



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

WRITTEN LICENSE VERIFICATION REQUEST FORM

1. REQUESTER INFORMATION

First Name: _____
Last Name: _____
Organization Name: _____
Requestor Phone: _____
Requestor Email: _____

Street: _____
PO Box: _____
City: _____
State: _____
Zip: _____

2. LICENSEE INFORMATION

If licensee is a person:

First Name: _____
Family Name: _____
Social Security Number: _____
Profession: _____
License Number: _____

If licensee is a business or organization:

Name: _____
Location: _____
City: _____
State: _____
Zip: _____
License Number: _____

3. ADDRESS WHERE WRITTEN VERIFICATION IS TO BE MAILED

Name: _____
Street: _____
PO Box: _____
City: _____
State: _____
Zip: _____

4. TYPE OF VERIFICATION (*Check one*)

- Standard Verification** (*Includes license status, expiration date and disciplinary history*) - **\$20.00**
- Accountancy CPA Exam Scores** (*CPA Exam Score verification is available only to persons who hold Delaware Accountancy Permits or Certificates. All others must submit a [score verification request](#) to the National Association of State Boards of Accountancy (NASBA) at mshin@nasba.org*) - **\$30.00**
- Cosmetology/Barbering Exam Scores or School Hours** - **\$30.00**
- Pharmacy Internship Hours** - **\$30.00**
- Real Estate Licensure History** - **\$30.00**

5. In addition to mailing the written verification, we will email or fax it in advance. If you wish this additional service, check one:

- Email** - If checked, enter email address: _____
- Fax** - If checked, enter fax number: _____

Mail your request to the address above.

VERIFICATION REQUESTS RECEIVED WITHOUT THE CORRECT PAYMENT WILL BE RETURNED.