

MISSISSIPPI BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS & SURVEYORS
455 North Lamar Street, Suite 208, Jackson, MS 39202
Office: 601-359-6160
Email: information@pepls.state.ms.us

APPLICATION FOR REINSTATEMENT

Please retain a copy of the completed application for your records. Reinstatement Fee: **\$ 250.00**

PRIOR LICENSURE NUMBER: _____ EXPIRATION DATE: _____

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

a. Name in full _____, Social Security Number _____
First Middle Last

b. Residence address _____ [_____] _____
No. Street City County State Zip Telephone Number

c. Business name and address _____ [_____] _____
Name No. Street Telephone Number

_____ Position _____
City State Zip

d. Email address: _____

e. Has your name changed since the agency issued your license? ____ Yes ____ No

1) If yes, do you want your reinstated license to reflect this change? YES ____ No ____

2) If yes, please indicate the name to use on your license: _____ *

f. Have you been convicted of a felony, or pleaded "Nolo contendere" to, a felony criminal charge? ____ Yes ____ No

1) If yes, provide written explanation and all associated documents for the charge.

g. Have you been disciplined by a state licensing authority while your license has lapsed? ____ Yes ____ No

2) If yes, provide written explanation and all associated documents for the charge(s).

2. Have you performed work in Mississippi while your license has been expired? ____ Yes ____ No

a. If yes, attach the following

1) a summary of all work performed including dates

2) a summary of all clients and client addresses

3) a summary of the work performed

3. Have you maintained your PDHs while your license has been expired? ____ Yes ____ No

a. Have you completed the PDH activity log** and provided the supporting documentation? ____ Yes ____ No

Notes: * Attach a copy of a government issued ID with the application as proof of a name change.

** A completed PDH activity log is required.

4. 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.

Subscribed and sworn to before me this

_____ day of _____, _____ [Signature of Applicant]

[SEAL]
My Commission expires _____ [Signature of Notary Public]