

PLEASE PRINT LEGIBLY
ANNUAL RENEWAL FORM
Commercial Contractors

RETURN BY
March 1, 2010

Certificate of Responsibility Number: _____ Name in Which Certificate is Issued _____

For name changes, please contact our office.

Mailing Address: _____ City _____ State _____ ZIP _____

Fax: _____ Phone: _____ Email: _____

Qualifying party changes: If the person who took the examinations for your company has left your employment, you must notify our office in writing.

MS Sales or Use Tax Number _____ Income Tax Number or Federal Tax Number _____

****Both Tax Number are required by law.****

Attach the Following Documentation:

- Certificate holders performing work that is equal to or in excess of One Million Dollars (\$1,000,000) per year shall furnish a reviewed financial statement. Certificate holders performing work that is less than One Million Dollars (\$1,000,000) per year shall furnish a balance sheet prepared in accordance with generally accepted accounting principles. Major classes must meet a net worth of \$50,000 - Specialty classes must meet a net worth of \$20,000.
- Proof of Insurance - Workman's Compensation (if required by law) and General Liability (\$300,00 per occurrence and \$600,000 aggregate)
- Proof of Good Standing with the Mississippi Secretary of State (may be printed from their website - www.sos.ms.gov)
(This item only applies to corporations and LLCs)

Name of Owner or Officer (Please Print)

Signature of Owner or Officer

Date

Please return this form along with a check or money order in the amount of \$200.00 to:
(Check or Money Order # _____)

State Board of Contractors
Attn: Commercial Dept.
2679 Crane Ridge Dr., Ste. C
Jackson, MS 39216

**Renewal Will Be Returned Unless Completely Filled Out And
All Required Documentation Above Is Attached.**

PLEASE DO NOT STAPLE.

State Board of Contractors
Attn: Commercial Dept.
2679 Crane Ridge Dr., Ste. C
Jackson, MS 39216