

MISSISSIPPI STATE BOARD OF CONTRACTORS

POST OFFICE BOX 320279
JACKSON, MS 39232-0279

CONTRACTORS LICENSE APPLICATION RECIPROCITY INFORMATION

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

Alabama General Contractors Board

Alabama Board of Heating and Air Conditioning Contractors

Alabama Electrical Board

Arkansas Contractors Licensing Board

Louisiana Licensing Board for Contractors

Tennessee Board for Licensing General Contractors

South Carolina Contractors Licensing Board - Building (unlimited), master electrician exams only.

This agreement only pertains to trade 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 boards 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 with one of the boards referenced above 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.

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.

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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 _____ Current Status _____

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. nai, Block, In-house) _____

Exams taken and scores _____

Disciplinary Action: _____

Signature

Title _____

Agency _____