

**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 files. Check should be made payable to the Miss. Board of PE/PS Licensure, and mailed to 660 North St., 400 Jackson, MS 39202. If complete addresses for universities and all references are not provided, this application will be returned.

**Attach a Recent  
Photograph  
[no staples, please]**

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

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

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 \_\_\_\_\_

b. Residence address \_\_\_\_\_ ( ) \_\_\_\_\_  
No. Street City County State Zip Telephone Number

c. Business name and address \_\_\_\_\_ ( ) \_\_\_\_\_  
Name No Street Telephone Number

\_\_\_\_\_ Position \_\_\_\_\_  
City State Zip

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

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

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 e m b e e r t	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]	
<b>PLEASE CONTINUE ON PAGE BELOW</b>								

		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]

---