



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
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR PROFESSIONAL LAND SURVEYOR LICENSURE

When to Apply

- Apply for Land Surveyor licensure by **examination** when you have completed an [internship](#) approved by the Delaware Board.
- Apply for Land Surveyor licensure by **reciprocity** when you hold a *current* land surveying license in another jurisdiction (state, U.S. territory or jurisdiction).

Requirements for All Applicants

- Submit a completed, signed and notarized [Application for Professional Land Surveyor Licensure](#).
- Enclose the non-refundable [processing fee](#) by check or money order made payable to the “State of Delaware.”
- If you currently hold, or have ever held, a license to practice land surveying – including an Intern registration in any other jurisdiction (state, U.S. territory or District of Columbia) – arrange for the Board office to receive verification of licensure or registration from *each* jurisdiction, sent directly from each jurisdiction to the Board office.
 - This is required **even if** you previously submitted verification in connection with your Delaware Surveyor Intern registration.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional Requirement for Applicants by Examination

- Arrange for the Board office to receive a completed and signed [Verification of Land Surveying Experience Form](#) from each licensed Land Surveyor who supervised you during your internship. Supervisors must stamp each form with their official seal.

Additional Requirements for Applicants by Reciprocity

- Arrange for the Board office to receive proof of passing scores on the *Fundamentals of Surveying Examination* and the *Principles and Practice of Surveying Examination*. Either a score report/verification sent directly to the Board office from the National Council of Examiners for Engineering and Surveying (NCEES) or from the jurisdiction where you passed the exam is acceptable.
- If you have been licensed less than five years in all jurisdictions where you are currently licensed, submit copies of the other jurisdictions’ licensing law and rules and regulations for the Board to review. You do **not** have to provide this documentation if either of these situations applies to you:
 - The jurisdiction from which you are applying by reciprocity is contiguous to Delaware, **or**
 - You have been licensed in good standing for five or more years in any jurisdiction where you now hold a current license.

Examinations

When the Board approves your application, the Board office will send you information on the examinations you need to take.

- If you are applying by examination, you must pass *Fundamentals of Surveying Examination* and the *Principles and Practice of Surveying Examination*. For information on these exams, see www.ncees.org.
- Regardless whether you are applying by reciprocity or examination, you must pass the *Delaware Drainage and Jurisprudence Examination*.



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TYPE OF APPLICATION

1. Check the type of application you are filing:
 I am applying for licensure by **Examination**. I have completed a Board approved internship.
 I am applying by **Reciprocity**. I hold a current Land Surveyor license in another jurisdiction.

IDENTIFYING AND CONTACT INFORMATION

2. Full Name: _____
Last First Middle
3. Other Names Used: None _____
Include maiden name, prior married names, alternate spellings
4. Date of Birth (month/day/year): _____ Gender: Male Female
5. Have you been issued a U.S. Social Security Number? Yes No **If yes, enter your SSN:** _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
6. Mailing Address: _____

City State Zip
7. Business Address: _____

City State Zip
8. Phone: _____ Email: _____
Business Other

EXAMINATIONS – All applicants must complete this section.

9. Have you passed the National Council of Examiners for Engineering and Surveying Fundamentals of Surveying examination? Yes No **If yes, arrange for the Board office to receive proof of your passing score either directly from the NCEES or directly from the jurisdiction where you passed the exam.**

LICENSURE HISTORY – All applicants must complete this section.

10. Have you ever held a Professional Land Surveyor license, including an Intern registration, in another jurisdiction (state, U.S. territory or District of Columbia)? Yes No If yes, enter the following information about *each* license/registration you have held:

JURISDICTION	LICENSE/REGISTRATION NUMBER	DATE ISSUED	EXPIRATION DATE

Arrange for the Board office to receive verification of licensure/registration from *each* jurisdiction listed above, sent directly from the jurisdiction to the Board office.

DISCLOSURES – All applicants must complete this section.

11. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No **If yes, submit a signed letter of explanation and documentation of the final disposition.**
12. Are criminal charges pending against you in any jurisdiction? Yes No **If yes, enclose a complete explanation and any documentation related to the charges.**
13. Have you received any administrative penalties (disciplines) regarding your practice of land surveying such as a fine, formal reprimand, suspension, revocation, probation or voluntary license surrender? Yes No **If yes, submit a detailed explanation. Include copies of all appropriate records.**
14. Are any unresolved complaints pending against you in any jurisdiction? Yes No **If yes, submit a detailed complete explanation. Include copies of all appropriate records.**
15. Do you have any impairment related to drugs or alcohol that would limit your practice of land surveying? Yes No **If yes, submit a detailed explanation. Include copies of all appropriate records.**

Continued on Next Page

EMPLOYMENT HISTORY – Only applicants by examination complete this section. *If applying by reciprocity, skip to AFFIDAVIT.*

16. Enter the following information about your land surveying employment. You may copy this page as needed.

NAME OF EMPLOYER	DATES (MONTH/YEAR)		TITLE AND DETAILED DESCRIPTION OF EXPERIENCE Describe magnitude and complexity of work, your duties and your degree of responsibility.	SURVEYING EXPERIENCE IN MONTHS
	To	From		

Cumulative Total on this Page _____

Page ____ of ____

If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's next meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-8 weeks to receive your license.

Signature of Applicant: _____ Date: _____

Printed Name: _____

State of: _____ County of: _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____

Signature of Notary: _____

SEAL

My Commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.



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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 submits this form **directly** to the Delaware Board office at the address above.

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 embossed state seal of Professional Land Surveyor below:

SEAL