

**Mississippi Board of Licensure for
Professional Engineers & Surveyors**
Email: Information@pepls.state.ms.us
**455 North Lamar Street, Suite 208,
Jackson, MS 39202**
(601)359-6160

(Name and Address of PE Supervisor)

(Name and Address of Applicant)

I have filed my application with the Mississippi Board of Licensure for Professional Engineers and Surveyors for licensure to practice professional engineering in the State of Mississippi. I have listed your name as my Engineering Supervisor for the engagement period shown. As a part of my application, I have submitted to the Board Office a signed, sworn and notarized certification of release statement authorizing "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."

I would appreciate you sending the information requested on the reverse side directly to the Board via email at information@pepls.state.ms.us or in a stamped addressed envelope which I have provided.

(Signature of the Applicant)

Board Statement to PE Supervisor:

This Board is required by law to ascertain that the applicant has met the experience requirement sections of the Licensure Law: therefore, we need this experience verification form completed, signed, sealed, and returned by you. We cannot consider an applicant for licensure or admit a candidate for examination until replies are received from PE supervisors. A prompt reply will expedite our handling of the applicant's request for licensure.

QUALIFYING EXPERIENCE: Experience must follow graduation, be progressive and of an increasing standard of quality and responsibility. Experience must be gained by working under the supervision of a licensed Professional Engineer. If the experience was not obtained under the direct supervision of a licensed Professional Engineer, then the indirect supervision should be explained with clarification of the degree of supervision received. **Military experience**, to be creditable, must have been spent in engineering and of a character equivalent to that required in the civilian sector in like work. For **sales experience** to be creditable, it must be demonstrated conclusively that engineering principles and engineering knowledge were employed. The mere selection of data or equipment from a company catalogue or a similar publication will not be considered engineering experience. **Industrial experience** should be directed toward the identification and solution of practical problems in the applicant's area of engineering specialization. This experience should include engineering analysis of existing physical systems and the design of new physical systems. Experience in **construction** supervision must include use of engineering skills in assuring compliance with specifications and design. **Design** experience should include exposure to the formation of design problem statements and specifications, consideration of alternative solutions, feasibility considerations and detailed systems descriptions.

The completed form can be emailed directly to the Board Office at information@pepls.state.ms.us but must be received directly from the respondent. Forms submitted by the applicant will not be accepted. If you are using regular mail to submit the completed form, please seal the envelope and sign your name across the sealed flap. Please ensure that you have the correct mailing address and sufficient postage.

EXPERIENCE VERIFICATION

(To be completed and returned directly to the Board Office)

TO BE COMPLETED BY APPLICANT:

Applicant's Name: _____

Name of PE Supervisor: _____

Engineering experience to be verified for Engagement Number _____ where employed as
a _____ with the firm of _____.
(title of position)

Dates of PE supervision from _____ to _____ Total Months: _____

TO BE COMPLETED BY PE SUPERVISOR:

1. Do you concur with the above applicant's: title and time? _____ Yes _____ No

2. My contacts with the applicant were during the period of time from _____ to _____

3. Did you have review and approval authority over the applicant's engineering work? _____ Please explain your
relationship with the applicant: _____

_____ (continue on attached sheet if needed)

4. Please describe the applicant's duties & responsibilities in obtaining this experience (continue on attached sheet if needed):

5. Based on the Board's definitions of qualifying experience (refer to Page 1), please rank the applicant's experience:
The work performed by the applicant met the definition.

Approximately _____ % of the applicant's work met the definition.
I do not have sufficient knowledge to answer.

6. Based on the Board's definitions of qualifying experience, _____ I do; _____ I do not recommend the applicant for
licensure as a Professional Engineer.

7. Comments on applicant's qualifications to become a **licensed Professional Engineer** and to assume the responsibilities
connected therewith: _____

8. I certify that the above statements are correct to the best of my knowledge, not made for the purpose of aiding an unqualified
applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life,
health and property is concerned or involved.

Signature

Please Affix
PE Seal here

Today's Date, State(s) of Licensure, & PE #(s)