

**MISSISSIPPI STATE BOARD
Of
CONTRACTORS**

**STATEMENT OF EXPERIENCE,
PERSONNEL AND EQUIPMENT**

TO BE MAILED TO THE
STATE BOARD OF CONTRACTORS

Mailing Address:
P.O. Box 320279
Jackson, MS 39232-0279

Phone: (601) 354-6161 • Fax (601) 354-6715 • (800) 880-6161

**PLEASE ATTACH FINANCIAL STATEMENT
FORM ENCLOSED REVIEWED BY A
CERTIFIED PUBLIC ACCOUNTANT**

**APPLICATION FOR
CERTIFICATE OF RESPONSIBILITY
TO PRACTICE CONTRACTING
IN THE STATE OF MISSISSIPPI**

SUBMITTED BY _____
(Give name in which Certificate of Responsibility is to be issued)

ADDRESS _____
STREET

CITY

STATE

ZIP CODE

DATE _____

MISSISSIPPI STATE SALES OR USE TAX NUMBER _____

MS INCOME TAX I.D. NUMBER _____
(FEDERAL INCOME TAX I.D. NUMBER)

Check # _____

APPLICANT'S INSTRUCTIONS AND INFORMATION

(Please read carefully prior to Completing Application)

The State Board of Contractors has adopted the following regulations, concerning the preparation and submission of Applications for a Certificate of Responsibility. Applicants personal appearance before the board when the application is being considered is not required.

1. **Application must be received at least thirty (30) days prior to regular board meeting** dates, which are the second Wednesday of January, April, July and October; if the regular meeting falls on a holiday, the board shall meet on the following day.
2. This original application must be used. Please type or print plainly in ink. All questions must be answered and schedules completed. Write "none" where applicable. Additional information, including supplementary or explanatory notes considered necessary, may be furnished by inserting where needed (legal size paper).
3. **Be sure that all signatures are affixed and notarized where indicated on page 5.**
4. **A check in the amount of \$200** made payable to the State Board of Contractors should accompany this application; plus **\$50 for each additional classification.**
5. Applicant's complete business name style must appear on Page 3 of the application form. The Certificate will be issued in that name only.
6. **REVIEWED FINANCIAL STATEMENT:** Applicants financial statement **MUST BE SUBMITTED ON THE ENCLOSED FORM** with accountant's review report attached and signed by a CPA. Major class, \$50,000 net worth required; speciality class, \$20,000.
7. No certificate of responsibility or any renewal thereof shall be issued until the applicant furnishes to the board its Mississippi State sales tax or use tax number and Mississippi income tax I.D. numbers. You may contact the Tax Commission at (601) 923-7000 or www.mstc.state.ms.us for further information on obtaining these numbers.
8. A foreign corporation or a corporation domiciled outside the State of Mississippi must qualify to do business in this state with the office of the Secretary of State and provide the board with a certificate attesting to such qualification. Secretary of State's Number: (601) 359-1633 or www.sos.state.ms.us.
9. A certificate of Insurance naming the State Board of Contractors as the certificate holder (general liability and workers compensation) is required.
10. **EXAMINATIONS:** An examination is required for all applicants unless you qualify for reciprocity (see page 2). To be eligible to take the examinations you must complete the exam qualifier information (found on page 2) for each person you wish to be tested. The testing company PSI administers the contractors' examinations. Upon receipt of this completed application, we will mail to you a candidate Information Bulletin and registration instructions. You will find the answers to all your exam questions in this bulletin. At this time the exams are being given 2 to 3 times a week in the following locations: Jackson, MS; Louisiana (Baton Rouge, New Orleans, Lake Charles, Shreveport; Alabama (Huntsville, Birmingham, Mobile, Montgomery); Texas (17 sites).
11. **CLASSIFICATIONS:** The board will classify each applicant and issue a Certificate of Responsibility for the type or types of contracts on which he may bid on the following basis:
 - (A) The applicant will not be classified or permitted to bid on or perform on type or types of work not included in his request.
 - (B) The applicant shall state on the application, the classification he desires to perform and contract, such classification to be selected and determined from the Following list of classifications:

MAJOR CLASSIFICATIONS: (1) Building Const., (2) Highway, St. & Bridge Const.,
(3) Heavy Const. (4) Electrical Work (5) Mechanical Work (6) Municipal and Public Works Construction

SPECIALITY CLASSIFICATIONS: You will find a list of specialty classifications on the next page.

SPECIALTY CLASSIFICATIONS

Air Pollution Control
 Acoustical/Drywall Treatments
 Alarm Systems & Equip.
 Access Systems/Security
 Aluminum
 Asbestos Abatement or Removal
 Asphalt Milling/Recycling
 Athletic Fields/Golf Courses
 Automation Mfg.
 Bleachers and Grandstands
 Boiler Install. and Repair
 Boring and Tunneling
 Building Specialities
 Canopies
 Carpentry
 Cathodic Protection
 Chemical Cleaning
 Clearing, Grubbing and Snagging
 Commercial Coolers
 Communications Systems
 Concrete
 Concrete Pumping
 Concrete Reinforcing
 Construction Management
 Conveyer Systems
 Crack Sealing/Pavement Sealants
 Demolition
 Detention Equipment
 Directional Boring
 Pipe Installation
 Doors
 Dredging
 Driveways, Parking Areas,
 Asphalt/Concrete
 Electronic and Computer Install.
 Elevated Storage Tanks
 Elevator and Escalators
 Energy Management
 Exhibit Construction
 Fencing

Fireproofing
 Fire Sprinkler Work
 Floor Covering
 Food Service Equipment
 Foundations, Caissons, Piledriving
 Foundations for Building, Equip.
 or Machinery
 Fueling Systems
 Geotextile and Membrane Liners
 Glass, Glazing, Windows &
 Skylights
 Grain Elevators and Silos
 Grassing
 Greenhouse Construction
 Hazardous Material Abatement
 and Remediation
 Heat, A/C, Ventilation, Duct (HVAC)
 Excavation, Grading & Drainage
 Hydroblasting & Sandblasting
 Incinerator Construction
 Industrial Piping
 Industrial Plant Maintenance
 Install. of Construction Specialties/
 Furniture/Equipment
 Install. of Equipment, Machinery
 and Engines
 Install. of Lining and Coatings
 Install. of Pneumatic Tubes and
 Conveyers
 Instrumentation
 Insulation
 Insulation for Cold Storage and
 Building
 Irrigation Systems
 Landscaping, Grading and
 Beautification
 Lathing, Plastering and Stuccoing
 Loading Dock Equipment
 Marinas
 Masonry, Brick and Stone

Masonry Restoration
 Median Barrier Walls
 Millwork
 Millwright
 Oil Field Construction
 Ornamental Iron, Steel Buildings,
 Misc., Metals
 Painting
 Painting, Interior Decorating,
 Wallcovering
 Pile Driving
 Plumbing
 Railroads
 Refrigeration
 Remodeling
 Retention Systems
 Rigging, House Moving, Wrecking
 & Dismantling
 Roof Decks
 Roofing, Sheetmetal and Siding
 Scaffolding
 Sign Erection
 Slip Lining and Pipebursting
 Soil Drainage Wicks
 Steel Tanks and Vessels
 Structural Steel
 Swimming Pools
 Tennis Courts
 Towers
 Traffic Control, Signs, Striping
 Guard Rails/Median Barriers
 Transmission Distribution Lines
 Underground Utilities
 Undersealing or Leveling of Roads
 Waterproofing
 Welding
 Well Drilling
 Window Treatment
 Woodyard Systems

RECIPROCITY: If you have had a license for three (3) consecutive years with the following Boards, you may request a reciprocity form from our office.

Arkansas Contractor Licensing Board, Louisiana Licensing Board For Contractors, Tennessee Board For Licensing General Contractors, South Carolina Board For Licensing Contractors, Alabama Heating, Air Conditioning Board

EXAM QUALIFIER INFORMATION: The applicant may have an unlimited number of exam qualifiers for each classification. **All applicants must complete this section listing an exam qualifier for your application to be considered complete.**

Company Name _____

Name of Qualifying Party _____
 (Individual qualifying the applicant by examination)

Position with the Applying Company _____

Date hired (if applicable) _____

This person will qualify this company by:

A. ____ passing the technical examinations required by the board.
 (if you know which exam(s), please indicate)

B. ____ passing the law and business examination required by the board

Note: If the applicant is an individual, examination may be taken by his personal appearance for examination or by the appearance for examination of one or more of his responsible managing employees; and if a co-partnership or corporation or any other combination, by the examination of one or more of the responsible managing officers or members of the executive staff of the applicant's firm, according to its own designation.

Firm Name _____
 (Give name in which Certificate of responsibility to be issued, Licensees must conduct their contracting business under the exact name shown on the certificate)

Style of Business, Check One: Individual _____ Co-Partnership _____
 Limited Partnership _____ Corporation _____ LLC _____

Mailing Address _____

Physical Address _____ Telephone _____ Fax _____

IF PARTNERSHIP:
 Name of Partners _____

 (Use the abbreviation, "Ltd." after the name of limited partners)

IF CORPORATION OR L.L.C.:
 State and date of Incorporation: _____ Domicile: _____
 Has the Corporation or L.L.C. qualified to do business in Mississippi in accordance with the laws of the State? _____

If answer is yes give date _____
 Certificate of Responsibility will not be issued until date of qualification is shown

Name of Principal Officers:
 President _____ Vice President _____
 Secretary _____ Treasurer _____

Name of Persons Authorized in By-Laws or Minutes of the Corporation to Bind the Corporation by His or Her Signature:

Name	Title	Name	Title
_____	_____	_____	_____
_____	_____	_____	_____

STATE KINDS OF WORK FOR WHICH CERTIFICATE OF RESPONSIBILITY IS DESIRED: _____

Name other states in which applicant holds an contractor's license and for how long: _____

1. How many years has your organization been in business as a contractor under your present business Name? _____

2. How many years experience in construction work has your organization had:
 (a) As a general contractor? _____ (b) As a subcontractor? _____

3. List projects completed by your organization during past three years complete mailing addresses for reference purposes.

YEARS	CLASS OF WORK	CONTRACT AMOUNT	PROJECT NO.

4. a. List name of insurance companies with whom you have liability insurance. Must have a minimum of 300,000 per occurrence and 600,000 aggregate.

INSURANCE COMPANY	POLICY #	DATE OF EXPIRATION	GENERAL LIABILITY

4. b. Do you carry Workman's compensation as required by law? Yes No

INSURANCE COMPANY	POLICY #	DATE OF EXPIRATION

5. Has any individual, responsible Managing Employee, Officer, or Member of the Executive Staff of your Organization pleaded guilty or been convicted of any charges relating to bid-rigging? _____ If so, give details in full, in confidential letter.
6. Have you or your company been adjudged bankrupt or petitioned for bankruptcy in the past seven (7) years? _____
7. Does your company wish to be noted on our records as a minority contractor? _____ This information will not be verified by our office.
8. Has any Officer or Partner of your Organization failed to complete a construction contract within the last year? _____
9. Have you ever failed to complete any work awarded to you? _____ If so, where and why? _____

10. Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? _____ If so, state name of individual, other organization, and reason therefor:

11. Has any officer of your organization ever failed to complete a construction contract handled in his own name? _____ If so, state name of individual, Name of owner, and reason therefor: _____

12. What is the construction experience of the principal individuals of your present organization? _____

INDIVIDUAL'S NAME	PRESENT POSITION OR OFFICE IN YOUR ORGANIZATION	YEARS OF CONSTRUCTION EXPERIENCE	MAGNITUDE AND TYPE OF WORK	IN WHAT CAPACITY

GENERAL INFORMATION

Name type of contracts you are interested in bidding on (itemize).

SUBSIDIARY AND AFFILIATED COMPANIES

NAME AND ADDRESS	EXPLAIN IN DETAIL EXACTLY YOUR CONNECTION WITH THIS COMPANY

LIST OF SURETY COMPANIES WITH WHOM YOU HAVE DONE BUSINESS DURING THE PAST THREE YEARS

SURETY COMPANY	NAME OF STATE OR OWNER OF CONTRACT	DATE COMPLETED	PROJECT NO.	AMOUNT

LIST ALL INCOMPLETED PROJECTS YOUR ORGANIZATION NOW HAS UNDER CONTRACT

NAME OR OWNER OR CONTRACTING OFFICER	PROJECT NO. AND LOCATION	CLASS OF WORK	PERCENT COMPLETE	CONTRACT AMOUNT

CONTRACTOR'S EQUIPMENT SCHEDULE

List only owned equipment

Equipment at book value _____ \$ _____

	Quantity	Description and Capacity of Items	Age of Items	Purchase Price	Depreciation Charge OFF	Book Value
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Are there any liens against the above? _____ If so, state total amount _____ \$ _____

* Do not lump any items except small hand tools.

For the purpose of inspection we desire to know the exact place each piece of equipment can be seen

	Where Located Town, Project No., State Route No. Between _____ and _____ Etc.	Do Not Write In This Space Report
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

REFERENCES

Architects or Engineers _____
 for whom you have completed work. (Name) (Street) (City & State) Zip

(Name) (Street) (City & State) Zip

(Name) (Street) (City & State) Zip

(Name) (Street) (City & State) Zip

Bank _____
 (Name) (Street) (City & State) Zip

Material Supply Dealers _____
 (Name) (Street) (City & State) Zip

(Name) (Street) (City & State) Zip

(Name) (Street) (City & State) Zip

(Name) (Street) (City & State) Zip

Contractors _____
 (Name) (Street) (City & State) Zip

(Name) (Street) (City & State) Zip

AFFIDAVIT

Name of Company _____

- A. I certify under penalty of perjury under the laws of the State of Mississippi that all statements, answers and representations in this application, including all supplementary statements attached hereto, are true and accurate.
- B. Any depository, vendor, or agency herein named is hereby authorized to supply such Board with any information to verify this statement.

STATE OF _____

PARISH OR COUNTY OF _____

_____ being duly sworn, deposes and saith: That the foregoing statements are true and correct as of the date thereto and that the answers to the foregoing interrogatories are true.

 (Owner(s). Officer or Authorized Representative

 (Co-partner signature is applicable)

Sworn to before me this _____ day
 On _____, 20 ____

 Notary Public
 My commission expires on _____

CONTRACTOR'S FINANCIAL STATEMENT

COMPANY NAME _____ **PRINCIPAL OFFICER** _____

FISCAL YEAR END _____ **Corporation** _____ **Partnership** _____ **Individual** _____

ASSETS

DOLLARS ONLY

CURRENT ASSETS

Cash	\$ _____	_____	_____
Notes Receivable, net	\$ _____	_____	_____
Contracts Receivable, Contracts in progress	\$ _____	_____	_____
Contracts Receivable, Retainage Due Upon Completion of Contract	\$ _____	_____	_____
Contracts Receivable, Completed Contracts	\$ _____	_____	_____
Accounts Receivable, net	\$ _____	_____	_____
Other Current Assets	\$ _____	_____	_____

Materials in Stock	\$ _____	_____	_____
Costs and Estimated Earnings in Excess of Billings on Uncompleted Contracts	\$ _____	_____	_____

TOTAL CURRENT ASSETS

\$ _____

Real Estate: (Used for business purposes)	\$ _____	_____	_____
Construction Plant and Equipment	\$ _____	_____	_____
Furniture and Fixtures	\$ _____	_____	_____
Accumulated Depreciation	\$ _____	_____	_____

NET BOOK VALUE OF PROPERTY, PLANT & EQUIPMENT

Other Assets	\$ _____	_____	_____
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TOTAL ASSETS

\$ _____

LIABILITIES AND EQUITY

DOLLARS ONLY

Notes Payable	\$ _____	_____	_____
Due to Sub-Contractors (Retained percentage and current estimates)	\$ _____	_____	_____
Accounts Payable	\$ _____	_____	_____
Current Portion of Long-Term Debt	\$ _____	_____	_____
Other Current Liabilities	\$ _____	_____	_____
Billings in Excess of Costs and Estimated Earnings on Contracts in Progress	\$ _____	_____	_____
Deferred Taxes	\$ _____	_____	_____

TOTAL CURRENT LIABILITIES

\$ _____

Long Term Debt	\$ _____	_____	_____
Other Liabilities	\$ _____	_____	_____
Deferred Taxes	\$ _____	_____	_____

TOTAL LIABILITIES

\$ _____

PROPRIETOR'S OR PARTNER'S EQUITY

SHAREHOLDERS EQUITY:

Capital Stock-common Stock \$ _____ per value, _____ shares	\$ _____	_____	_____
Authorized; _____ shares issued and outstanding	\$ _____	_____	_____
Additional Paid in Capital	\$ _____	_____	_____
Retained Earnings	\$ _____	_____	_____
Other	\$ _____	_____	_____
Less Treasury Stock at Cost, _____ shares	\$ _____	_____	_____

SHAREHOLDERS' EQUITY

\$ _____

TOTAL LIABILITY AND EQUITY

\$ _____

INSTRUCTIONS FOR COMPLETION OF FINANCIAL STATEMENT

- 1. Financial statement must be submitted on this form prescribed by the Board, REVIEWED BY A CERTIFIED PUBLIC ACCOUNTANT. Make sure the accountant's review report is attached.**
- 2. Assets for major classifications must include a net worth of at least Fifty Thousand Dollars (\$50,000). Major classifications are: (1) Building Construction (2) Electrical Work (3) Heavy Construction (4) Municipal and Public Works Construction (5) Highway, Street and Bridge Construction and (6) Mechanical Work.**

Assets of all other applicants must include a net worth of at least Twenty Thousand Dollars (\$20,000).