

STATE OF DELAWARE

**DELAWARE ASSOCIATION OF PROFESSIONAL ENGINEERS****92 Read's Way, Suite 208, New Castle, DE 19720****PHONE: 302-323-4588 FAX: 302-323-4590****E-mail: office@dape.org****APPLICATION FOR CERTIFICATE OF AUTHORIZATION**

☐ Initial Application ☐ Renewal Application ☐ Reinstatement Application (check one)

Fees: \$187.50 plus \$100.	\$150.00/year	\$150.00 + \$100/mo. for overdue period (max. \$600)
Attach: Copy of business license	Copy of business license	Copy of business license, list of DE projects from period of lapsed license

Application is hereby made to the Council of the Delaware Association of Professional Engineers for a Certificate of Authorization to permit the engineering corporation/partnership named below to practice or offer to practice engineering to the public in accordance with the Delaware Code, Title 24, Chapter 28, Section 2821 for the period **July 1, 20____ to June 30, 20____.**

Name of Firm

Address of Main Office

Address of offices in Delaware

State where incorporated or Partnership registered Telephone Number e-mail (required)

Names of designated officer(s) or employee(s) in responsible charge of engineering activities in Delaware. (Signature and seal required on reverse side of application.)

Employee is defined under the IRS regulations as an individual receiving a W-2 form from a firm. An independent contractor is not an employee.

Name: **License No.:** **Signature**:** **Officer or Employee:**

****Signature(s) certifies/certify that this firm has not engaged in the practice of engineering in Delaware without a valid Certificate of Authorization.**

Each of the licensed professional engineers designated to be in responsible charge as defined in §2803 (26) shall sign in the space below and imprint his/her seal over the signature, thereby acknowledging the designation.

In the event of a change in any of the above names, DAPE must be notified within 30 days.

Names and addresses of all Officers of Corporation. (May be submitted as an attachment.)

Names and addresses of all Board Members/ Principals/Partners of Corporation. (May be submitted as an attachment.)

- ✓ CHECKS SHALL BE MADE PAYABLE TO **DELAWARE ASSOCIATION OF PROFESSIONAL ENGINEERS** AND MAILED TO THE ASSOCIATION OFFICE AT 92 READ'S WAY, SUITE 208, NEW CASTLE, DE 19720.
 - ✓ CERTIFICATES ARE ISSUED ONLY TO CORPORATIONS OR PARTNERSHIPS OR OTHER REGISTRANTS (PARA. 2821 (F) WHO MEET THE REQUIREMENTS OF THE DELAWARE CODE, TITLE 24, SECTION 2821.
 - ✓ **PLEASE NOTE: ALL APPLICANTS FOR THE CERTIFICATE OF AUTHORIZATION MUST COMPLY WITH ALL DELAWARE STATE TAX LAWS. FURTHER INFORMATION MAY BE OBTAINED FROM THE STATE OF DELAWARE, DIVISION OF REVENUE, (302) 577-8253 OR 8262. YOUR SIGNATURE IN THE FOLLOWING AFFIDAVIT INDICATES YOUR UNDERSTANDING AND COMPLIANCE WITH THIS REQUIREMENT.**

PURSUANT TO THE ABOVE, PLEASE INDICATE YOUR BUSINESS LICENSE NUMBER AND FEDERAL I.D. NUMBER.

DELAWARE BUSINESS LICENSE # _____ (Must provide copy of current business license.)

FEDERAL I.D. _____

AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, _____, being first duly sworn, deposes and says;

I, being an officer of the _____
(Corporation, Partnership or other Registrant)

which is applying for a Certificate of Authorization, 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. Acknowledgement is also made that DAPE has the authority pursuant to 28 Del. C. §2823 (a)(1) to revoke the Certificate of Authorization of any firm for fraud or deceit in the attempt to obtain any authorization to practice engineering in Delaware.

(Please check one of the following:)

- { }

The firm has **not** practiced engineering in Delaware without a valid Certificate of Authorization.
- { }

The firm has practiced engineering in Delaware without a valid Certificate of Authorization. Details attached.

Subscribed and sworn to before me this

_____ day of _____, 20____.

Signature/Title of Officer

If Officer is a registered Professional Engineer, he/she may certify this document is correct with his/her signature and seal, instead of having it notarized.

Signature of Notary Public (Seal) _____

Commission expires: _____