

# STATE BOARD OF CONTRACTORS

## Mailing Address Phone Number

Post Office Box 320279 Phone (601) 354-6161  
 Jackson, MS 39232-0279 Fax (601) 354-6715

## APPLICATION FOR ADDITIONAL CLASSIFICATION (S) APPLICATION FEE \$50

Attach a money order, personal, certified ir cashier's check for Fifty Dollars for each classification requested, payable to State Board of Contractors. DO NOT SEND CASH.

### TYPE OR PRINT LEGIBLY IN INK

1. Full Name of Business (As it appears on the license)		2. Income Tax I.D. Number		3. License Number
Business Mailing Address *	City	State	Zip Code	Area Code/Telephone No.

Classification requested \_\_\_\_\_

Present Classification(s) \_\_\_\_\_

List projects completed by your organization during the past three years giving complete mailing addresses.  
 pertaining to the requested additional class

YEAR	CLASS OF WORK	CONTRACT AMOUNT	LOCATION OF WORK AND FOR WHOM PERFORMED

8. **EXAM QUALIFIER INFORMATION:** The applicant may have an unlimited number of exam qualifiers for each classification. For each additional exam qualifier, make a copy of this section and complete the section for each exam qualifier who meets the requirements as indicated below. **All applicants must complete this section listing an exam qualifier for your application to be considered complete.**

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:  
 passing the technical examinations as requested above (if a test is available for the class)  
 (if you know which exam(s) , please indicate)

**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.

Applicant's Signature \_\_\_\_\_  
 Name of person authorized to sign for applicant Title: Owner, partner, or corporate officer Date