

**State Board of Contractors**

**P.O. Box 320279  
Jackson, MS 39232-0279  
(601) 354-6161**

**Request for Change in Qualifying Party  
or to add an additional qualifier**

Company name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Certificate of Responsibility Number \_\_\_\_\_

Company income tax identification number \_\_\_\_\_

Purpose of Request:

\_\_\_\_\_ Replacing existing qualifier, or  
\_\_\_\_\_ Additional qualifier

**EXAM QUALIFIER INFORMATION: The applicant may have an unlimited number of exam qualifiers for each classification. Please attach a separate page containing the information below for each additional exam qualifier you wish to add. This information must be provided before the examination(s) can be taken. It will be furnished to PSI who will contact the qualifying party with examination instructions.**

Name of qualifying party \_\_\_\_\_  
(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) \_\_\_\_\_ Social Security # \_\_\_\_\_

This person will qualify this company by:

- A. \_\_\_\_\_ passing the technical examinations required by the board.  
(if you know which exam(s) you wish to take, 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.**

\_\_\_\_\_  
Signature of company official Date