

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

TO:

RE: _____
(applicant's name)

Dear Sir or Madam:

The individual whose name is given above has applied to this Board for enrollment as a Surveyor Intern in the State of Mississippi under Section 73-13-77 of the Licensure Law which requires a specific record of experience in surveying work of a character satisfactory to the Board. The applicant has either given your name as a reference or has stated that he/she has worked for or with you. Except for the amount of verified experience, the information will remain confidential within this Board. Please reply to the following inquiries and return this form as soon as possible, as the application cannot be acted upon by the Board until we receive your response. **PLEASE SEAL THE ENVELOPE PROVIDED, SIGNING YOUR NAME ACROSS THE SEALED FLAP.**

Sincerely,

MISSISSIPPI BOARD OF LICENSURE FOR
PROFESSIONAL ENGINEERS & SURVEYORS

1. Are you a licensed Professional Surveyor?_____ If yes, State:_____ Lic. 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 & 8.

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: Years Months

| | | |
|--------------|-------|-------|
| Boundary | _____ | _____ |
| Topographic | _____ | _____ |
| Construction | _____ | _____ |
| Other | _____ | _____ |

Total Amount of Experience you are verifying _____ _____

8. Please describe the applicant's duties in obtaining this experience (continue on attached sheet if needed) :

9. Do you recommend the applicant for Surveyor Intern enrollment? Yes No (continue on attached sheet if needed)

Signature _____

Name _____

PS Seal

Address _____

City _____ State _____ Zip _____ Date _____