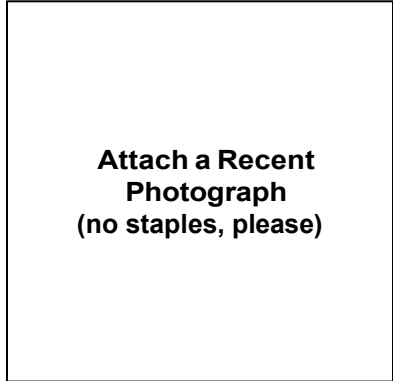


MISSISSIPPI STATE BOARD OF LICENSURE  
FOR PROFESSIONAL ENGINEERS & SURVEYORS  
455 NORTH STREET, SUITE 208  
JACKSON, MISSISSIPPI 39202  
(601) 359-6160

# APPLICATION FOR LICENSURE AS A PROFESSIONAL ENGINEER

IMPORTANT—Please read and understand this form and the Mississippi laws before you complete this application. All information requested on this form **MUST BE TYPE-WRITTEN** and all questions must be answered. Retain a copy for your records. If complete addresses for universities and all references are not provided, this application will be returned.



**PLEASE INDICATE BELOW WHICH STATEMENT IS APPLICABLE.**

- I hereby apply for Professional Engineer Licensure in Mississippi by Comity.
- I hereby apply for Professional Engineer Licensure by Comity using an NCEES record.
- I hereby apply for licensure as a Professional Engineer by written examination in \_\_\_\_\_, \_\_\_\_\_, for the following discipline \_\_\_\_\_

**Please include the \$75.00 application fee made payable to the Board of Licensure.**

1. GENERAL INFORMATION [Phone, Email and mailing address are required]

- a. Name in full\* \_\_\_\_\_, Social Security Number \_\_\_\_\_  
First Middle Last
- b. Residence address \_\_\_\_\_ [\_\_\_\_\_] Telephone Number \_\_\_\_\_  
No. Street City County State Zip
- c. Business name and address \_\_\_\_\_ [\_\_\_\_\_] Telephone Number \_\_\_\_\_  
Name No. Street City State Zip Position
- d. Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_
- e. State of Legal Residence \_\_\_\_\_ Email address \_\_\_\_\_
- f. Have you ever filed an application with this State Board? \_\_\_\_\_ If yes, type of application \_\_\_\_\_ When \_\_\_\_\_  
Has your name been changed since birth? \_\_\_\_\_ \* \* Was your previous application made with the same name? \_\_\_\_\_
- g. Have you been convicted of a felony OR pleaded "Nolo contendere" to a criminal charge? \_\_\_\_\_
- h. Have you been denied registration in any state? \_\_\_\_\_ What state and why? \_\_\_\_\_ \*\*
- i. Have you ever been disciplined by any state licensing authority? \_\_\_\_\_ \*\*

\*Your full name is a statutory requirement. \*\*If responses to items f-i are yes, explain on separate sheet.

2. LICENSURES [to be completed if applying by comity or if an FE Exam or a PE Exam has been passed]

- j. Are you licensed as a PE in another State? \_\_\_\_\_ State and date of first Licensure \_\_\_\_\_  
Current? \_\_\_\_\_ Name other States in which you are **currently** licensed \_\_\_\_\_
- k. If you have passed an 8 - or 16-hour examination in any state, indicate below:  
FE: State \_\_\_\_\_ Date \_\_\_\_\_ Hours \_\_\_\_\_ No. \_\_\_\_\_  
PE: State \_\_\_\_\_ Date \_\_\_\_\_ Hours \_\_\_\_\_ No. \_\_\_\_\_

3. EDUCATION: Provide **complete** address.

Name and Complete Address of College or University	Years Attended		Major	Date of Graduation	Degree Received
	From	To			

4. EXPERIENCE RECORD - If complete addresses for references are not provided, this application will be returned.

E n g a g N e u m m e b n e t r	Dates mm/yy From - To	TITLE OF POSITION, NAME OF EMPLOYER AND CHARACTER OF EACH ENGAGEMENT. Make statements concise and explicit, include magnitude and complexity of work on which engaged, your duties and degree of responsibility. LIST ENGAGEMENTS IN CHRONOLOGICAL ORDER, EARLIEST ENGAGEMENT AS NO. 1. DOUBLE SPACE BETWEEN ENGAGEMENTS. (Do not let description of engagement run into columns for date or time.) ALL TIME SINCE HIGH SCHOOL OR AGE 18 (whichever is later) MUST BE ACCOUNTED FOR INCLUDING MILITARY, ILLNESS, UNEMPLOYMENT, ETC.	TIME Number of years and months					Name, Title and Address of Professional Engineer who bore responsibility for Engineering experience.  Your references who are to verify your experience MUST be Licensed <b>Professional Engineers</b> . If you did not work directly for a Professional Engineer, list the person you report to directly AND the next person up the "Chain of Command" who is a Professional Engineer. Mark this person's name with an *.
			[1]	[2]	[3]	[4]	[5]	
<b>PLEASE CONTINUE ON PAGE BELOW</b>								



5. REFERENCES

Names and addresses of five references, not relatives, at least three of whom are registered Professional Engineers, who have personal knowledge of your character and professional reputation and accomplishments. These should include the PE supervisors from Section 4 who can substantially verify your experience. Five reference forms must be received.

Name	Address	State of Licensure and Certificate No.

6. AFFIDAVIT CERTIFICATION, AUTHORIZATION AND RELEASE

State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, deposes and says:  
[Applicant's Name]

I, the applicant named in this application, have read the contents hereof, and to the best of my knowledge and belief the statements contained in this application are true in substance and effect and are made in good faith.

I also hereby authorize any individual, company, or institution with whom I have been associated to furnish the Mississippi Board of Licensure for Professional Engineers and Surveyors with any information concerning my qualifications for professional licensure in Mississippi which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me because of their furnishing such information.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
[Signature of Applicant]

[SEAL]

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
[Signature of Notary Public]