



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

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## LICENSE ROSTER REQUEST FORM

**IMPORTANT:** The roster(s) you receive will contain only public information. Mailing addresses, phone numbers and email addresses are not public information and will not be included with your roster. [What is public information?](#)

### 1. CHECK *EACH* PROFESSION FOR WHICH YOU ARE REQUESTING A ROSTER:

We will include all active licenses under the jurisdiction of the profession(s) you select.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accountancy                | <input type="checkbox"/> Landscape Architect                | <input type="checkbox"/> Real Estate Appraisers          |
| <input type="checkbox"/> Architects                 | <input type="checkbox"/> Manufactured Home                  | <input type="checkbox"/> River Pilots                    |
| <input type="checkbox"/> Chiropractic               | <input type="checkbox"/> Massage and Bodywork               | <input type="checkbox"/> Social Work                     |
| <input type="checkbox"/> Controlled Substances      | <input type="checkbox"/> Nursing Home Administrators        | <input type="checkbox"/> Speech, Audiology & Hearing Aid |
| <input type="checkbox"/> Cosmetology/Barbering      | <input type="checkbox"/> Occupational Therapy               | <input type="checkbox"/> Veterinary Medicine             |
| <input type="checkbox"/> Deadly Weapons             | <input type="checkbox"/> Optometry                          |  |
| <input type="checkbox"/> Dentistry                  | <input type="checkbox"/> Pharmacy                           |  |
| <input type="checkbox"/> Dietitians & Nutritionists | <input type="checkbox"/> Physical Therapy/Athletic Trainers |  |
| <input type="checkbox"/> Electrician                | <input type="checkbox"/> Plumbers/HVACR                     |  |
| <input type="checkbox"/> Funeral Services           | <input type="checkbox"/> Podiatry                           |  |
| <input type="checkbox"/> Geology                    | <input type="checkbox"/> Psychology                         |  |
| <input type="checkbox"/> Land Surveyors             | <input type="checkbox"/> Real Estate                        |  |

Medical Practice – *Includes*

- Physicians
- Physician Assistants
- Respiratory Care Practitioners
- Paramedics
- Acupuncture Practitioners

Mental Health - *Includes*

- Professional Counselors
- Chemical Dependency Professionals
- Marriage & Family Therapists

Nursing - *Includes*

- Registered Nurses
- Practical Nurses
- Advanced Practice Nurses

**Include payment of \$35.00 for each box checked above.**  
**Example: If you checked 5 boxes above, enclose payment of \$175.00.**

### 2. ENTER REQUESTER INFORMATION:

Organization Name: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
Contact Person Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**IMPORTANT! Enter Email Address to which roster should be sent:**

\_\_\_\_\_