



CANNON BUILDING
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STATE OF DELAWARE

BOARD OF PROFESSIONAL LAND SURVEYORS

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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 mails this form *directly* to the Delaware Board office.**

Applicant's Application ID: _____

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)
Not in responsible charge		
In responsible charge of boundary and retracement surveys		
In responsible charge of all surveys excluding boundary and retracement surveys		
TOTAL MONTHS OF EXPERIENCE		

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?
FIELD EXPERIENCE	
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"/>
OFFICE EXPERIENCE	
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