

DATE _____

VERIFICATION OF REGISTRATION

TO:

FROM: DELAWARE ASSOCIATION OF PROFESSIONAL ENGINEERS
92 Read's Way, Suite 208
NEW CASTLE, DE 19720
(302) 323-4588

APPLICANT:

RE: TEMPORARY PERMIT

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

I. THE ABOVE NAMED PERSON IS REGISTERED AS:

	CERTIFICATE NO.:	DATE ISSUED:	VALID UNTIL:
<input type="checkbox"/> ENGINEER INTERN	_____	_____	_____
<input type="checkbox"/> PROFESSIONAL ENGINEER	_____	_____	_____

II. BASIS OF REGISTRATION:

(A) WRITTEN EXAMINATION:

- FE _____ Date _____ Results NCEES Exam
- PE _____ Date _____ Results NCEES Exam
- State Specific Exams Hours, if state exams

OTHER (Specify): _____

FE Exam accepted from: _____

Examination discipline: _____

(B) COMITY WITH (State): _____

(C) OTHER: (Please provide details) _____

Signature: _____

Title: _____

Date: _____

(Board Seal)