

STATE BOARD OF CONTRACTORS

Mailing Address: 215 Woodline Drive, Suite B
 P.O. Box 320279 Jackson, MS 39232
 Jackson, MS 39232-0279 Phone (601) 354-6161 Fax (601) 354-6715

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

Attach a money order, personal, certified or 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
4. Business Mailing Address *	City	State	Zip Code	Area Code/Telephone No.
5. Classification requested				
6. Present Classification(s)				
7. 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 _____ Social Security # _____
 (Individual qualifying the applicant by examination)

Home Address _____
 Street or P.O. Box Number _____ City _____ State _____ ZIP _____

Home Telephone# (____) _____ - _____ 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 _____