MS Board of Licensure for Professional Engineers and Surveyors Contact Information Form

Please use the form below to update your mailing address, employer information, title, phone number and/ or E-mail address. Please complete the form in its entirety including signing and dating the form. Once received, your information will be updated.

Print/Type Full Name	Mi	Mississippi Licensure Number(s)	
New official Address of Record with this Board:			
Street			
City	State	Zip	
If you reside in Mississippi,	what is your <u>coun</u>	ty of residence?	
Employer	Job Title		
Daytime Telephone Number	with area code		
CHANGE OF <u>E-MAIL</u> ADI	DRESS		
Your New E-mail Address			
Signature (if mailing or faxi	ng)	Date	
Sign and date on the line a Mail to MS Board of PE/ Suite 208, Jackson, informa	PS Licensure, 455	5 North Lamar Street, omit via E-mail:	