

RESIDENTIAL BUILDER, REMODELER, AND ROOFING ANNUAL RENEWAL FORM

Contractor License Number: _____

Name in Which Certificate is Issued _____

(For name changes, please contact our office)

Please X this box if address change

Mailing Address: Name _____

City: _____ State _____ Zip _____

Phone #: _____ Fax #: _____

Email address: _____

***Qualifying party changes: If the person who took the examinations for your company has left your employment, you must notify our office in writing. (Qualifying party must be replaced within 6(six) months of departure or license will be suspended.)**

If you have liability insurance, provide that information.

Name of Insurance Company Policy Number Date of Expiration General Liability

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

Signature of Owner or Officer

Date

* Please fill in if applicable:

President _____ Vice-president _____

Secretary _____ Treasurer _____

Partnership _____ & _____

Please return this form along with a money order in the amount of \$100.00 (\$110.00 If Expired) to:

MS State Board of Contractors

215 Woodline Drive, Suite A

Jackson, MS 39232

Check or Money Order # _____

Renewal Will Be Returned Unless Completely Filled Out