MS Board of Licensure for Professional Engineers and Surveyors Contact Information Form

Please use the form below to update your mailing address, employer information, title, phone number and/ or E-mail address. Please complete the form in its entirety including signing and dating the form. Once received, your information will be updated.

Print/Type Full Name	Missis	Mississippi Licensure Number(s)	
New official Address of Red	cord with this Board:		
Street			
City	State	Zip	
f you reside in Mississippi,	, what is your <u>county</u> (of residence?	
Employer	J	Job Title	
Paytime Telephone Numbe	er with area code		
CHANGE OF <u>E-MAIL</u> AD	DDRESS		
Your New E-mail Address			
Signature (if mailing or fax	king)	Date	
Sign and date on the line al Mail to MS Board of PE/PS Jackson, MS 39202 OR su	S Licensure, 660 Nortl Ibmit via E-mail: <u>infor</u>	n Street, Suite 400,	