

MISSISSIPPI STATE BOARD OF LICENSURE
FOR PROFESSIONAL ENGINEERS & SURVEYORS
660 North Street, Suite 400
JACKSON, MISSISSIPPI 39202
(601) 359-6160

APPLICATION FOR RE-LICENSURE AS A PROFESSIONAL ENGINEER

IMPORTANT—All information requested on this form **MUST BE TYPEWRITTEN** and all questions must be answered. Retain a copy for your files. Check should be made payable to the Miss. Board of PE/PS Licensure, and mailed to 660 North Street, Suite 400, Jackson, MS 39202. If complete addresses for universities and all references are not provided, this application will be returned.

RE-LICENSURE FEE \$ **250.00** , as advised by Board office PRIOR

LICENSURE NUMBER: _____ EXPIRED: _____

**Attach a Recent
Photograph
(no staples, please)**

Application should be accompanied by the re-licensure fee made payable to the Board of Licensure and mailed to 660 North Street, Suite 400, Jackson, Mississippi 39202.

1. GENERAL INFORMATION [Circle b. or c. to indicate your preference for your address of record with this Board.]

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 _____ Birth Place _____

e. State of Legal Residence _____

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. REGISTRATIONS [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. If complete addresses for universities are not provided, this application will be returned.

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.

Engagement Number	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 Professional Engineers . 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]Academic Engagement	[2]Non-Engineering Employment	[3]Engineering Experience prior to FE examination	[4]Engineering Experience subsequent to FE Exam & Prior to PE Exam & Licensure.	[5]Professional Engineering Experience subsequent to PE Exam & Licensure	
			[1]	[2]	[3]	[4]	[5]	
PLEASE CONTINUE ON PAGE BELOW								

		Summary (Actual Time in Years and Months)						

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.

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 as a result 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]