

# 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](mailto:information@pepls.state.ms.us)

## Application for Limited Licensure

(Engineering only)

Any person not licensed to practice engineering in Mississippi and who desires to provide expert testimony in the **field of engineering** in the form of an opinion or otherwise in any judicial or administrative proceeding, must apply to the Board for a limited license. Please provide the following information in support of your request for limited licensure:

### General information

1. Name in full: \_\_\_\_\_, Social Security No.: \_\_\_\_\_  
(first, middle, last)

2. Residence address: \_\_\_\_\_, Telephone Number: \_\_\_\_\_  
(No. Street, City, County, State, Zip code)

3. Email address: \_\_\_\_\_, Fax Number: \_\_\_\_\_

4. Business address: \_\_\_\_\_, Office phone: \_\_\_\_\_  
(No. Street, City, County, State, Zip code)

Fax number: \_\_\_\_\_, Email address: \_\_\_\_\_

5. What engineering firms are you associated with? Use a separate sheet where needed.

Firm name: \_\_\_\_\_, Address: \_\_\_\_\_

Office number: \_\_\_\_\_, fax number: \_\_\_\_\_, Email address \_\_\_\_\_

Firm name: \_\_\_\_\_, Address: \_\_\_\_\_

Office number: \_\_\_\_\_, fax number: \_\_\_\_\_, Email address \_\_\_\_\_

Firm name: \_\_\_\_\_, Address: \_\_\_\_\_

Office number: \_\_\_\_\_, fax number: \_\_\_\_\_, Email address \_\_\_\_\_

6. What states are you currently licensed to practice engineering in? Please list state, license number, date of licensure and license expiration date. Verification of state licensure is required.

<u>State of licensure</u>	<u>License number</u>	<u>Date of initial licensure</u>	<u>License expiration date</u>

7. Please provide information regarding the expert testimony you will be providing in Mississippi (i.e., case number, location of court case and expected trial duration): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Do you swear to adhere to the principles of ethics and professional responsibility generally applicable to persons licensed to practice engineering in Mississippi? \_\_\_\_\_ yes; \_\_\_\_\_ no
9. Do you swear to submit yourself to the authority of the Mississippi Board of Licensure for Professional Engineers and Surveyors for the application, administration and enforcement of this license as it applies to applicable Mississippi law. \_\_\_\_\_ yes; \_\_\_\_\_ no
10. Have you transmitted a copy of your NCEES record as supporting documentation for the information provided in this application. \_\_\_\_\_ yes; \_\_\_\_\_ no

Please refer to Rule 5.7.5 regarding the applicable requirements for limited licensure and any restrictions or limitations thereof.

### **AFFIDAVIT CERTIFICATION, AUTHORIZATION AND RELEASE**

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

(Applicant's name) \_\_\_\_\_ being first duly sworn, deposes and says;

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]

My Commission expires \_\_\_\_\_  
[signature of Notary Public]

Affix Notary Seal here: