

MISSISSIPPI STATE BOARD OF LICENSURE  
FOR PROFESSIONAL ENGINEERS & SURVEYORS  
660 NORTH STREET, SUITE 400  
JACKSON, MISSISSIPPI 39202  
(601) 359-6160

## APPLICATION FOR ENROLLMENT AS A SURVEYOR INTERN

IMPORTANT—Please read and understand this form and the Mississippi laws before you complete this application. All information requested on this form **MUST BE TYPEWRITTEN** and all questions must be answered. **Retain a copy for your record.** If complete addresses for universities and all references are not provided, this application will be returned.

**Attach a Recent  
Photograph  
(no staples, please)**

**Please include the \$25.00 application 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

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

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

e. State of Legal Residence \_\_\_\_\_ E mail address \_\_\_\_\_

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 ever been disciplined by any state licensing authority? \_\_\_\_\_\*\*

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

2. EDUCATION

Education \_\_\_\_\_ Date graduated \_\_\_\_\_  
(Name of High or Preparatory School)

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

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

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

E n g N a u g m e r e r n t	Dates From (MM/YY)   To (MM/YY)	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 engagements 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 Years and/or number of months			Name, Title and Complete Address of Licensed Professional Surveyor who bore responsibility for surveying experience listed in Column 3.
			[1]  Academic Engagement	[2]  Non-Surveying Employment	[3]  Surveying Experience prior to FLS examination	
<b>Summary (Actual time in years and months)</b>						

4. REFERENCES

Names and addresses of references who are Licensed Professional Surveyors and who have personal knowledge of your character and professional reputation and educational qualifications.

Name	Complete Address	State of Licensure and Certificate No.

5. 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 attest that 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 because 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]

If you have not received verification that your application has been received by the Board within 10 days of mailing it, please contact this office.