

**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)
<b>FE</b>	_____	_____	_____	_____	_____
<b>PE</b>	_____	_____	_____	_____	_____
<b>FS</b>	_____	_____	_____	_____	_____
<b>PS</b>	_____	_____	_____	_____	_____
<b>State</b>	_____	_____	_____	_____	_____

**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.**