologic work experience **in your selected reciprocity state** as required by Section 2.2.1.3 of the Rules and Regulations. Complete this section and send the form to *each* person who will verify your licensed professional geologic work experience **in your selected reciprocity state only**.

ENTER YOUR APPLICATION ID: \_\_\_\_\_

1. Full Name: \_\_\_\_\_  
First Middle Last
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip
3. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Day Evening
4. Active License Number(s): \_\_\_\_\_ State(s): \_\_\_\_\_
5. Enter **your selected reciprocity state** - \_\_\_\_\_ This is the jurisdiction where you hold a *current* Geologist license and where you acquired the licensed professional geologic experience that you want the person named below to verify.

---

### PROFESSIONAL GEOLOGIC EXPERIENCE – The person verifying the applicant's licensed professional geologic work experience completes this section (Questions 6-15).

The applicant named above is applying for Geology licensure in Delaware. Provide the following information to verify the **licensed professional geologic work experience that the applicant acquired while working in the jurisdiction in Question 5 above**.

6. Your Name: \_\_\_\_\_
7. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Day Evening
8. Your Geologic Registration Number: \_\_\_\_\_ State: \_\_\_\_\_
9. Your Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_
10. Check your relationship to the applicant named above:  
 Employer  Supervisor  Co-worker  Other: \_\_\_\_\_
11. I have known the applicant **professionally** since: \_\_\_\_\_
12. On the next page, provide information about the **licensed professional geologic work experience that the applicant acquired while working in the jurisdiction entered in Question 5 above**. Do not enter information about experience that the applicant acquired in any other jurisdiction. Enter only work experience about which you have **first-hand, detailed personal knowledge in your professional capacity**. Space is provided for two periods of work experience. For example, if you supervised the applicant on two projects, you may enter the first project under Work Experience 1 and the second under Work Experience 2.

You may copy this page.

### WORK EXPERIENCE 1

I have **personal knowledge** of the applicant's licensed professional geologic work experience in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
State, U.S. territory or D.C

During this period, was the applicant employed as a geologist using initiative, skill, and individual interpretative judgment? Yes  No

Employer Name: \_\_\_\_\_

Where did this work experience take place? \_\_\_\_\_  
State, U.S. territory or D.C

Indicate whether the applicant's work as a geologist during this period was  Full-time  Part-time

If part-time, enter percentage of geologist work \_\_\_\_\_ % (e.g., 30 hours working as a geologist out of 40-hour project = 75%)

Describe the applicant's work (e.g., projects) and the quality of his or her work performed during this period. *Only* work that took place in the jurisdiction that the applicant entered in Question 5 above is relevant: \_\_\_\_\_

---

---

---

---

---

---

### WORK EXPERIENCE 2

I have **personal knowledge** of the applicant's licensed professional geologic work experience in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
State, U.S. territory or D.C

During this period, was the applicant employed as a geologist using initiative, skill, and individual interpretative judgment? Yes  No

Employer Name: \_\_\_\_\_

Where did this work experience take place? \_\_\_\_\_  
State, U.S. territory or D.C

Indicate whether the applicant's work as a geologist during this period was  Full-time  Part-time

If part-time, enter percentage of geologist work \_\_\_\_\_ % (e.g., 30 hours working as a geologist out of 40-hour project = 75%)

Describe the applicant's work (e.g., projects) and the quality of his or her work performed during this period. *Only* work that took place in the jurisdiction that the applicant entered in Question 5 above is relevant: \_\_\_\_\_

---

---

---

---

---

---

13. Provide your evaluation of the applicant's **overall** work performance. Check only *one* evaluation for each criterion.

	<b>Excellent</b>	<b>Good</b>	<b>Poor</b>	<b>Unknown</b>
Quality of professional work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of technical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional attitude, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soundness of judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Do you consider the applicant qualified for licensure as a geologist? Yes  No

15. Additional remarks or comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information that I have provided is accurate and truthful to the best of my knowledge.**

**SIGNATURE:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

AFFIX

SEAL

**Mail the completed form *directly* to Board of Geologists at the address above IF the professional reference's seal is embossed or raised. If the seal is a stamp, the applicant can upload this form into the DELPROS online portal.**