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| For MSBOC Official Use Only   |
| \$25.00 Fee Received: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order |
| Date Received Stamped Here:   |

## APPLICATION FOR CHANGE IN QUALIFYING PARTY

THE QUALIFYING PARTY IS THE INDIVIDUAL WHO TAKES THE REQUIRED EXAM(S). A LICENSE HOLDER MAY HAVE MULTIPLE QUALIFYING PARTIES AND/OR DIFFERENT QUALIFYING PARTIES FOR EACH EXAM. THE QUALIFYING PARTY WHO SITS FOR AN EXAM MUST BE AN OWNER, OFFICER, MEMBER OF THE EXECUTIVE STAFF, OR A RESPONSIBLE MANAGING EMPLOYEE. THE QUALIFYING PARTY MUST HAVE THE EXPERIENCE, KNOWLEDGE AND SKILLS TO SUPERVISE OR PERFORM THE WORK IN THE STATED CLASSIFICATION. THE LICENSE HOLDER MUST PROVIDE PROOF OF EMPLOYMENT OF THE QUALIFYING PARTY. ACCEPTABLE FORMS OF PROOF OF EMPLOYMENT INCLUDE A CHECK STUB OR W-2 FORM OR ARTICLES OF INCORPORATION LISTING THE INDIVIDUAL AS AN OFFICER. WHEN A QUALIFYING PARTY TERMINATES EMPLOYMENT WITH A LICENSE HOLDER, MSBOC MUST BE NOTIFIED IN WRITING IMMEDIATELY BY THE QUALIFYING PARTY AND THE LICENSE HOLDER. THE LICENSE HOLDER HAS NINETY (90) DAYS TO REPLACE A QUALIFYING PARTY. FAILURE TO NOTIFY MSBOC WHEN A QUALIFYING PARTY HAS LEFT MAY SUBJECT THE LICENSE HOLDER TO DISCIPLINARY ACTION.

### SECTION 1: IDENTIFYING INFORMATION

Number as it appears on certificate of licensure:

Name as it appears on certificate of licensure:

### SECTION 2: REASON FOR REQUEST

**Add qualifying party** – check this box if you want to add an additional qualifying party to the license. **Complete Section 3 also.**

**Replace qualifying party** – Check this box if the existing qualifying party is no longer associated with the license and needs to be replaced with someone new. **Complete Section 3 also.**

**Remove qualifying party** – Check this box if the existing qualifying party is no longer associated with the license and needs to be removed.

Name to remove: Date of disassociation:

Name to remove: Date of disassociation:

### SECTION 3: COMPLETE THIS SECTION TO ADD A QUALIFYING PARTY

Name of individual to be added as qualifying party:

Social Security Number  
of individual to be added:

Job Title:

Proof of employment attached:    check stub                       W-2 form                       articles of incorporation

Exam to be taken:    Law and Business Management Exam       Trade Exam \_\_\_\_\_  
List name of exam to be taken

List construction experience of the individual to be added.      Years of Experience      Type of Work

Has individual been connected to another license issued by MSBOC or any other state? If so, provide the name of the state that issued the license, the license number, and current status of license. (i.e., current, expired, revoked, inactive, etc.) ATTACH COPIES OF ANY AND ALL OTHER LICENSES HELD.)

Has individual ever been the subject of disciplinary action by MSBOC or any other state, county, parish or municipality? If so, please explain.

Has individual ever been arrested, charged, plead guilty or been convicted of any charges relating to bid rigging or home repair fraud? If so, please explain.

Has individual ever failed to complete a construction contract or any work awarded? If so, please explain.

Name of person making request/Title      Signature of person making request      Date