

MISSISSIPPI STATE BOARD OF CONTRACTORS

215 Woodline Drive, Ste. B
Jackson, Mississippi 39232

CONTRACTORS LICENSE APPLICATION RECIPROCITY INFORMATION

The State of Mississippi has entered into reciprocal agreements with the following states:

Arkansas Contractors Licensing Board
Louisiana Licensing Board for Contractors
Tennessee Board for Licensing General Contractors
South Carolina Contractors Licensing Board

This agreement only pertains to examinations and does not minimize the ability of the State of Mississippi to investigate the applicant in any way. The contractor must make application to the Mississippi Board of Contractors and meet all other requirements of the board before a Certificate of Responsibility Number will be issued.

In order for the Mississippi Board to consider reciprocity for a company, the following requirements must be met.

1. A contractor must **complete and submit an application along with all financial Requirements** and must **hold a current license for the past 3 consecutive years within one of the states named above**. The contractor must **be free of any disciplinary actions** taken against it during the 3 year consecutive period of licensure.
2. **The applicant must show proof of licensure in a reciprocal state by providing the completed verification form (attached)**. The Mississippi State Board of Contractors retains the authority to require the applicant to provide all necessary information to show cause for the issuance of a contractor's license in this state.
3. To request waiver of the Mississippi Business and Law exam, the applicant **must complete the affidavit**.

NOTE: Applicant must complete Part 1 of the attached verification form and mail to one of the above named states. This reciprocity agreement does not apply to any states or agencies not listed above.

AFFIDAVIT

I, _____, state on oath and affirm:
(name)

1. I am _____ of _____
(Position) (Name of Company)

I am currently a licensed contractor under the laws of _____.
(State)

I have been a licensed contractor for _____.
(Number of Years)

2. I am seeking to licensed as a contractor in the State of Mississippi under its reciprocal agreement with _____. I certify that I meet all requirements of the reciprocal agreement.
(State)

3. Although I am not required to pass a Business and Law Examination before becoming licensed in Mississippi, I recognize that I am not exempted from the laws of the State. By executing this affidavit, I agree to comply with all laws and regulations of the State of Mississippi and its agencies, including, but not limited to the Department of Finance and Administration, Employment Security Division, Mississippi Worker's Compensation, and all other applicable agencies.

State of _____
County of _____

Sworn before me this _____ day
Of _____ 2002

Notary Public
Commission expires _____

Signature of affidavit

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I. REQUEST FOR VERIFICATION OF LICENSE

*Instructions to Applicant for Verification: Complete the top portion of this request.
Mail to the state in which you now hold a license for completion of Part II*

COMPANY/INDIVIDUAL NAME _____
STREET ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
LICENSE NUMBER _____

I am requesting licensure in the State of Mississippi. Please verify my licensure in your state.

Signature of Applicant

II. VERIFICATION OF LICENSE

*To verifying State: Please furnish the information requested and sign. Return the document
To the applicant to be included in his application.*

Company/individual name _____

License Number _____ **Date License was first issued** _____ **Expiration date** _____

Classification(s) Held _____

Licensed By: _____ **Waiver (basis of Waiver)** _____

_____ **Endorsement from What State** _____

_____ **Exam. Name of Qualifying Party** _____

Type of Exam(s) taken (e.g. PSI, Exporior, In-house) _____

Exams taken and scores _____

Disciplinary Action: _____

Signature _____
Title _____

Agency _____

Seal