

**MISSISSIPPI STATE BOARD**  
*of*  
**CONTRACTORS**

**STATEMENT OF EXPERIENCE  
AND PERSONNEL**

TO BE MAILED TO THE

**STATE BOARD OF CONTRACTORS**  
ATTENTION: RESIDENTIAL DEPARTMENT  
2679 CRANE RIDGE DRIVE, SUITE C  
JACKSON, MISSISSIPPI 39216

APPLICATION FOR  
RESIDENTIAL LICENSE  
TO PRACTICE RESIDENTIAL BUILDING OR REMODELING  
IN THE STATE OF MISSISSIPPI

SUBMITTED BY \_\_\_\_\_  
(Give name in which license is to be issued)

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY STATE ZIP CODE

MAILED TEST BROCHURE: YES \_\_\_\_\_ NO \_\_\_\_\_

DATE \_\_\_\_\_ SCORE \_\_\_\_\_ CHECK # \_\_\_\_\_

FEDERAL INCOME TAX NUMBER \_\_\_\_\_

NUMBERS TO REMEMBER:  
STATE BOARD OF CONTRACTORS (601) 354-6161 OR 1-(800) 880-6161  
SECRETARY OF STATE (601) 359-1350  
STATE TAX COMMISSION (601) 923-7000

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR A  
RESIDENTIAL OR REMODELERS LICENSE

THE ORIGINAL FORMS MUST BE USED. NO SUBSTITUTE WILL BE  
ACCEPTED. THE FORM MUST INCLUDE EVERYTHING LISTED BELOW.

CHECKLIST

- HAVE THE ORIGINAL FORMS BEEN COMPLETED WITH **INK** OR  
TYPEWRITER? MAKE SURE ALL QUESTIONS ARE ANSWERED;  
WRITE NONE WHERE APPLICABLE.
- HAVE ALL SIGNATURES BEEN AFFIXED WHERE CALLED FOR  
AND NOTARIZED WHERE INDICATED?
- HAS A CHECK IN THE AMOUNT OF \$50.00 (NON REFUNDABLE)  
MADE PAYABLE TO THE STATE BOARD OF CONTRACTORS BEEN  
INCLUDED WITH THE APPLICATION?
- HAS THE REFERENCE PORTION OF THE APPLICATION BEEN  
COMPLETED WITH COMPLETE MAILING ADDRESSES AND ZIP  
CODES?
- HAVE TAX NUMBERS BEEN LISTED ON THE COVER SHEET OF  
THE APPLICATION? (FOR CORPORATIONS ONLY)
- HAS ADDITIONAL INFORMATION INCLUDING SUPPLEMENTARY  
OR EXPLANATORY NOTES BEEN INSERTED WHERE NEEDED ON  
LETTER SIZE PAPER?
- HAVE YOU INDICATED THE TYPE OF LICENSE THAT YOU ARE  
APPLYING FOR?
- DID YOU INCLUDE YOUR EMAIL ADDRESS?
- PLEASE CONTACT OUR OFFICE UPON RECEIPT OF PASSING TEST SCORE

**PLEASE CHECK TO BE SURE THAT ALL OF THE ABOVE ITEMS  
HAVE BEEN COMPLETED BEFORE MAILING!**

# INSTRUCTIONS

The State Board of Contractors has adopted the following regulations, concerning the preparation and submission of Applications for a Residential or Remodelers license..

1. Applications must be received at least thirty (30) days prior to regular Board meeting dates, which are the second Wednesday of January, April, July and October; and if the regular meeting day falls on a legal holiday, the board shall meet on the following day.
2. This form must be used. No substitute will be accepted.
3. This form must be completed with **INK** or typewriter. Only one copy need be filed.
4. All questions must be answered. All schedules must be completed; write "None" where applicable.
5. Additional information, including supplementary or explanatory notes considered necessary, may be furnished by inserting schedules where needed (Use letter size paper only).
6. Be sure that all signatures are affixed where called for and notarized where indicated.
7. A check in the amount of \$50 made payable to the State Board of Contractors should accompany this application.

Name of Applicant \_\_\_\_\_  
(Give name in which license is to be issued)

Style of Business, Check One:  Individual  Co-Partnership  Limited Partnership  Corporation  LLC

Mailing Address \_\_\_\_\_

Office Address \_\_\_\_\_ Telephone \_\_\_\_\_

**IF PARTNERSHIP:**

Name of Partners: \_\_\_\_\_  
\_\_\_\_\_  
(Use the abbreviation, "Ltd." after the name of limited partner)

**IF CORPORATION:**

State and date of Incorporation \_\_\_\_\_ Domicile \_\_\_\_\_

Has the Corporation qualified to do business in Mississippi in accordance with the laws of the State? \_\_\_\_\_ If answer is yes, give date: \_\_\_\_\_

**Name of Principal Officers:**

President \_\_\_\_\_ Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

**Names of Persons Authorized in By-Laws or Minutes of the Corporation to Bind the Corporation by His or Her Signature:**

Name	Title	Name	Title
_____	_____	_____	_____
_____	_____	_____	_____

State type of license you are applying for:  Builder  Remodeler  Roofer

Name other states in which applicant holds a contractor's license or certificate: \_\_\_\_\_  
\_\_\_\_\_

## CONTRACTOR'S STATEMENT OF EXPERIENCE

1. How many years has your organization been in business under your present business name? \_\_\_\_\_  
\_\_\_\_\_

2. How many years experience in construction work have you or your organization had as a:  
Residential Builder? \_\_\_\_\_ Residential Remodeler? \_\_\_\_\_

3. List projects completed by you giving complete mailing addresses for reference purposes:

YEAR	CONTRACT AMOUNT	STREET ADDRESS, CITY AND FOR WHOM

4. Have you or you company been adjudged bankrupt or petitioned for bankruptcy in the past seven (7) years? \_\_\_\_\_ If so, give details in full, in confidential letter.

5. Have you ever failed to complete any work awarded to you? \_\_\_\_\_ If so, where and why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? \_\_\_\_\_ If so, state name of individual, other organization, and reason therefor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Has any officer of your organization ever failed to complete a construction contract handled in his own name? \_\_\_\_\_ If so, state name of individual, name of owner, and reason therefor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Name the persons with whom you have been associated in business as partners or business associates in each of the last five years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. What is the construction experience of the principal individuals of your present organization?

INDIVIDUAL'S NAME	PRESENT POSITION OR OFFICE IN YOUR ORGANIZATION	YEARS OF CONSTRUCTION EXPERIENCE	MAGNITUDE AND TYPE OF WORK	IN WHAT CAPACITY

10. Have you ever had a building license revoked and please explain if so?

## GENERAL INFORMATION

LIST OF INSURANCE COMPANIES WITH WHOM YOU HAVE LIABILITY INSURANCE:

INSURANCE COMPANY	POLICY #	DATE OF EXPIRATION	GENERAL LIABILITY

DO YOU CARRY WORKMAN'S COMPENSATION?       YES       NO

INSURANCE COMPANY	POLICY #	DATE OF EXPIRATION	GENERAL LIABILITY

LIST ALL UNCOMPLETED JOBS YOUR ORGANIZATION NOW HAS UNDER CONTRACT.

NAME OR OWNER OR CONTRACTING OFFICER	PROJECT NO. AND LOCATION	CLASS OF WORK	PERCENT COMPLETE	CONTRACT AMOUNT

**REFERENCES:**

Architects or Engineers for whom you have completed work:

Name	Street	City & State	Zip
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Name	Street	City & State	Zip
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Bank

Name	Street	City & State	Zip
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Material Supply Dealers:

Name	Street	City & State	Zip
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Name	Street	City & State	Zip
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Name	Street	City & State	Zip
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Name	Street	City & State	Zip
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The undersigned hereby declares: that the foregoing is a true statement of the experience of the individual, co-partnership or corporation herein first named, as of the date herein first given; that this statement is for the express purpose of inducing the Mississippi State Board of Contractors, to whom it is submitted to license (or renew its license) as a contractor; and that any depository, vendor or other agency herein named is hereby authorized to supply such Board with any information necessary to verify this statement.

SIGN HERE \_\_\_\_\_

**Note:** A co-partnership must give the firm name, and all partners must affix their signatures hereto. A corporation must give full corporate name, signature of official and affix corporate seal.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT FOR INDIVIDUAL**

STATE OF \_\_\_\_\_  
Parish \_\_\_\_\_  
County \_\_\_\_\_  
of \_\_\_\_\_ } ss.

\_\_\_\_\_, being duly sworn, deposes and says: That the foregoing statement of experience and all statements therein contained are true and correct as of the date thereof and that the answers to the foregoing interrogatories are true.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Applicant must also sign here)

**AFFIDAVIT FOR CO-PARTNERSHIP**

STATE OF \_\_\_\_\_  
Parish \_\_\_\_\_  
County \_\_\_\_\_  
of \_\_\_\_\_ } ss.

\_\_\_\_\_, being duly sworn, deposes and says: That he is a member of the firm of \_\_\_\_\_, that the foregoing statement of experience and all statements therein are true and correct as of the date thereof and that the answers to the foregoing interrogatories are true.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Members of firm must also sign here)

**AFFIDAVIT FOR CORPORATION**

STATE OF \_\_\_\_\_  
Parish \_\_\_\_\_  
County \_\_\_\_\_  
of \_\_\_\_\_ } ss.

\_\_\_\_\_, being duly sworn, deposes and says: That he is the \_\_\_\_\_ of the \_\_\_\_\_ the corporation described in and which executed the foregoing statement; that the foregoing statement of experience and all statements therein contained are true and correct as of the date thereof and that the answers to the foregoing interrogatories are true.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Officer must also sign here)