

**APPLICANT:** Complete the shaded areas of this form and mail it to the verifying State Board with a stamped envelope addressed to: MS Board of Licensure for Professional Engineers & Surveyors, 455 North Lamar Street, Suite 208, Jackson, MS 39202.

## VERIFICATION OF LICENSURE

**TO: Mississippi Board of Licensure for Professional Engineers & Surveyors**

**FROM:**  
(State Board address)

**State Board Responding:**  
Mail this directly to the MISS. Board office.  
**DO NOT** return to Applicant.

**APPLICANT Name & Address**

**Date of Birth:**  **Social Security Number:**  (last four numbers)

**I. THE ABOVE- NAMED PERSON WAS LICENSED / ENROLLED AS:**

	License No.	Date Issued	Valid Until
____ Engineer Intern	_____	_____	_____
____ Professional Engineer	_____	_____	_____
____ Surveyor Intern	_____	_____	_____
____ Professional Surveyor	_____	_____	_____

**II. EXAMINATION**

Exam	Hours	Results	NCEES	Exam Date	NCEES Cut-Score Used (if NO please explain)
FE	_____	_____	_____	_____	_____
PE	_____	_____	_____	_____	_____
FS	_____	_____	_____	_____	_____
PS	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____

**III. Has applicant ever been disciplined by your board or is disciplinary action pending?**  Yes  No  
If Yes, please supply full details of Board Action on reverse side or attach documentation.

Signed by: \_\_\_\_\_

Title: \_\_\_\_\_ (Board Seal)

Date: \_\_\_\_\_

**PLEASE: If a fee is required, please notify the applicant, but DO NOT delay the processing of this form.**