



**DELAWARE ASSOCIATION OF PROFESSIONAL ENGINEERS**

**92 Read's Way, Suite 208**

**New Castle, Delaware 19720**

**PHONE: 302-323-4588 FAX: 302-323-4590**

**E-mail: office@dape.org**

**APPLICATION FOR A TEMPORARY PERMIT**

(REFERENCE: DELAWARE PROFESSIONAL ENGINEERS' ACT, 24 DEL. C., SECTION 2820)

Title of Project: \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

List engineering disciplines to be provided under this permit.

Name of Delaware Building Permitting Authority to be used for this project:

Period temporary permit desired: \_\_\_\_\_ (not to exceed one year).

Delaware location of project: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

If applicant is a corporation or partnership, name the individual(s) in responsible charge of each engineering discipline's activities and decisions.

Registration State and Number of the applicant(s) or of the individual in responsible charge for each discipline.

Explain why you or your corporation believe you are competent to perform this work. Enclose on a separate sheet examples, including dates, of work similar to this project done by the individual applicant or done by each responsible engineer in a corporation or partnership, in sufficient detail to demonstrate competence.

Please send the enclosed form to the State Board of Registration of the applicant or of the individual(s) in responsible charge, asking that Board to verify that registration by discipline, if applicable, and return the form directly to D.A.P.E.

Fees enclosed (total amount) \$ \_\_\_\_\_

If applicant is an individual: \$100

If applicant is a corporation or partnership: \$300

Please make check payable to Delaware Association of Professional Engineers and send to Suite 208, 92 Read's Way New Castle, Delaware 19720

Please note that applicant for the Permit must comply with all Delaware State Tax Laws. Further information may be obtained from the State of Delaware, Division of Revenue, 820 N. French St., Wilmington, DE 19801, (302-577-8262). Your signature on the following affidavit indicates your understanding and compliance with this requirement.

Pursuant to the above, please indicate your Business License Number, Social Security Number or Federal I.D. Number, whichever is applicable.

BUSINESS LICENSE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ or FEDERAL I.D. # \_\_\_\_\_

**CODE OF ETHICS**

I acknowledge the receipt of a copy of the "Code of Ethics" as promulgated in accordance with Title 24 of the Delaware Code and adopted by the Council of the Delaware Association of Professional Engineers on January 13, 1981.

By my signature hereto, I state that I have studied this Code and that I will endeavor to guide my conduct in accordance with its principles to protect all aspects of the public interest and to uphold the character of the engineering profession.

I hereby certify that I have never been convicted of a felony.

Furthermore, I will cooperate with the Delaware Association of Professional Engineers by reporting to them all violations of the Registration Law which come to my attention.

In making this pledge, I recognize that the practice of a profession carries specific individual responsibilities which I intend to fulfill

Date.....  
.....  
(Signature of Applicant)

Please fill out one of the following Affidavits, whichever is applicable:

**AFFIDAVIT FOR INDIVIDUAL APPLICANT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, deposes and says:

I, the Applicant named in this application have executed the contents hereof, and to the best of my knowledge and belief the foregoing statements are true in substance and effect and are made in good faith, with no information being suppressed which might affect this application.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 19\_\_

\_\_\_\_\_  
Signature of Applicant

(S E A L)

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**AFFIDAVIT FOR CORPORATION OR PARTNERSHIP**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, deposes and says:

I, the \_\_\_\_\_, of \_\_\_\_\_, the applicant  
(Title) (Corporation or Partnership)

named in this application, have executed the contents hereof, and to the best of my knowledge and belief the foregoing statements are true in substance and effect and are made in good faith, with no information being suppressed which might affect this application.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 19\_\_

\_\_\_\_\_  
Signature of Applicant

(S E A L)

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public