



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

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF PROFESSIONAL LAND SURVEYORS

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

APPLICATION FOR PROFESSIONAL LAND SURVEYOR LICENSURE INSTRUCTION SHEET

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 non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."
- Arrange for the Board office to receive an official transcript, sent *directly* from the college or university, showing your degree and date it was conferred.
 - This is **not** required if you previously submitted a transcript in connection with your Delaware Surveyor Intern registration.
- 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 provided supervision 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*. 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.

- Applicants by examination must pass *Fundamentals of Surveying Examination* and the *Principles and Practice of Surveying Examination*. For information on these exams, see www.ncees.org.
- All applicants, both by reciprocity and examination, must pass the *Delaware Drainage and Jurisprudence Examination*.



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APPLICATION FOR PROFESSIONAL LAND SURVEYOR LICENSURE

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: _____
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. Residence Address: _____

City State Zip

7. Business Address: _____

City State Zip

8. Phone: _____ business _____ other Email: _____

EDUCATION – All applicants must complete this section.

9. Enter the following information about your land surveying or related education.

COLLEGE OR UNIVERSITY	ATTENDANCE DATES		DEGREE EARNED
	From	To	

Arrange for the Board office to receive an official transcript, sent *directly* from the college or university, showing your degree and date it was conferred unless you previously submitted a transcript in connection with your Delaware Surveyor Intern registration.

EXAMINATIONS – All applicants must complete this section.

10. 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 from the NCEES or jurisdiction where you passed the exam.**

LICENSURE HISTORY – All applicants must complete this section.

11. 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 and exam scores from each jurisdiction listed above, sent directly from the jurisdiction to the Board office.

DISCLOSURES – All applicants must complete this section.

12. 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 certified copy of your criminal history record.**
13. Are criminal charges pending against you in any jurisdiction? Yes No **If yes, enclose a detailed explanation. Also, enclose any relevant documents.**
14. Have you been the subject of any administrative penalties 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 letter giving a full explanation. Include copies of all appropriate records.**
15. Are any unresolved complaints pending against you in any jurisdiction? Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
16. Do you have any impairment related to drugs or alcohol that would limit your practice of land surveying?
Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

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

17. 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 six months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

The undersigned, being sworn, deposes and says that he or she is applying for a license as a professional land surveyor under the terms of Title 24 *Delaware Code*, Chapter 27; that he or she is the person who executed this application; that all statements and answers herein are truthful; that he or she has not suppressed any information that might affect this application; and that he or she has read and understands this affidavit and the fact that Fraud or Misrepresentation are grounds for denial or subsequent revocation of a license.

Applicant Signature: _____ Date: _____

County of _____
State of _____

Subscribed and sworn to before me this _____ day of _____, 2_____

Signature of Notary Public: _____

My Commission expires: _____

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Applications that are unsigned, not notarized, incomplete or not accompanied by the required processing fee will be rejected.

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:

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