

**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, 455 North Lamar Street, Suite 208, 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<br>(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.**