## Mississippi Board of Licensure for Professional Engineers and Surveyors

455 North Lamar Street, Suite 208
Jackson, MS 39202

Email: information@pepls.state.ms.us / Office: 601-359-6160

## **Social Security Number Affidavit**

| Licensee/Applicant Information                        |   |  |  |   |                       |
|---|---|--|--|---|-----------------------|
| Nam<br>Last:  |   |  | First:   | Middle:   | Suffix:               |
| Date  | of Birth  | (mm/dd/yyyy):  |  | Daytime Telephone Numbe   | er:                   |
| Physical<br>Address:                                  |   | P O Box or Street, City:                                 |  |   |                       |
| Add   | ress:   | State or Foreign Countr                                  | y, Zip or Pos                                      | al Code:  |                       |
| Mailing Address: (if different than physical address) |   | P O Box or Street, City:                                 |  |   |                       |
|   |   | State or Foreign Countr                                  | y, Zip or Pos                                      | al Code:  |                       |
|   |   | Email address:   |  |   |                       |
| Profession/<br>Occupation: _                          |   |  |  | License/Certificate/Registrati  |                       |
| 1.  | -   | plying for a Professional I<br>r Intern enrollment in Mi | _  | rofessional Surveyor license C  | OR Engineer Intern or |
| 2.  | . I do not have a social security number and (check <u>one</u> of the following):   |  |  |   |                       |
|   | I and | •  | United State dividual athle Code of Formatte (Act. | es on a student visa.<br>ete in the United States on an<br>ederal Regulations and Sectior | , ,                   |
| 3.  | my knov   | •  | t under Miss                                       | rmation contained herein is troissippi law, providing false info<br>or enrollment.        |                       |

## **ATTESTATION**

I do hereby swear or affirm that the information contained in this affidavit is true and correct to the best of my knowledge. By affixing my signature hereto, I acknowledge that I understand that making a false statement herein constitutes perjury as defined in MS Code 97-9-59, an offense punishable by up to ten (10) years in the state penitentiary pursuant to MS Code 97-9-61.

| Signature | Date |
|-----------|------|