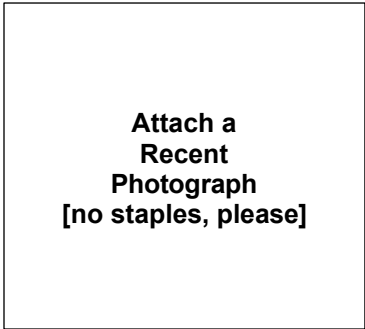


**MISSISSIPPI STATE BOARD OF LICENSURE
FOR PROFESSIONAL ENGINEERS & SURVEYORS
660 North Street, Suite 400
JACKSON, MISSISSIPPI 39202
(601) 359-6160**

APPLICATION FOR RE-LICENSURE AS A PROFESSIONAL SURVEYOR

IMPORTANT — All information requested on this form MUST BE TYPE/WRITTEN and all questions must be answered. Retain a copy for your records. If complete addresses for universities and all references are not provided, this application will be returned.



RE-LICENSURE FEE **\$250.00**, as advised by Board office

PRIOR LICENSURE NUMBER: _____ EXPIRED: _____

Please include the re-licensure fee made payable to the Board of Licensure.

1. GENERAL INFORMATION [Phone, Email and mailing address are required]

a. Name in full* _____, Social Security Number _____
First Middle Last

b. Residence address _____
No. Street City County State Zip Telephone Number

c. Business name and address _____
Name No Street Telephone Number

City State Zip Position _____

d. Birth date _____ Birthplace _____

e. State of Legal Residence _____ Email address: _____

f. Have you ever filed an application with this State Board? _____ If yes, which application and when? _____
 Has your name been changed since birth? _____ **

g. Have you been convicted of a felony OR pleaded "nolo contendere" to a criminal charge? _____ **

h. Have you been denied registration in any state? _____ What state and why? _____ **

i. Have you ever been disciplined by any state licensing authority? _____ **

*Your full name is a statutory requirement. ** If responses to items f-i are yes, explain on separate sheet and label: Addendum

2. REGISTRATIONS

j. Are you registered as a PS in another State? _____ State and date of first Licensure _____
 Current? _____ Name other States in which you are **currently** licensed _____

k. If you have passed an 8- or 14-hour examination in any state, indicate below: Fundamentals
 of LS: State _____ Date _____ Hours _____ No. _____
 Principals & Practice
 of LS: State _____ Date _____ Hours _____ No. _____

3. EDUCATION: Provide complete address. If complete addresses are not provided for universities, this application will be returned.

Name and Complete Address of College or University*	Years Attended		Major	Date of Graduation	Degree Received
	From	To			

*Applicant is responsible for having a transcript of secondary education mailed **directly** from the college to the Board office.

4. EXPERIENCE RECORD - If complete addresses for references are not provided, this application will be returned.

E n g a N g u m b e r	Dates mm/yy From - To	TITLE OF POSITION, NAME OF EMPLOYER AND CHARACTER OF EACH ENGAGEMENT. Make statements concise and explicit, include magnitude and complexity of work on which engaged, your duties and degree of responsibility. LIST ENGAGEMENTS IN CHRONOLOGICAL ORDER, EARLIEST ENGAGEMENT AS NO. 1. DOUBLE SPACE BETWEEN ENGAGEMENTS. (Do not let description of engagement run into columns for date or time.) ALL TIME SINCE HIGH SCHOOL OR AGE 18(whichever is later) MUST BE ACCOUNTED FOR INCLUDING MILITARY, ILLNESS, UNEMPLOYMENT, ETC.	TIME Number of years and months					Name, Title and Complete Address of licensed Professional Surveyor who bore responsibility for surveying experience listed in Column 5.
			[1] Field Assignments	[2] Office Assignments	[3] Researching Records	[4] Boundary Surveying	[5] Total	
			[1]	[2]	[3]	[4]	[5]	
PLEASE CONTINUE ON PAGE BELOW								

		Summary [Actual Time in Years and Months]						

5. REFERENCES - If complete addresses are not provided, this application will be returned.
 Names and addresses of five references, at least three of whom are licensed SURVEYORS, who have personal knowledge of your character and professional reputation and accomplishments.

Name

Address

State of Licensure and Certificate No.

6. AFFIDAVIT CERTIFICATION, AUTHORIZATION AND RELEASE

State of _____ County of _____

_____ being first duly sworn, deposes and says:

[Applicant's Name]

I, the applicant named in this application, have read the contents hereof, and to the best of my knowledge and belief the statements contained in this application are true in substance and effect and are made in good faith.

I also hereby authorize 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.

Subscribed and sworn to before me this

_____ day of _____, _____

[Signature of Applicant]

[SEAL]

My Commission expires _____

[Signature of Notary Public]

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.

REFERENCE FORM: Name of Applicant: _____

1. Are you a licensed Professional Surveyor? _____ If yes, State: _____ Reg. 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 & 11.

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*	_____	_____
Total Amount of Experience you are verifying	_____	_____

*Explain: _____

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. The Board will appreciate additional information or amplifying information regarding the applicant's surveying experience, capabilities, or limitations, if any: _____

10. Do you recommend the applicant for PS registration? Yes No

11. 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 _____

Name _____

PS Seal

Address _____

City _____ State _____ Zip _____ Date _____

PDH Activity Log

Instructions: The Board will conduct audits to ensure compliance with CPC requirements. If you are audited, you will be required to complete the PDH Activity Log on the other side of this sheet *and* submit all necessary documentation. The Log may be duplicated if more space is needed.

The PDH Activity Log is provided for your use and must be completed and submitted to the Board in the event you are audited, or for a relicensure application.

Maximum total carryover is 15 PDH for a PE licensee, 12 PDH for a PS licensee, and 18 PDH for a PE/PS (Dual) Licensee. Excess PDH in ethics or surveying standards may *not* be carried over.

List your activities in the space provided on lines B₁, B₂, ..., using as many blocks as required. If you need additional space, duplicate the form and identify the duplicated form with your licensure number. In the Date column furnish the dates of each activity, i.e., course, seminar, etc.

It is important that a sufficient title/description be provided to identify that the activity relates to engineering or surveying. You must provide the name of the sponsoring organization and the location where the activity was held. For activities that are part of a college curriculum, list course number.

PDH earned for PE or PS credit should be placed in the appropriate columns. Enter the Activity Code (see list below) and PDH earned for each activity in the appropriate column. A PDH credit is roughly equivalent to fifty minutes of instruction.

If you qualify for an exemption from the CPC requirements, you must certify your eligibility for the exemption on the renewal invoice. An exemption from the CPC requirements does not exempt you from the renewal fee.

ACTIVITIES		
Code	Activities-Type and Description	PDH Units
A	Successfully completing for credit acceptable college or correspondence courses	1 Semester hour=15 PDH 1 Quarter hour=10 PDH
B	Successfully completing acceptable courses which are awarded Continuing Education Units (CEU)	10 PDH for each CEU
C	Attending acceptable seminars, tutorial, short courses	1 PDH for each contact hour
D	Attending acceptable in-house programs sponsored by corporations or other organizations	1 PDH for each contact hour
E	Attending acceptable workshops and technical presentations at related technical or professional meetings and conventions	1 PDH for each contact hour
F	Teaching or instructing any of the above courses, seminars, etc. or making presentations at technical meetings	2 x PDH earned in activities A – E
G	Active participation in professional/technical associations/societies & educational outreach activities	1 PDH for each (maximum 3)
H	Authoring & Publishing (papers, articles, books)	10 PDH for each paper, article, book

Name: _____

Detailed List of Activities for the renewal period ended December 31, _____.

License number(s): _____

All activities must be relevant to the practice of engineering or surveying and may include technical, ethical, or managerial content. Please read the Instructions before completing. This form may be duplicated if necessary. The licensee must maintain documentation of these activities. **Documentation will be required if you are selected for audit or if you are applying for Relicensure.**

	Date MM/DD/YY	Sponsor/Provider Location (City and State)	Activity Title/Description	Activity Code (A,B,etc.)	Professional Development Hours (See Notes Below)				Total
					Ethics ¹	PE ²	PLS ³	MS ⁴	
A	PDH carryover from previous renewal period.								
B ₁									
B ₂									
B ₃									
B ₄									
C	PDH earned during this renewal period. (B ₁ + B ₂ + ...B _n)								
D	PDH available for use in this renewal period. (A + C)								
E	PDH claimed for use in this renewal period.								
F	Excess PDH for this renewal period. (D – E)								
G	PDH carryover available for the next renewal period ⁵ .								

Notes:

1. Licensees must earn a minimum of 1 PDH in ethics every two years. After 2010 there is no carryover of excess ethics PDH.
2. Professional Engineers must earn a minimum of 15 PDH in engineering; Dual licensees (PE + PS) must earn a minimum of 18 PDH in engineering and surveying, including a minimum of 6 PDH in engineering and 6 PDH in surveying related activities during each renewal period.
3. Professional Surveyors must earn a minimum of 12 PDH in surveying activities during each renewal period.
4. Professional Surveyors must take courses in Mississippi Standards of Practice. After 2010 there is no carryover of excess Mississippi Standards PDH.
5. Maximum total carryover is 15 PDH for a PE licensee, 12 PDH for a PS licensee, and 18 PDH for a PE/PS (Dual) Licensee.