

TO RELICENSURE APPLICANTS (PS)
PLEASE READ CAREFULLY

Please restrict phone calls about your application status to between 2:00 & 4:00 PM; call 601-359-6165. This allows us time to file all the mail received each day, so we can give you the most current information. You can also email questions about the status of your application to:

barbaram@pepls.state.ms.us.

Please do not submit application status inquiries to the Board's main email address; this address is for the purposes of general information only.

For privacy reasons, the staff will discuss the status of your application with you only, or with your assistant whom you have designated in a letter or email to us.

Mississippi's statute (73-13-85) states, "If a certificate (of licensure) has expired for six (6) months or more, the licensee shall be required to submit a new application, paying back fees and submitting proof of continuing professional competency compliance. If the certificate has expired for five (5) years or more, in addition to submitting a new application and proof of continuing professional competency compliance, reexamination in the principles and practice may be required. The reexamination requirement may be waived by the board provided the applicant has continued to practice in another jurisdiction from the date of expiration of this certificate."

The fee to be paid shall be renewal fees and penalties accumulated since the date the licensed lapsed, but shall not exceed five (5) times the normal renewal fee.

The relicensure applicant shall be required to submit five (5) references, three of which must be Professional Surveyors.

If the certificate of licensure has been expired for five years or more, the Board staff will attempt to verify licensure in other states in an effort to determine continued licensure for the entire lapsed period.

The applicant shall show Continuing Professional Competency (CPC) compliance within the most recent 12 months by obtaining the PDH units required for one renewal period, which must include **1 PDH of Ethics**, and, if the license being brought to active status is a Professional Surveyor's license, **one PDH unit of Standards of Practice**. Dual licensees bringing only one license to active status are required to obtain only the PDH units required for the license being renewed. **All PDH units being claimed for reinstatement must have been acquired within the most current twelve (12) months.** In other words, all your PDH must have been acquired within one year from the date we receive your application. (If the applicant is over 60 with 20+ years of licensure, only 1 PDH of Mississippi Standards is required.)

15 PDH units are required for one renewal period for Professional Engineers; 12 PDH units are required for one renewal period for Professional Surveyors, which must include 1 PDH of ethics

and 1 PDH of Standards of Practice. Again, these PDH must have been obtained within the most recent twelve (12) months. Supporting documentation must be included with your completed PDH Activity Log.

If you have any questions regarding the possibility of relicensure, please submit them **in writing** to the Board office by email to information@pepls.state.ms.us

Mississippi does not have temporary permits and does not allow for "one project unlicensed practice" or "short-term unlicensed practice".

An application review committee meets *usually* at the end of each month to review all completed comity applications and completed relicensure applications; licensures are issued at that time. Under these circumstances an applicant is not allowed to offer his services or to *begin* a project until his licensure is effective. **An applicant is not allowed to use an out-of-state seal with a note that his Mississippi application is in process.**

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.** *At the Board's discretion, additional references (over and above those already in your NCEES record booklet) may be required. We require at least one reference to be dated within 6 months of the date of application.*

To apply for PS Relicensure, you must complete and submit the following items:

- **Relicensure Application, completed, notarized, with fee and passport quality photo attached**
- **Reference Forms in separate sealed envelopes bearing the references' signatures across the envelopes' seal (State law requires 5 references, 3 of whom must be Professional Surveyors.**
- **A completed PDH Activity log with supporting documentation**

The fee is based on a sliding scale depending on when the license lapsed. Prior to submitting your relicensure application, you should contact the Board office to verify **WHEN** your license lapsed and the **APPLICATION FEE** you should submit. Your inquiry should be sent by email to dshows@pepls.state.ms.us; you should receive a response within a couple of days.

Reference Form: (A) Make as many copies of the Reference form as are necessary to meet the required 5, three of whom must be Professional Surveyors.

(B) Fill out page one and the applicant's name at the top of page two as indicated. Mail it to your reference(s), with a **stamped business size envelope** addressed to: Miss. Board of Licensure for

Professional Engineers & Surveyors, 660 North Street, Suite 400, Jackson, MS 39202.

(C) The reference must place the completed Reference form into a business size envelope, seal the envelope, and sign across the back flap of the envelope. He (she) then must mail it *directly* to the Board office. BE ADVISED that **we will not accept** forms that are not sealed and signed across the back flap.

It is acceptable for you to submit your Reference Forms *along with your application in one large submission*; however, these forms MUST be in separate envelopes bearing the appropriate signature across the envelope seal. Forms that do not comply with these instructions will not be accepted and the applicant will be instructed to obtain new forms; the Board staff will not remediate forms that do not comply these instructions.

When completing the application form...

GENERAL INFORMATION - Section 1 - Follow all directions carefully. Your full name and your social security number are required by state law.

REGISTRATIONS - Section 2 - Supply the required information on your FS (Surveyor Intern/Surveyor-in-Training/Fundamentals of Surveying) Exam and your PS (Professional Surveyor) Exam. "No." refers to your SI# or your PS# of your first (initial) licensure.

EDUCATION – Section 3 – Supply the required information on your degree (s).

EXPERIENCE - Section 4 – All time must be accounted for, including military time, illness, unemployment, etc. Each company you worked for is considered an engagement. If you were promoted within a company, do not indicate a change in engagements. If an engagement was part time work, indicate part time and the number of hours you worked per week. Experience must be started on the application form first. If you need additional pages, please number each page accordingly.

If you did not work directly for a PS, list the person to whom you report directly AND the next person "up the chain of command" **who is a PS**. Mark the PS's name with an *.

REFERENCES - Section 5 - The law requires that the application contain the names of five references, three of whom must be Professional Surveyors, having personal knowledge of the applicant's surveying experience. Provide a complete address for each reference.

Complete the application and print it. Be sure to retain a copy of your records. Attach your photo (passport quality only) and have the application notarized. Submit it with the application fee by mail. Please pay by check payable to the Miss. Board of Licensure for PE/LS. **We do not accept applications by fax or email. We are not responsible for delays or non-delivery by the mail service.**

01/12

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**MISSISSIPPI STATE BOARD OF LICENSURE
FOR PROFESSIONAL ENGINEERS & SURVEYORS
660 North Street, Suite 400
JACKSON, MISSISSIPPI 39202
(601) 359-6160**

APPLICATION FOR RE-LICENSURE AS A PROFESSIONAL SURVEYOR

IMPORTANT — All information requested on this form MUST BE TYPE/WRITTEN and all questions must be answered. Retain a copy for your files. Check should be made payable to the Miss. Board of PE/PS Licensure, and mailed to 660 North St., 400 Jackson, MS 39202. If complete addresses for universities and all references are not provided, this application will be returned.

**Attach a Recent
Photograph
[no staples, please]**

RE-LICENSURE FEE \$ _____, as advised by Board office

PRIOR LICENSURE NUMBER: _____ EXPIRED: _____

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 _____ () _____
No. Street City County State Zip Telephone Number

c. Business name and address _____ () _____
Name No Street Telephone Number

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, which application and when? _____
 Has your name been changed since birth? _____ **

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 and label: Addendum

2. REGISTRATIONS

j. Are you registered as a PS 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 14 hour examination in any state, indicate below:
 Fundamentals
 of LS: State _____ Date _____ Hours _____ No. _____
 Principals & Practice
 of LS: State _____ Date _____ Hours _____ No. _____

3. EDUCATION: Provide complete address. If complete addresses are not provided for universities, this application will be returned.

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

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

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

| E n g a N g u e m b e e r t | 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 Complete Address of licensed Professional Surveyor who bore responsibility for surveying experience listed in Column 5. |
|--|------------------------------------|--|------------------------------------|-----------------------|------------------------|-----------------------|----------|---|
| | | | [1]Field Assignments | [2]Office Assignments | [3]Researching Records | [4]Boundary Surveying | [5]Total | |
| | | | [1] | [2] | [3] | [4] | [5] | |
| | | | | | | | | |
| PLEASE CONTINUE ON PAGE BELOW | | | | | | | | |

| | | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| | | | | | | | | |
| | | Summary [Actual Time in Years and Months] | | | | | | |
| | | | | | | | | |

5. REFERENCES - If complete addresses are not provided, this application will be returned.
 Names and addresses of five references, at least three of whom are licensed SURVEYORS, who have personal knowledge of your character and professional reputation and accomplishments.

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]

MISSISSIPPI BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS AND SURVEYORS

(Name and Address of Reference)

(Name and Address of Applicant)

I have filed my application with the Mississippi Board of Licensure for Professional Engineers and Surveyors for licensure to practice professional surveying in the State of Mississippi. I have given your name as a reference and have submitted to the Board Office a signed, sworn and notarized certification of release statement authorizing "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."

I will appreciate your sending the information requested on the reverse side **directly** to the Board in the stamped addressed envelope which I have provided.

(Signature of the Applicant)

Board Statement to Reference:

*This Board is required by law to ascertain that the applicant has met the experience requirement sections of the Licensure Law: therefore, we need this reference form completed, signed, sealed (if you are a PS), and returned by you. The Board is also required by law to obtain evidence of the good character and qualifications of applicants before licensure. We cannot consider an applicant for licensure or admit a candidate for examination **until replies are received from references, including three Professional Surveyors.** A **prompt** reply will expedite our handling of the applicant's request for licensure.*

The Board desires to emphasize that evidence submitted on this form should not be perfunctory nor made for the mere purpose of aiding the applicant to be licensed. On the contrary, the execution of this statement by any person will be accepted by the Board as a deliberate act made with full knowledge of the responsibility toward the public interest involved. It should be borne in mind that the applicant is not being considered for membership in an organization but for licensure as a Professional Surveyor, qualified to practice in Mississippi.

This completed reference form is to be mailed directly to the Board Office in Jackson in the enclosed stamped addressed envelope. PLEASE SEAL THE ENVELOPE, SIGNING YOUR NAME ACROSS THE SEALED FLAP. Your assistance will be of value to the profession and your comments, except for the amount of verified experience, will remain confidential within this Board.

REFERENCE FORM: Name of Applicant: _____

1. Are you a licensed Professional Surveyor? _____ If yes, State: _____ Reg. 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 & 11.

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:

| | <u>Years</u> | <u>Months</u> |
|---|--------------|---------------|
| Boundary | _____ | _____ |
| Topographic | _____ | _____ |
| Construction | _____ | _____ |
| Other* | _____ | _____ |
| Total Amount of Experience you are verifying | _____ | _____ |

*Explain: _____

8. Considering the need to protect the public health, safety and welfare, in your opinion how does this applicant rank in professional competence and responsibility:

Qualified Additional Experience Needed Unqualified

9. The Board will appreciate additional information or amplifying information regarding the applicant's surveying experience, capabilities, or limitations, if any: _____

10. Do you recommend the applicant for PS registration? Yes No

11. I certify that the above statements are correct to the best of my knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where life, health and property is concerned or involved.

Signature _____

Name _____

PS Seal

Address _____

City _____ State _____ Zip _____ Date _____

PDH Activity Log

Instructions: The Board will conduct audits to ensure compliance with CPC requirements. If you are audited, you will be required to complete the PDH Activity Log on the other side of this sheet *and* submit all necessary documentation. The Log may be duplicated if more space is needed.

The PDH Activity Log is provided for your use and must be completed and submitted to the Board in the event you are audited, or for a relicensure application.

Maximum total carryover is 15 PDH for a PE licensee, 12 PDH for a PS licensee, and 18 PDH for a PE/PS (Dual) Licensee. Excess PDH in ethics or surveying standards may *not* be carried over.

List your activities in the space provided on lines B₁, B₂, ..., using as many blocks as required. If you need additional space, duplicate the form and identify the duplicated form with your licensure number. In the Date column furnish the dates of each activity, i.e., course, seminar, etc.

It is important that a sufficient title/description be provided to identify that the activity relates to engineering or surveying. You must provide the name of the sponsoring organization and the location where the activity was held. For activities that are part of a college curriculum, list course number.

PDH earned for PE or PS credit should be placed in the appropriate columns. Enter the Activity Code (see list below) and PDH earned for each activity in the appropriate column. A PDH credit is roughly equivalent to fifty minutes of instruction.

If you qualify for an exemption from the CPC requirements, you must certify your eligibility for the exemption on the renewal invoice. An exemption from the CPC requirements does not exempt you from the renewal fee.

| ACTIVITIES | | |
|------------|--|---|
| Code | Activities-Type and Description | PDH Units |
| A | Successfully completing for credit acceptable college or correspondence courses | 1 Semester hour=15 PDH 1 Quarter hour=10 PDH |
| B | Successfully completing acceptable courses which are awarded Continuing Education Units (CEU) | 10 PDH for each CEU |
| C | Attending acceptable seminars, tutorial, short courses | 1 PDH for each contact hour |
| D | Attending acceptable in-house programs sponsored by corporations or other organizations | 1 PDH for each contact hour |
| E | Attending acceptable workshops and technical presentations at related technical or professional meetings and conventions | 1 PDH for each contact hour |
| F | Teaching or instructing any of the above courses, seminars, etc. or making presentations at technical meetings | 2 x PDH earned in activities A – E |
| G | Active participation in professional/technical associations/societies & educational outreach activities | 1 PDH for each (maximum 3) |
| H | Authoring & Publishing (papers, articles, books) | 10 PDH for each paper, article, book |

Name: _____

Detailed List of Activities for the renewal period ended December 31, _____.

License number(s): _____

All activities must be relevant to the practice of engineering or surveying and may include technical, ethical, or managerial content. Please read the Instructions before completing. This form may be duplicated if necessary. The licensee must maintain documentation of these activities. **Documentation will be required if you are selected for audit or if you are applying for Relicensure.**

| | Date MM/DD/YY | Sponsor/Provider Location (City and State) | Activity Title/Description | Activity Code (A,B,etc.) | Professional Development Hours (See Notes Below) | | | | Total |
|----------------|---|---|----------------------------|--------------------------------|---|-----------------|------------------|-----------------|-------|
| | | | | | Ethics ¹ | PE ² | PLS ³ | MS ⁴ | |
| A | PDH carryover from previous renewal period. | | | | | | | | |
| B ₁ | | | | | | | | | |
| B ₂ | | | | | | | | | |
| B ₃ | | | | | | | | | |
| B ₄ | | | | | | | | | |
| C | PDH earned during this renewal period. (B ₁ + B ₂ + ...B _n) | | | | | | | | |
| D | PDH available for use in this renewal period. (A + C) | | | | | | | | |
| E | PDH claimed for use in this renewal period. | | | | | | | | |
| F | Excess PDH for this renewal period. (D – E) | | | | | | | | |
| G | PDH carryover available for the next renewal period ⁵ . | | | | | | | | |

Notes:

1. Licensees must earn a minimum of 1 PDH in ethics every two years. After 2010 there is no carryover of excess ethics PDH.
2. Professional Engineers must earn a minimum of 15 PDH in engineering; Dual licensees (PE + PS) must earn a minimum of 18 PDH in engineering and surveying, including a minimum of 6 PDH in engineering and 6 PDH in surveying related activities during each renewal period.
3. Professional Surveyors must earn a minimum of 12 PDH in surveying activities during each renewal period.
4. Professional Surveyors must take courses in Mississippi Standards of Practice. After 2010 there is no carryover of excess Mississippi Standards PDH.
5. Maximum total carryover is 15 PDH for a PE licensee, 12 PDH for a PS licensee, and 18 PDH for a PE/PS (Dual) Licensee.