

## CHANGE of address OR Employer/title OR phone number

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Print/Type Full Name

Mississippi Licensure Number(s)

New Official Address of Record with this Board:

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Street

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City

State

Zip

If you reside in Mississippi, what is your county of residence? \_\_\_\_\_

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Employer

Job Title

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Daytime Telephone Number with area code

## CHANGE OF EMAIL ADDRESS

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Your New Email Address

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Signature (if mailing or faxing)

Date

Sign and date on the line above and then Fax to 601-359-6159 OR  
Mail to MS Board of PE/PS Licensure, 660 North Street, Suite 400,  
Jackson, MS 39205 OR Email: [information@pepls.state.ms.us](mailto:information@pepls.state.ms.us)  
(If you email, it must be in the body of a message and not in an attachment.)