

MISSISSIPPI BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS AND SURVEYORS

(Name and Address of Reference)

(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 surveying in the State of Mississippi. I have given your name as a reference and 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 will appreciate your sending the information requested on the reverse side directly to the Board in the stamped addressed envelope which I have provided.

(Signature of the Applicant)

Board Statement to Reference:

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 reference form completed, signed, sealed (if you are a PS), and returned by you. The Board is also required by law to obtain evidence of the good character and qualifications of applicants before licensure. We cannot consider an applicant for licensure or admit a candidate for examination until replies are received from references, including three Professional Surveyors. A prompt reply will expedite our handling of the applicant's request for licensure.

The Board desires to emphasize that evidence submitted on this form should not be perfunctory nor made for the mere purpose of aiding the applicant to be licensed. On the contrary, the execution of this statement by any person will be accepted by the Board as a deliberate act made with full knowledge of the responsibility toward the public interest involved. It should be borne in mind that the applicant is not being considered for membership in an organization but for licensure as a Professional Surveyor, qualified to practice in Mississippi.

This completed reference form is to be mailed directly to the Board Office in Jackson in the enclosed stamped addressed envelope. PLEASE SEAL THE ENVELOPE, SIGNING YOUR NAME ACROSS THE SEALED FLAP. Your assistance will be of value to the profession and your comments, except for the amount of verified experience, will remain confidential within this Board.

The Mississippi Board of Licensure for Professional Engineers & Surveyors

REFERENCE FORM: Name of Applicant: _____

1. Are you a licensed Professional Surveyor? _____ If yes, State: _____ Lic. No. _____

2. How well do you know the applicant: very well well slightly not at all

3. List months and years of contact(s) with the applicant: _____ to _____
Mo. & Yr. Mo. & Yr.

4. Basis of contact: as applicant's PS supervisor as applicant's associate other _____

If you are (were) the applicant's PS supervisor, please complete the entire form. If you are (were) not the applicant's PS supervisor, please complete only items 5 & 10.

5. What is your opinion of the applicant's personal integrity and general character? _____

6. The experience I am verifying is (was): full time part time. If part time, how many hours per week? _____

7. According to the definition of surveying, how much experience does the applicant have in:

	<u>Years</u>	<u>Months</u>
Boundary	_____	_____
Topographic	_____	_____
Construction	_____	_____
Other (explain below)	_____	_____
Total Amount of Experience you are verifying	_____	_____

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

8. Considering the need to protect the public health, safety and welfare, in your opinion how does this applicant rank in professional competence and responsibility:

Qualified Additional Experience Needed Unqualified

9. Do you recommend the applicant for PS licensure? Yes No

10. 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 life, health and property is concerned or involved.

Signature _____

PS Seal

Name _____

Address _____

City _____ State _____ Zip _____

Date _____