

Delaware PE #: \_\_\_\_\_

STATE OF DELAWARE



**DELAWARE ASSOCIATION OF PROFESSIONAL ENGINEERS**  
**92 Read's Way, Suite 208, New Castle, DE 19720**

PHONE: 302-323-4588  
E-mail: [office@dape.org](mailto:office@dape.org)

**PROFESSIONAL ENGINEER REINSTATEMENT FORM**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Preferred email: \_\_\_\_\_

Secondary email: \_\_\_\_\_

**DISCIPLINARY ACTIONS SINCE LAST RENEWAL?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which state? \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

I have not practiced Engineering in Delaware without a valid Professional Engineer license.

I have practiced engineering in Delaware without a valid Professional Engineer license.

If yes, provide details of engineering work performed in Delaware since license has lapsed or been placed in inactive status (attachment permitted):

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Signature of Professional Engineer

Date