

icial Use Only						
\$100.00 FOR EACH CLASSIFICATION REQUESTED						
🗆 Check #	Money Order					
Date Received Stamped Here:						
	\$100.00 FOR EACH CLASSIFICA □ Check #					

AP	PLICATION	ON FOR ADD	DITIONAL CLASS	FICATION	
COMPLETE THIS FORM TO ADD A IS \$100.00. RETURN THE COM PERSONAL CHECK, CERTIFIED CHI	PLETED FORM	WITH THE REQUIRE	D FEE TO MSBOC. FORMS		
		SECTION 1: IDENT	TIFYING INFORMATION		
Number as it currently appear	rs on certifica	te of licensure:			
Name as it currently appears of	on certificate	of licensure:			
Contact information for perso making request	n	NAME	ADDRESS	TELEPHONE	EMAIL
Address to mail info, if testing required		STREET NO.	CITY	STATE	ZIP
		SECTION 2: CLAS	SIFICATION REQUESTED		
THE FOLLOWING INFORMATION IS R ONE CLASSIFICATION TO BE ADDED CLASSIFICATION YOU WISH TO ADD. CLASSIFICATION	TO A CERTIFICAT	TE OF LICENSURE, MAKE	E COPIES OF THIS FORM AND C	OMPLETE THE REQUESTED INFO	
REQUESTED					
	SECTION 3	: QUALIFYING PAR	TY INFORMATION AND E	XPERIENCE	
THE QUALIFYING PARTY IS THE IND DIFFERENT QUALIFYING PARTIES FOR STAFF, OR A RESPONSIBLE MANAGIN THE WORK IN THE STATED CLASSIFIC. PROOF OF EMPLOYMENT INCLUDE A PARTY TERMINATES EMPLOYMENT WHOLDER. THE LICENSE HOLDER HAS SUBJECT THE LICENSE HOLDER TO DIS	EACH EXAM. TI IG EMPLOYEE. T ATION. THE LICE CHECK STUB OR VITH A LICENSE F NINETY (90) DAY	HE QUALIFYING PARTY V THE QUALIFYING PARTY ENSE HOLDER MUST PRO W-2 FORM OR ARTICLES HOLDER, MSBOC MUST E TS TO REPLACE A QUALIF	WHO SITS FOR AN EXAM MUST I MUST HAVE THE EXPERIENCE, I DVIDE PROOF OF EMPLOYMENT S OF INCORPORATION LISTING T BE NOTIFIED IN WRITING IMMEI	BE AN OWNER, OFFICER, MEMBI KNOWLEDGE AND SKILLS TO SUF OF THE QUALIFYING PARTY. AC HE INDIVIDUAL AS AN OFFICER. DIATELY BY THE QUALIFYING PAI	ER OF THE EXECUTIVE ERVISE OR PERFORM CEPTABLE FORMS OF WHEN A QUALIFYING RTY AND THE LICENSE
NAME:		SOCIAL SECURITY	NO.:	JOB TITLE:	
IS INDIVIDUAL A QUALIFYING	PARTY CURRI	NTLY ASSOCIATED	WITH THE CERTIFICATE O	F LICENSURE?	
			MUST ALSO COMPLETE A CHANGE IN QUALIFYING		
PROOF OF EMPLOYMENT ATT	ACHED:	□ check stub	□ W-2 form	□ articles of inc	orporation
LIST PROJECTS COMPLETED BY REQUESTED.	Y QUALIFYING	S PARTY LISTED ABO	OVE DEMONSTRATING EXI	PERIENCE IN THE CLASSIFI	CATION
1.					
2.					
3.					
Name of person making request.	/Title	Signature of perso	on making request	 Date	