

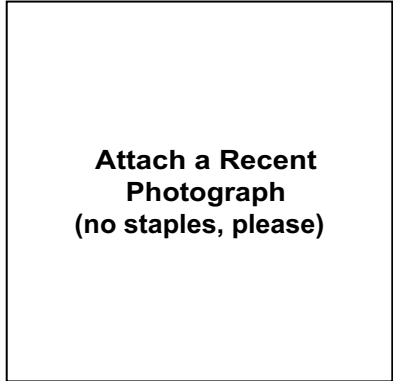
MISSISSIPPI STATE BOARD OF LICENSURE  
FOR PROFESSIONAL ENGINEERS & SURVEYORS  
660 North Street, Suite 400  
JACKSON, MISSISSIPPI 39202  
(601) 359-6160

# APPLICATION FOR RE-LICENSURE AS A PROFESSIONAL ENGINEER

**IMPORTANT**—All information requested on this form **MUST BE TYPEWRITTEN** and all questions must be answered. Retain a copy for your files. Check should be made payable to the Miss. Board of PE/PS Licensure, and mailed to 660 North Street, Suite 400, Jackson, MS 39202. If complete addresses for universities and all references are not provided, this application will be returned.

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

PRIOR LICENSURE NUMBER: \_\_\_\_\_ EXPIRED: \_\_\_\_\_



**Application should be accompanied by the re-licensure fee made payable to the Board of Licensure and mailed to 660 North Street, Suite 400, Jackson, Mississippi 39202.**

1. GENERAL INFORMATION [Circle b. or c. to indicate your preference for your address of record with this Board.]

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

b. Residence address \_\_\_\_\_ [\_\_\_\_\_] Telephone Number \_\_\_\_\_  
No. Street City County State Zip

c. Business name and address \_\_\_\_\_ [\_\_\_\_\_] Telephone Number \_\_\_\_\_  
Name No. Street City State Zip Position

d. Birth date \_\_\_\_\_ Birth Place \_\_\_\_\_

e. State of Legal Residence \_\_\_\_\_

f. Have you ever filed an application with this State Board? \_\_\_\_\_ If yes, type of application \_\_\_\_\_ When \_\_\_\_\_  
Has your name been changed since birth? \_\_\_\_\_ \* \* Was your previous application made with the same name? \_\_\_\_\_

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.

2. REGISTRATIONS [to be completed if applying by comity or if an FE Exam or a PE Exam has been passed]

j. Are you licensed as a PE 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 16 hour examination in any state, indicate below:

FE: State \_\_\_\_\_ Date \_\_\_\_\_ Hours \_\_\_\_\_ No. \_\_\_\_\_

PE: State \_\_\_\_\_ Date \_\_\_\_\_ Hours \_\_\_\_\_ No. \_\_\_\_\_

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

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

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

E n g a g N e u m m e b n e t 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 Address of Professional Engineer who bore responsibility for Engineering experience.  Your references who are to verify your experience MUST be Licensed <b>Professional Engineers</b> . If you did not work directly for a Professional Engineer, list the person you report to directly AND the next person up the "Chain of Command" who is a Professional Engineer. Mark this person's name with an *.
			[1]	[2]	[3]	[4]	[5]	
<b>PLEASE CONTINUE ON PAGE BELOW</b>								



5. REFERENCES

Names and addresses of five references, not relatives, at least three of whom are registered Professional Engineers, 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]