



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

STATE OF DELAWARE

**BOARD OF PROFESSIONAL LAND SURVEYORS**

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)

**VERIFICATION OF LAND SURVEYING EXPERIENCE**

Applicants for registration as a Surveyor Intern or Professional Land Surveyor licensure to practice land surveying in Delaware must submit proof that they have acquired required pre-internship or internship experience under the total direct supervision of a licensed, actively practicing professional land surveyor. This form is not required if applying on the basis of reciprocity. Each supervising land surveyor completes signs and submits this form **directly** to the Delaware Board office. You may upload or email this form if your seal is not embossed or raised. If you have a raised seal, this form must be mailed.

1. Applicant Name: \_\_\_\_\_  

Last
First
Middle
2. Supervising Land Surveyor: \_\_\_\_\_  

Last
First
Middle
3. Business Name: \_\_\_\_\_
4. Business Address: \_\_\_\_\_  

City
State
Zip
5. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
6. Enter the following information about **each** period during which the applicant worked under your direct supervision.

JURISDICTION WHERE SUPERVISED WORK TOOK PLACE	DATES SUPERVISED		YOUR TITLE DURING THIS PERIOD	YOUR LICENSE NUMBER	TYPE OF LICENSE	DATE LICENSE ISSUED
	Start (month/year)	End (month/year)				

7. Complete the following table to show the breakdown of the applicant's field and office surveying experience while under your direct supervision during the periods in Question 6.

TYPE OF EXPERIENCE	FIELD (in months)	OFFICE (in months)
<b>Not</b> in responsible charge		
In responsible charge of <b>boundary and retracement</b> surveys		
In responsible charge of all surveys <b>excluding</b> boundary and retracement surveys		
<b>TOTAL MONTHS OF EXPERIENCE</b>		

The total months of field and office experience must equal the total months in the supervisory periods you entered in Question 6.

8. Complete this table to show whether or not the applicant has demonstrated satisfactory experience in responsible charge, under your direct supervision, of each area.

AREA OF EXPERIENCE	HAS THE APPLICANT DEMONSTRATED SATISFACTORY EXPERIENCE IN RESPONSIBLE CHARGE OF THIS AREA?
<b>FIELD EXPERIENCE</b>	
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"/>
<b>OFFICE EXPERIENCE</b>	
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"/>
Property 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 certify that the information I have provided is accurate and complete to the best of my knowledge and belief.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Affix your state seal of Professional Land Surveyor below:**

**SEAL**