



Mississippi State Board of Contractors
Attn: Residential Department
P.O. Box 320279
Jackson, Mississippi 39232

Residential Builder or Remodeler Renewal Form

Contractor License #: _____ Name in which license is issued: _____

Address: _____ City / State / Zip: _____

E-mail: _____ Telephone Number: (_____) _____

Have you or your company been adjudged bankrupt or petitioned for bankruptcy in the past (7) years? _____ If so, give details in full, in confidential letter.

Attach the Following Documentation:

- Proof of Insurance - Workman's Compensation (if required by law) and General Liability. If you do not have General Liability insurance, it will be noted on your certificate.
- Proof of Good Standing with the Mississippi Secretary of State (may be printed from their website - www.sos.state.ms.us)
(This item only applies to corporations and LLCs)

I (owner/officer signature) _____ certify the information provided is true and accurate.

Owner/Officer printed name: _____ Date: _____

Please return this form along with a cashier's check or money order in the amount of \$100 (\$110 if expired) made payable to the Mississippi State Board of Contractors. **The renewal form and payment must be received by our office before the license expires or the fee if \$110.** If your license has been expired for more than 120 days, you must re-apply.

Cashier's Check or Money Order Number: _____

* If there have been any changes in (a) qualifying person, (b) ownership or (c) company name, please provide details on company letterhead.
All name changes require completion of new application.

Renewal Will Be Returned Unless Completely Filled Out

Mississippi State Board of Contractors
Attn: Residential Department
P.O. Box 320279
Jackson, Mississippi 39232