

***To apply for Limited Licensure for Expert Technical Testimony, you must complete and submit the following items:***

- **Application, completed, notarized, with fee and passport quality photo attached. (If you are submitting an NCEES record, complete Sections 1, 2, and 6 of the application. If you are not submitting an NCEES record, the entire application must be completed. (An NCEES record is your resume booklet maintained by NCEES for an annual fee; it is not simply a "record" of your exam grades.) Your full name (no initials) and social security number are required by state law.)**
- **Written affirmation from the applicant to the Mississippi Board regarding items a, b, d, and g of the enclosed Rule 4.05 below.**
- **Verification of Licensure Form, verifying current licensure in at least one state. Mail a copy of this form to the responding state board with a stamped business size envelope addressed to: Miss. PE/PS Board of Licensure, 660 North Street, Suite 400, Jackson, MS 39202. Addresses of other state boards can be found at [www.ncees.org](http://www.ncees.org). The responding state board will complete the form and mail it directly to the Mississippi Board office (be aware that some boards charge for this service.)**

An application review committee meets *usually* at the end of each month to review all completed, reviewed, and approved applications; licensures are issued at that time.

If you have any questions regarding the limited licensure for expert technical testimony, please email : [information@pepls.state.ms.us](mailto:information@pepls.state.ms.us) or call Executive Director Rosemary Brister at 601-359-6160.

#### **4.05 Limited Licensure for Expert Technical Testimony**

1. Subject to the provisions of item 2 below, any person not licensed to practice engineering in this state and who desires to provide expert testimony in the field of engineering in the form of an opinion or otherwise in any judicial or administrative proceeding, must apply to the Board for a limited license. Said license shall be administratively granted, provide that each such person shall:

- a. provide his or her full name, residence address, office address, voice and facsimile telephone numbers, and email address;
- b. provide the full name, office address, voice and facsimile telephone numbers, and email address for each firm, practice group of other entity with which he or she is associated in the practice of engineering;

- c. provide evidence that he or she is licensed to practice engineering in another jurisdiction and is in good standing in that jurisdiction;
- d. bind himself or herself to adhere to the principles of ethics and professional responsibility general applicable to persons licensed to practice engineering in Mississippi;
- e. give notice to the board of the fact of his or her appearance as aforesaid, in substantial compliance with a form to be made available by the Board prior to or within thirty (30) days after providing such testimony, as may be prescribed by the Board;
- f. pay a fee for each such appearance in the amount of \$75.00;
- g. submit himself or herself to the jurisdiction of the Board of Licensure for the application, administration and enforcement of this rule.

2. This rule does not apply to any practice, work or service exempt from Miss. Code Ann. Sections 73-13-1 through 73-13-45 by Miss. Code Ann. Section 73-13-41, and shall not be construed to prevent or affect the right of any person to provide testimony concerning any such practice, work or service. By way of example, and not of limitation, a person, who provides work or service “under the responsibility, checking and supervision” of a licensee, may, without the limited license required by Section 1, testify fully in any judicial or administrative proceeding in this state concerning such work or services, including his or her opinions, other findings, and the grounds therefore relating to such work or services, including expert testimony in the field of engineering to the extent permitted or required by the court or agency within whose jurisdiction the testimony is provided, and/or the judicial or administrative processes pertaining thereto.

3. Nothing contained in this rule or in the Board’s administration thereof may unreasonably burden any state or federal court or any administrative agency in the administration of rules governing the permissibility of, and admissibility of, testimony by expert witnesses in the form of an opinion or otherwise.

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

# APPLICATION FOR LICENSURE AS A PROFESSIONAL ENGINEER

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

**PLEASE INDICATE BELOW WHICH STATEMENT IS APPLICABLE.**

- I hereby apply for Professional Engineer Licensure in Mississippi by Comity.
  - I hereby apply for Professional Engineer Licensure and am having an NCEES record sent from the National Council of Examiners for Engineering and Surveying.
  - I hereby apply for licensure as a Professional Engineer by written examination in \_\_\_\_\_, \_\_\_\_\_ When approved for examination, [April, October]
- I want to answer questions from the following discipline \_\_\_\_\_

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

**Application should be accompanied by \$75.00 application fee made payable to the Board of Licensure and mailed to 660 North Street, Suite 400, Jackson, Mississippi 39202.**

1. GENERAL INFORMATION [Circle b. or c. to indicate your preference for your address of record with this Board.]

- a. Name in full\* \_\_\_\_\_, Social Security Number \_\_\_\_\_  
First Middle Last
- b. Residence address \_\_\_\_\_ [\_\_\_\_\_] Telephone Number \_\_\_\_\_  
No. Street City County State Zip
- c. Business name and address \_\_\_\_\_ [\_\_\_\_\_] Telephone Number \_\_\_\_\_  
Name No. Street City State Zip Position
- d. Birth date \_\_\_\_\_ Birth Place \_\_\_\_\_
- e. State of Legal Residence \_\_\_\_\_
- 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 been convicted of a felony OR pleaded "Nolo contendere" to a criminal charge? \_\_\_\_\_
- h. Have you been denied registration in any state? \_\_\_\_\_ What state and why? \_\_\_\_\_ \*\*
- i. Have you ever been disciplined by any state licensing authority? \_\_\_\_\_ \*\*

\*Your full name is a statutory requirement. \*\*If responses to items f-i are yes, explain on separate sheet.

2. LICENSURES [to be completed if applying by comity or if an FE Exam or a PE Exam has been passed]

- j. Are you licensed as a PE in another State? \_\_\_\_\_ State and date of first Licensure \_\_\_\_\_  
Current? \_\_\_\_\_ Name other States in which you are **currently** licensed \_\_\_\_\_
- k. If you have passed an 8 or 16 hour examination in any state, indicate below:  
FE: State \_\_\_\_\_ Date \_\_\_\_\_ Hours \_\_\_\_\_ No. \_\_\_\_\_  
PE: State \_\_\_\_\_ Date \_\_\_\_\_ Hours \_\_\_\_\_ No. \_\_\_\_\_

3. EDUCATION: Provide **complete** address.

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

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

E n g a g N e u m m e b n e t r	Dates mm/yy  From - To	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 engagement 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 Number of years and months					Name, Title and Address of Professional Engineer who bore responsibility for Engineering experience.  Your references who are to verify your experience MUST be Licensed <b>Professional Engineers</b> . If you did not work directly for a Professional Engineer, list the person you report to directly AND the next person up the "Chain of Command" who is a Professional Engineer. Mark this person's name with an *.
			[1]	[2]	[3]	[4]	[5]	
<b>PLEASE CONTINUE ON PAGE BELOW</b>								



5. REFERENCES

Names and addresses of five references, not relatives, at least three of whom are registered Professional Engineers, who have personal knowledge of your character and professional reputation and accomplishments. These should include the PE supervisors from Section 4 who can substantially verify your experience.

Name

Address

State of Licensure and Certificate No.

Name	Address	State of Licensure and Certificate No.

6. 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 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 as a result 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]

**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)
<b>FE</b>	_____	_____	_____	_____	_____
<b>PE</b>	_____	_____	_____	_____	_____
<b>FS</b>	_____	_____	_____	_____	_____
<b>PS</b>	_____	_____	_____	_____	_____
<b>State</b>	_____	_____	_____	_____	_____

**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.**