Thank you for pursuing professional licensure in the State of Mississippi. As you prepare to complete your application, we would like to make you aware of the resources available to you through the National Council of Examiners for Engineering and Surveying (NCEES). One such resource is a NCEES record.

Please be made aware that the use of an NCEES record can significantly enhance your professional career, serving as your digital resume as well as assisting in expediting the review of your application for licensure in most states. Along those lines we encourage you to consider using an NCEES record to support your application for licensure in Mississippi.

You can learn more about the NCESS record process and how to establish your own NCEES record at the following link:

https://ncees.org/launch-login/

If you are applying for initial licensure, please be made aware that the Board will allow initial applicants to use a NCEES record for their supporting documents.

Should you want to gather the supporting information for your application for licensure on your own, you can find applicable forms on our website at the following link: <a href="https://www.pepls.ms.gov/forms.">https://www.pepls.ms.gov/forms.</a>

Thank you for your commitment to engineering and / or surveying licensure in the State of Mississippi.



## MISSISSIPPI STATE BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS & SURVEYORS 455 NORTH LAMAR STREET, SUITE 208 JACKSON, MISSISSIPPI 39202 (601) 359-6160

## APPLICATION FOR LICENSURE AS A PROFESSIONAL ENGINEER

complete the compl	and understand this form and this application. All information restricted and all questions must be complete addresses for universibles application will be returned.	equested on this form <b>MU</b> e answered. Retain a cop	JST BE  by for your	
☐ I hereby apply for Profes☐ I hereby apply for Profe☐ I hereby apply for licens☐ ☐ I hereby apply for Profes	ow which statement is a ssional Engineer Licensure in Mi ssional Engineer Licensure by 0 ure as a Professional Engineer by 1,, for the following the state of the s	ssissippi by Comity.  Comity using an NCEES by written examination in ng discipline		Attach a Recent Photograph (no staples, please)
	application fee made payabl		sure.	
a. Name in full*  b. Residence address	ON [Phone, Email and mailing a state of the	Last , So	ate Zip [—	Telephone Number
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Has your name been o	application with this State Board	* * Was your previous ap	plication made with	n the same name?
,	eted of a felony OR pleaded "No d registration in any state?		•	
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•	uirement. **If responses to items f-i ar	•		_
	pleted if applying by comity or if a	<u> </u>		
j. Are you licensed as a F	PE in another State?	State and date of first L	icensure	
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3	<b>EDUCATION:</b>	Provide	complete	address
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Name and Complete Address of College or University	Years A	ttended	- Major	Date of	Degree
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4. EX	PERIEN	CE RECORD - If complete addresses for references are not	provi	ded, th		licatio	n will l	be returned.
E n		TITLE OF POSITION, NAME OF EMPLOYER AND CHAR- ACTER OF EACH ENGAGEMENT. Make statements concise			TIME years	and m	onths	Name, Title and Address of Professional Engineer who bore responsibility for Engi-
g a		and explicit, include magnitude and complexity of work on which engaged, your duties and degree of responsibility. LIST ENGAGEMENTS IN CHRONOLOGICAL ORDER, EARLIEST	[2]Non	-Engineer	ing Emplo xperience		E	neering experience.  Your references who are to verify your experience MUST be Licen-
g N e u m m	Dates mm/yy	ENGAGEMENT AS NO. 1. DOUBLE SPACE BETWEEN EN- GAGEMENTS. (Do not let description of engagement run into columns for date or time.) ALL TIME SINCE HIGH SCHOOL	examin [4] Engi FE Exa Licensi	ineering E am & Prio	xperience r to PE Ex	subseque am &	ent to	sed Professional Engineers. If you did not work directly for a Profes sional Engineer, list the person you report to directly AND the next per-
e b n e	From -	OR AGE 18(whichever is later) MUST BE ACCOUNTED FOR INCLUDING MILITARY, ILLNESS, UNEMPLOYMENT, ETC.	[5] Prof subsec	essional E quent to P	Engineerin E Exam &	Licensur	е	son up the "Chain of Command" who is a Professional Engineer. Mark this person's name with an *.
t r	То		[1]	[2]	[3]	[4]	[5]	
		PLEASE CONTINUE ON PAGE BELOW						

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	Summary (Actual Time in Years and Months)				

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Name	Address	State of Licensure and Certificate No.
AFFIDAVIT CERTIFICATION, AUTHORIZATION AN State of		
	-	
[Applicant's Name]	, being inst day	sworn, deposes and says.
I the applicant named in this application have	read the contents hereof a	nd to the best of my knowledge and belief th
statements contained in this application are true in		
	n substance and effect and a , or institution with whom I l s and Surveyors with any nave on record or otherwise,	re made in good faith.  nave been associated to furnish the Mississipp information concerning my qualifications fo and do hereby release the individual, company
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5. REFERENCES