

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

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):

Signature of Professional Engineer

Date