

APPLICANT: Complete the shaded areas of this form and mail it to the verifying State Board with a stamped envelope addressed to: MS Board of Licensure for Professional Engineers & Surveyors, 660 North St., Suite 400, Jackson, MS 39202.

VERIFICATION OF LICENSURE

TO: Mississippi Board of Licensure for Professional Engineers & Surveyors

FROM:
(State Board
address)

**State Board
Responding:**
Mail this directly to
the MISS. Board office.
DO NOT return to
Applicant.

**APPLICANT
Name &
Address**

Date of Birth:

Social Security Number: - - - / - - /
(last four numbers)

I. THE ABOVE NAMED PERSON WAS LICENSED/ENROLLED AS:

	License No.	Date Issued	Valid Until
____ Engineer Intern	_____	_____	_____
____ Professional Engineer	_____	_____	_____
____ Surveyor Intern	_____	_____	_____
____ Professional Surveyor	_____	_____	_____

II. EXAMINATION

Exam	Hours	Results	NCEES	Exam Date	NCEES Cut-Score Used (if NO please explain)
FE	_____	_____	_____	_____	_____
PE	_____	_____	_____	_____	_____
FS	_____	_____	_____	_____	_____
PS	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____

III. Has applicant ever been disciplined by your board or is disciplinary action pending? ___ Yes ___ No
If Yes, please supply full details of Board Action on reverse side or attach documentation.

Signed by: _____

Title: _____ (Board Seal)

Date: _____

PLEASE: If a fee is required, please notify the applicant, but DO NOT delay the processing of this form.