



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

**WAIVER OF EXAM PURSUANT TO UNIVERSAL RECOGNITION OF
OCCUPATIONAL LICENSES ACT**

THIS FORM MUST ACCOMPANY A COMPLETED APPLICATION. PURSUANT TO THE PROVISIONS OF THE UNIVERSAL RECOGNITION OF OCCUPATIONAL LICENSES ACT, MISSISSIPPI SHALL RECOGNIZE OCCUPATIONAL LICENSES OBTAINED FROM OTHER STATES. MISS. CODE ANN. §73-50-2, ET. SEQ. **This form MUST BE TYPE-WRITTEN**

SECTION 1: IDENTIFYING INFORMATION OF INDIVIDUAL REQUESTING WAIVER OF EXAM

Full name of individual requesting Universal Licensure: _____ _____	Mailing Address: _____ _____
Date moved to MS: _____	Social Security Number: _____
	Phone Number: _____
	Email address: _____

SECTION 2: PROOF OF RESIDENCY - MUST ATTACH AT LEAST ONE OF THE FOLLOWING

- _____ State issued identification card
- _____ Current MS residential utility bill with applicant's name and address
- _____ Documentation of applicant's current ownership or current lease of a residence in MS
- _____ Documentation of current in-state employment or notarized letter of promise of employment of applicant or applicant's spouse
- _____ Other verifiable documentation demonstrating Mississippi residency

SECTION 3: PROOF OF EXAM AND/OR EXPERIENCE

_____ I hold a current and valid license in another state with a similar scope of practice and held license for at least one (1) year *Must complete your portion of the reciprocity "VERIFICATION OF LICENSURE" form(s), then mail to the jurisdiction(s) you have/had licensure and examinations in.	_____ I am using "MS Verification of Licensure" form or: _____ I am using the NCEES Electronic Verification Process, and I have submitted my request on ____ / ____ / ____ to the State(s) of _____ My NCEES ID Number is _____ (*Providing the verifying jurisdiction(s) participates in the NCEES Electronic verification system, this method is acceptable.)
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SECTION 4: ANSWER EACH OF THE FOLLOWING QUESTIONS. IF A QUESTION DOES NOT APPLY, ENTER "N/A". IF A SPACE PROVIDED IS NOT SUFFICIENT, ATTACH SEPARATE SHEET(S). MISREPRESENTATIONS OF INFORMATION SHALL BE DEEMED SUFFICIENT CAUSE FOR DENIAL OF APPLICATION OR REVOCATION OF LICENSE AND/OR SUBJECT TO CRIMINAL PROSECUTION FOR MAKING FALSE OFFICIAL STATEMENTS IN ACCORDANCE WITH MISSISSIPPI LAW.

Have you been connected to another license issued by any other state(s)? If so, provide the name of the state(s) that issued the license, the license number, and status of license. (i.e., current, expired, revoked, inactive, etc.) ATTACH COPIES OF ANY AND ALL OTHER LICENSES HELD.) _____

Have you ever been the subject of disciplinary action by any other state, county, parish, or municipality? If so, please explain. _____

Have you committed any act that would constitute grounds for refusal, suspension, or revocation of a license? If so, please explain. _____

Have you ever surrendered a license because of negligence, misconduct, or possible disciplinary action? If so, please explain. _____

Do you have complaint(s), allegation(s) or investigation(s) pending before an occupational licensing board or other board that relates to unprofessional conduct or an alleged crime? If so, please explain. _____

Have you ever been arrested, charged, plead guilty to or been convicted of any charges? If so, please explain. _____

Print name of applicant

Signature of applicant

Date

PLEASE READ CAREFULLY

Before beginning to complete your application, read it thoroughly part by part, including the waiver/affidavit, and be sure you understand each part before typing in the information required.

***ALL INFORMATION REQUESTED ON THESE FORMS MUST BE
TYPEWRITTEN.***

The application will not be processed unless all required information is furnished.

We do not accept applications by fax or email.

This application must be accompanied by a check or money order in the amount of \$75 made payable to the Board of Licensure.

Fees must be drawn on a United States bank.

Fees are non-refundable.

It is your responsibility to keep a copy of the application and your waiver/affidavit for your files.

An application pending review will be retained for a period of one year from the date it was originally received.

Completed applications are processed in the order of receipt in as timely a manner as possible. Processing time varies depending on the volume of applications awaiting review; therefore, a specific licensure date cannot be projected.

If licensure is granted, your initial license will be valid until December 31st of the licensure cycle.

MISSISSIPPI STATE BOARD OF LICENSURE
 FOR PROFESSIONAL ENGINEERS & SURVEYORS
 660 NORTH STREET, SUITE 400
 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 files. If complete addresses for universities and all references are not provided, this application will be returned.

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

PLEASE INDICATE BELOW WHICH STATEMENT IS APPLICABLE.

I hereby apply for Professional Engineer Licensure in Mississippi by Comity as a Universal Licensure applicant.

Application should be accompanied by \$150.00 application 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 _____ Birthplace _____

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. 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. 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]

VERIFICATION OF LICENSURE

It is the responsibility of the applicant to complete the “Verification of Licensure” form and then send it to each one of the applicant’s licensing jurisdictions in which the applicant is currently licensed; and has successfully passed examinations in.

If the jurisdiction(s) participate in NCEES Electronic Verification Process, then you may use that method instead of our form, *but only after identifying as such in Section 3 of the Waiver / affidavit form.*

APPLICANT: Complete the shaded areas of this form and mail it to the verifying State Board with a stamped envelope addressed to: MS Board of Licensure for Professional Engineers & Surveyors, 660 North St., Suite 400, Jackson, MS 39202.

VERIFICATION OF LICENSURE

TO: Mississippi Board of Licensure for Professional Engineers & Surveyors

FROM:
(State Board
address)

**State Board
Responding:**
Mail this directly to
the MISS. Board office.
DO NOT return to
Applicant.

**APPLICANT
Name &
Address**

Date of Birth:

Social Security Number: - - - / - - /
(last four numbers)

I. THE ABOVE NAMED PERSON WAS LICENSED/ENROLLED AS:

	License No.	Date Issued	Valid Until
____ Engineer Intern	_____	_____	_____
____ Professional Engineer	_____	_____	_____
____ Surveyor Intern	_____	_____	_____
____ Professional Surveyor	_____	_____	_____

II. EXAMINATION

Exam	Hours	Results	NCEES	Exam Date	NCEES Cut-Score Used (if NO please explain)
FE	_____	_____	_____	_____	_____
PE	_____	_____	_____	_____	_____
FS	_____	_____	_____	_____	_____
PS	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____

III. Has applicant ever been disciplined by your board or is disciplinary action pending? ___ Yes ___ No
If Yes, please supply full details of Board Action on reverse side or attach documentation.

Signed by: _____

Title: _____ (Board Seal)

Date: _____

PLEASE: If a fee is required, please notify the applicant, but DO NOT delay the processing of this form.