

ANNUAL RENEWAL FORM

Commercial Contractors

Certificate of Responsibility Number: _____

Name in Which Certificate is Issued _____

(For name changes, please contact our office)

Mailing Address: name _____

City: _____ State _____ Zip _____

Phone #: _____ Fax #: _____

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

Sales or Use Tax Number _____

Income Tax Number or Federal Tax Number _____

Liability insurance is required to renew your Certificate (\$300,000 per occurrence and \$600,000 aggregate)

Name of Insurance Company Policy Number Date of Expiration General Liability

Do you carry Workman's Compensation as required by law? _____ YES _____ NO

Financial Information:

I hereby certify that this company meets in minimum financial requirements of the State Board of Contractors and that our net worth is in excess of :

_____ \$20,000(as required for specialty classes)

_____ \$50,000(as required for major classes)

Signature of Owner or Officer

Date

Please return this form along with a check or money order in the amount of \$200.00 to: MS State Board of Contractors

215 Woodline Drive

Jackson, MS 39232

Check or Money Order # _____

Renewal Will Be Returned Unless Completely Filled Out