



CANNON BUILDING
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STATE OF DELAWARE
BOARD OF PROFESSIONAL LAND SURVEYORS

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

STATEMENT OF SUPERVISING LAND SURVEYOR – INTERNSHIP

INSTRUCTIONS

Complete this form when...

- applying for a Delaware license as a Land Surveyor, or
- reporting a change in supervision.

When applying for your Land Surveyor License...

- Intern Applicant must provide the Application ID of their Land Surveyor Licensure application on this document.
- Each of an Intern applicant's supervising Land Surveyor(s) completes and signs a copy of this form.

Intern Applicant's Application ID: _____

When your supervising Land Surveyor changes...

- Use the *Manage Affiliations* Service Request in [DELPROS](#) to provide details regarding the change. Upload the completed, notarized document with your Service Request.

1. Applicant Name: _____
Last First Middle

2. Supervising Land Surveyor: _____
Last First Middle

3. Do you hold a Delaware Land Surveyor license? Yes No If yes, enter DE License No: **S6** - _____
If no, provide verification of licensure directly from each jurisdiction where you are licensed, sent directly to the Board office.

4. Business Name: _____

5. Business Address: _____
City State Zip

6. Phone: _____ Email: _____

7. Does the business named have a valid Delaware Certificate of Authorization? Yes No
If yes, enter DE Certificate Number: **S8** - _____

8. Are you actively practicing land surveying? Yes No

9. Do you agree to provide total, direct supervision of the Intern's experience *in responsible charge of land surveying projects* as required by [24 Del. C. §2708 \(a\)\(1\) b.](#) and Section 2.0 of the [Rules and Regulations](#)? Yes No

10. Do you agree to notify the Board of Professional Land Surveyors within 30 days if your supervision of the Intern applicant ends? Yes No

11. Do you agree to complete and submit a *Verification of Land Surveying Experience* form and submit it directly to the Board of Professional Land Surveyors at the address above at the end of your supervision of the Intern or at the end of the internship period, whichever is earlier? Yes No

AFFIDAVIT

The undersigned, being sworn, deposes and says that he or she is the person who executed this affidavit; that all statements and answers are truthful; that he or she has not suppressed any information that might affect this application.

Signature of Supervising Land Surveyor: _____ Date: _____

State of: _____ County of: _____

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

Signature of Notary: _____

SEAL

My Commission expires: _____

If this is an application for licensure, mail the signed, completed, notarized document *directly* to the Board office at the address above.

If this is a submission for the *Manage Affiliations* Service Request, upload the signed, completed, notarized document with your request.