



COMMERCIAL APPLICATION

Submit Application, Fee, and Required Documentation to:

MSBOC
P.O. Box 320279
Jackson, MS 39232-0279

**Applications not completed within 180 days will be destroyed
The application fee is non-refundable**

Physical Address: 2679 Crane Ridge Dr., Ste. C, Jackson, MS 39216 · 601-354-6161 · Fax 601-354-6715 ·
Toll Free (800) 880-6161 · Website www.msdoc.us

INSTRUCTIONS AND OTHER IMPORTANT INFORMATION

Please read carefully before beginning the application process

- Applicants are encouraged to watch a brief instructional video at www.msbooc.us prior to beginning the application process. Doing so may save the applicant valuable time and reduce the rate of rejection.
- Please type or print clearly in ink. **All questions must be answered.** Write “N/A” where not applicable. Additional information, including supplementary or explanatory notes may be furnished by inserting where needed.
- Be sure that all signatures are affixed and **notarized** where indicated.
- If applicant is a corporation or LLC, applicant must be registered with the MS Secretary of State’s office and provide proof of good standing. To contact the Mississippi Secretary of State’s office please call (601) 359-1350 or visit www.sos.ms.gov. **The name on your application for licensure must match exactly with the name registered with the Mississippi Secretary of State’s office.**
- Applicant must furnish a Mississippi sales tax number or a Mississippi use tax number. To obtain a number you may contact the MS Department of Revenue at (601) 923-7000 or visit www.dor.ms.gov. Applicant must also furnish a Mississippi Income Tax I.D. Number or Federal Income Tax I.D. number.
- Applicant must provide a certificate of general liability insurance coverage showing current minimum coverage of Three Hundred Thousand Dollars (\$300,000) per occurrence and Six Hundred Thousand Dollars (\$600,000) aggregate. The certificate of coverage should indicate MS State Board of Contractors is to be notified in the event of cancellation of coverage by listing MSBOC as certificate holder. The name listed as insured on the certificate of coverage must match exactly the name in which the license is to be issued.
- Applicant must provide a certificate of insurance showing current workers’ compensation coverage **if applicant has 5 or more employees.**
- Applicant must provide three (3) reference letters. One (1) reference letter must be from the bank; the other two (2) reference letters can be from anyone worked with/for on construction related projects.
- Applicant must show experience in the classification(s) of work requested. Please list at least 3 jobs completed in the requested classification. (For example, if applicant is requesting the classification of Electrical, applicant would list 3 electrical jobs completed.)
- Applicant must provide proof of employment of the qualifying party. (Acceptable forms of proof of employment include check stub, W2 form, or articles of incorporation listing individual as an officer.)

- Applicant must provide a **reviewed or audited financial statement prepared and signed by a certified public accountant completed within the last twelve (12) months. A compilation will not be accepted.** (See Appendix C for example.) Applicants for a major classification must demonstrate a net worth of at least Fifty Thousand Dollars (\$50,000). All other applicants must demonstrate a net worth of at least Twenty Thousand Dollars (\$20,000).
- The application fee is \$400 which includes one classification. Please add \$100 for each additional classification requested. Make checks payable to Mississippi State Board of Contractors (MSBOC).
- **EXAMINATION:** All applicants are required to take a Law and Business Management exam. In addition, applicants must take a trade exam, if one is required. (For a complete listing of exams refer to Appendix A.) To be eligible to take an exam, the qualifying party information portion of the application must be completed for each person to be tested. MSBOC will furnish applicant a PSI Candidate Information Bulletin and exam registration instructions upon receipt of a completed application. All exams are administered by PSI. The PSI Candidate Information Bulletin contains all the information for registering for and scheduling an exam. It also provides a listing of exam reference materials and exam content outlines. The Board will notify PSI of your eligibility and PSI will email you a confirmation notice. Scheduling the exam will not be allowed until you receive this confirmation. Please refer to the PSI Candidate Information Bulletin for exam locations and scheduling the exam. ****For applicants applying for the Fire Sprinkler classification, the exam qualifier must hold a NICET Level III certification.**
- **RECIPROCTIY:** If applicant has held a license in a comparable classification for three (3) consecutive years with one of the boards listed below, applicant may be eligible to waive the trade exam through reciprocity. **Please note that reciprocity applies to waiver of a trade exam only; it does not waive any other application requirements or review by the Board.** Some classifications of licensure may not be waived for various reasons depending on the state applicant is reciprocating from. There is a \$50 fee for EACH exam waived. Each state has different stipulations regarding reciprocity. Applicant must submit a Reciprocity Verification Form (See Appendix D) completed by the board that applicant is reciprocating from. *See the FAQ section on our website at www.msdoc.us for up to date reciprocity information and more info.* **MSBOC has reciprocity agreements with the following:**

Alabama General Contractors Board

Alabama Electrical Board

Alabama Board of Heating and Air Conditioning Contractors

Arkansas Contractor Licensing Board

Georgia Board of Residential and General Contractors

Louisiana Licensing Board for Contractors

North Carolina Electrical Contractors Board

South Carolina Board for Licensing Contractors

Tennessee Board for Licensing General Contractors

Information provided in this application may be subject to disclosure pursuant to the Mississippi Public Records Act. Access to and/or production of records maintained by this agency is governed by Miss. Code Ann. §25-61-1, et seq.

MSBOC OFFICIAL USE ONLY – COMMERCIAL APPLICATION	
FEE SUBMITTED WITH APPLICATION: AMOUNT: \$ _____ <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> MONEY ORDER	DATE APPLICATION RECEIVED STAMPED HERE:

Section 1: Identifying Information

PRINT NAME OF COMPANY OR NAME OF INDIVIDUAL (IF APPLYING AS A SOLE PROPRIETOR) AS YOU WISH IT TO APPEAR ON THE CERTIFICATE OF LICENSURE. IF APPLYING AS A CORPORATION, LLC, OR LLP, YOU MUST STATE THE EXACT NAME AS REGISTERED WITH THE MISSISSIPPI SECRETARY OF STATE. ALL REQUESTED ATTACHMENTS MUST MATCH THAT NAME ALSO. APPLICANTS MUST CONDUCT BUSINESS UNDER THE EXACT NAME SHOWN UPON THE CERTIFICATE OF LICENSURE.

Name:		
Mailing Address:		
City:	State:	ZIP Code:
Physical Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Email: Website Address:
		Applicant must provide a valid email address. This email address will be used to receive important information and notifications from MSBOC and PSI testing center.

TAX IDENTIFICATION NUMBER(S)

FOR INFORMATION ABOUT OBTAINING A MS SALES TAX NUMBER, MISSISSIPPI USE TAX NUMBER OR MISSISSIPPI INCOME TAX I.D. NUMBER CONTACT THE MISSISSIPPI DEPARTMENT OF REVENUE AT (601) 923-7000 WWW.DOR.MS.GOV. FOR INFORMATION ABOUT OBTAINING A FEDERAL INCOME TAX I. D. NUMBER CONTACT THE IRS AT (800) 829-4933 WWW.IRS.GOV.

MS Sales Tax Number or Use Tax Number	MS Income Tax I.D. Number or Federal Income Tax I.D. Number
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MINORITY STATUS
Does applicant wish to be noted as a minority contractor? (MSBOC is not responsible for verifying minority status.) <input type="checkbox"/> Yes <input type="checkbox"/> No

TYPE OF BUSINESS

<input type="checkbox"/> Individual/Sole Proprietor			
<input type="checkbox"/> Corporation	If Corporation, list name and title (president, secretary, treasurer) of officers. Corporations must be registered with the Mississippi Secretary of State and provide proof of good standing. www.sos.ms.gov		
Name	Title	Name	Title
Name	Title	Name	Title
<input type="checkbox"/> Limited Liability Company (LLC)	If LLC, list name and title (president, secretary, treasurer) of officers or members. LLCs must be registered with the Mississippi Secretary of State and provide proof of good standing. www.sos.ms.gov		
Name	Title	Name	Title
Name	Title	Name	Title
<input type="checkbox"/> Limited Liability Partnership (LLP)	If LLP, list name and type (limited, general) of partners. LLPs must be registered with the Mississippi Secretary of State and provide proof of good standing. www.sos.ms.gov		
Name	Type	Name	Type
Name	Type	Name	Type
<input type="checkbox"/> Limited Partnership	List name and type (limited, general) of partners.		
Name	Type	Name	Type
Name	Type	Name	Type
<input type="checkbox"/> Other	Explain:		

SUBSIDIARY AND AFFILIATED COMPANIES

NAME AND ADDRESS	EXPLAIN IN DETAIL THE CONNECTION WITH THIS COMPANY

Section 2: Qualifying Party Information

THE QUALIFYING PARTY IS THE INDIVIDUAL WHO TAKES THE REQUIRED EXAM(S). AN APPLICANT 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. APPLICANT MUST PROVIDE PROOF OF EMPLOYMENT OF THE QUALIFYING PARTY. ACCEPTABLE FORMS OF PROOF OF EMPLOYMENT INCLUDE A CHECK STUB OR W-2 FORM. PLEASE COMPLETE THE QUALIFYING PARTY INFORMATION BELOW FOR EACH QUALIFYING PARTY TAKING AN EXAM. *FOR A COMPLETE LISTING OF EXAMS OFFERED PLEASE SEE APPENDIX A. **FOR APPLICANTS APPLYING FOR THE **FIRE SPRINKLER** CLASSIFICATION, THE EXAM QUALIFIER MUST HOLD A NICET LEVEL III CERTIFICATION.

Name of Qualifying Party:

Qualifying Party's Social Security Number	Job Title:	Date Hired:
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Proof of employment attached: check stub W-2 form

Exam to be taken: Law and Business Management Exam Trade Exam Exam Name

Name of Qualifying Party:

Qualifying Party's Social Security Number	Job Title:	Date Hired:
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Proof of employment attached: check stub W-2 form

Exam to be taken: Law and Business Management Exam Trade Exam Exam Name

Name of Qualifying Party:

Qualifying Party's Social Security Number	Job Title:	Date Hired:
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Proof of employment attached: check stub W-2 form

Exam to be taken: Law and Business Management Exam Trade Exam Exam Name

Name of Qualifying Party:

Qualifying Party's Social Security Number	Job Title:	Date Hired:
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Proof of employment attached: check stub W-2 form

Exam to be taken: Law and Business Management Exam Trade Exam Exam Name

Name of Qualifying Party:

Qualifying Party's Social Security Number	Job Title:	Date Hired:
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Proof of employment attached: check stub W-2 form

Exam to be taken: Law and Business Management Exam Trade Exam Exam Name

Section 3: Background Information

ANSWER EACH OF THE FOLLOWING QUESTIONS. IF A QUESTION DOES NOT APPLY, ENTER "N/A". IF A SPACE PROVIDED IS NOT SUFFICIENT, ATTACH SEPARATE SHEET(S). MISREPRESENTATIONS OF INFORMATION SHALL BE DEEMED SUFFICIENT CAUSE FOR DENIAL OF APPLICATION OR REVOCATION OF LICENSE AND/OR SUBJECT TO CRIMINAL PROSECUTION FOR MAKING FALSE OFFICIAL STATEMENTS IN ACCORDANCE WITH MISSISSIPPI LAW.

Is applicant (or any officer, partner or qualifying party) currently licensed by **MSBOC**? If so, provide license number

Has applicant (or any officer, partner or qualifying party) been connected with another license issued by **MSBOC**? If so, provide name and license number.

Has applicant (or any officer, partner or qualifying party) ever held a contractor's license in **another state**? If so, provide the name of the state that issued the license, when license was issued, and current status of license, i.e., current, expired, revoked, inactive, etc. ATTACH COPIES OF ANY AND ALL OTHER LICENSES HELD.

Has applicant (or any officer, partner or qualifying party) ever had a license application or registration denied, suspended or revoked by MSBOC or any other state, county, parish or municipality? If so, please explain.

Has applicant (or any officer, partner or qualifying party) ever been the subject of disciplinary action by this agency or any other state, county, parish or municipality? If so, please explain.

Has applicant (or any officer, partner or qualifying party) ever been adjudged bankrupt or filed for bankruptcy in the past seven (7) years? _____ If so, please explain.

Has applicant (or any officer, partner, qualifying party, or employee) 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 applicant (or any officer, partner, or qualifying party) ever failed to complete a construction contract or any work awarded? If so, please explain.

Section 4: Type of License and Construction Experience

INDICATE TYPE(S) OF WORK FOR WHICH YOU ARE SEEKING A LICENSE: FOR A COMPLETE LIST OF CLASSIFICATIONS SEE APPENDIX A. YOU CAN CHOOSE A MAJOR CLASSIFICATION OR A SPECIALTY CLASSIFICATION OR BOTH.

MAJOR	SPECIALTY
<input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> HEAVY <input type="checkbox"/> HIGHWAY <input type="checkbox"/> MECHANICAL <input type="checkbox"/> MUNICIPAL	<input type="checkbox"/> OTHER – BRIEFLY DESCRIBE WORK TO BE PERFORMED:

List projects applicant has **completed** during the past three (3) years:

YEAR WORK PERFORMED	PROJECT NAME/LOCATION	TYPE OF WORK	CONTRACT AMOUNT	PROJECT NO.

List all **incomplete** projects currently under contract by applicant:

PROJECT NAME/LOCATION	TYPE OF WORK	CONTRACT AMOUNT	PERCENT COMPLETE	NAME OF OWNER OR CONTRACTING OFFICER

State the construction experience of the principal individuals (Owner, Officer, Qualifying Party) in your organization below:

INDIVIDUAL'S NAME	PRESENT POSITION OR OFFICE IN ORGANIZATION	YEARS OF CONSTRUCTION EXPERIENCE

List of Surety Companies you have done business with during the last three (3) years, if applicable:

SURETY COMPANY	NAME OF STATE OR OWNER OF CONTRACT	DATE COMPLETED	PROJECT NO	AMOUNT

Section 5: Consent and Release of Information and Affidavit

The Release of Information and Affidavit below must be completed and notarized. Rule 30-9-802:1.1.3.5 states: Should any information contained in any application or presented at an oral interview for a Certificate of Responsibility be found by the State Board of Contractors to be false, such Certificate of Responsibility so issued or application being considered shall thereupon be terminated and withdrawn. No certificate holder or applicant shall be issued a renewal of or an initial Certificate of Responsibility until a period of five (5) years has expired after the date of such termination or withdrawal.

RELEASE OF INFORMATION

Name of Applicant _____, does hereby authorize any depository, vendor, or agency herein named to release information and records to verify the statements made in this application to MSBOC at P. O. Box 320279, Jackson, MS 39232-0279.

AFFIDAVIT

STATE OF _____

PARISH OR COUNTY OF _____

I, _____, being first duly sworn, did depose and say on oath as follows:

I certify under penalty of perjury under the laws of the State of Mississippi that all statements, answers and representations in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application.

Signature of Applicant, Officer, or Qualifying Party

Sworn to before me this ____ day of _____.

Notary Public

My commission expires: _____

Section 6: Required Items Checklist

ALL INFORMATION LISTED BELOW IS REQUIRED PRIOR TO ANY APPLICATION BEING PRESENTED TO THE BOARD FOR APPROVAL

- _____ Application Fee (\$400 for one classification plus \$100 for each additional classification)
- _____ Proof of employment for each qualifying party. (Check stub or W2 required.)
- _____ 3 Reference letters. One reference letter **must** be from your bank or financial institution. (See Appendix B for example and additional information.)
- _____ Reviewed or Audited Financial Statement. **A Compilation will not be accepted.** (See Appendix C for example and additional information.)
- _____ Certificate of insurance showing current general liability coverage of \$300,000 per occurrence and \$600,000 aggregate. MSBOC must be listed on the policy to be notified in the event of cancellation of coverage. Certificate must include policy number, coverage dates and coverage amounts. Name on certificate of coverage must match name on application.
- _____ Certificate of worker's compensation insurance coverage. *This only applies if applicant has 5 or more employees.
- _____ Certificate showing proof of good standing with the Mississippi Secretary of State. *This only applies if applicant is a corporation, LLC, or LLP.
- _____ Mississippi Sales Tax Number or Mississippi Use Tax Number
- _____ Mississippi Income Tax I. D. Number or Federal Income Tax I. D. Number
- _____ Affidavit (page 9) notarized.
- _____ Proof of NICET Level III certification (for Fire Sprinkler applicants only)

APPENDIX A

Exams and Classifications

MAJOR CLASSIFICATIONS ARE **UNDERLINED**. HOLDING A MAJOR CLASSIFICATION ENTITLES THE LICENSE HOLDER TO PERFORM THE SPECIALTY CLASSIFICATIONS NOTED BENEATH EACH MAJOR CLASSIFICATION CATEGORY. APPLICANTS WHO DO NOT DESIRE A MAJOR CLASSIFICATION MAY CHOOSE AN UNLIMITED NUMBER OF SPECIALTY CLASSIFICATIONS. ONE SELECTION IS INCLUDED WITH THE APPLICATION FEE, BUT EACH ADDITIONAL SELECTION REQUIRES AN ADDITIONAL \$100.00 FEE. CLASSIFICATIONS THAT REQUIRE AN EXAM ARE NOTED IN **RED**. ASTERISKS* INDICATE POSSIBLE ADDITIONAL REQUIREMENTS FROM OTHER STATE AGENCIES. SEE BELOW FOR DETAILS. PLEASE CONTACT A LICENSING AGENT FOR QUESTIONS OR ADDITIONAL INFORMATION.

<ul style="list-style-type: none"> • BUILDING CONSTRUCTION • ACCESS FLOORING • ACOUSTICAL AND DRYWALL TREATMENT • AIR POLLUTION CONTROL • ATHLETIC FIELDS AND GOLF COURSES • BLEACHERS AND GRANDSTANDS • CABINETS AND MILLWORK • CARPENTRY • CHEMICAL CLEANING • CLEARING, GRUBBING AND SNAGGING • CONCRETE • CONCRETE PAVING • CONSTRUCTION MANAGEMENT • CONVEYOR SYSTEMS* • CRANE CONSTRUCTION AND REPAIR • CULVERTS AND DRAINAGE STRUCTURES • DEMOLITION** • DETENTION EQUIPMENT • ELEVATED STORAGE TANKS • ELEVATORS AND ESCALATORS* • EXCAVATION, GRADING AND DRAINAGE • EXTERIOR INSULATED FINISH SYSTEMS • FENCING • FIRE PROTECTION (OTHER THAN FIRE SPRINKLER WORK) • FIREPROOFING • FLOOR COVERING • FOUNDATIONS FOR BUILDINGS, EQUIPMENT AND MACHINERY • FOUNDATIONS, CAISSONS, PILE DRIVING • FRAMING • GLASS, GLAZING, WINDOWS AND SKYLIGHTS • HAZARDOUS MATERIALS, ABATEMENT, CLEAN UP, REMOVAL OR REMEDIATION** • HYDROBLASTING AND SANDBLASTING • INCINERATOR CONSTRUCTION • INDUSTRIAL PAINTING • INSTALLATION OF CONSTRUCTION SPECIALTIES, FURNITURE, AND EQUIPMENT • INSTALLATION OF LININGS AND COATINGS • INSULATION - WALLS, ATTICS, EXTERIOR • INTERIOR FINISHING • LANDSCAPING, GRADING AND BEAUTIFICATION*** • LATHING, PLASTERING AND STUCCO • LEAD BASE PAINT ABATEMENT ** • MARINE CONSTRUCTION • MASONRY, BRICK AND STONE • METAL BUILDINGS • MILLWRIGHT • MODULAR OR MOBILE STRUCTURES 	<ul style="list-style-type: none"> • ORNAMENTAL IRON, STEEL BUILDINGS, MISCELLANEOUS METAL • PAINT AND WALL COVERING • PASSENGER BOARDING BRIDGES • PLAYGROUND EQUIPMENT AND RECREATION EQUIPMENT • PRE-CAST ERECTION • REFRACTORY WORK • REMODELING • RIGGING, HOUSE MOVING, WRECKING AND DISMANTLING • ROOFING, SHEET METAL AND SIDING • SCAFFOLDING • SHEETMETAL • SIGN ERECTION • SOLAR AND WIND CONSTRUCTION • STRUCTURAL STEEL • SWIMMING POOLS • TILE AND MARBLE • TOWERS • UNDERGROUND STORAGE TANKS** • WELDING <ul style="list-style-type: none"> • ELECTRICAL • ALARM SYSTEMS, ACCESS SYSTEMS, AND SECURITY EQUIPMENT * • COMMUNICATION SYSTEMS AND LOW VOLTAGE ELECTRICAL • ENERGY MANAGEMENT • INSTALLATION OF AUTOMATED METER READING EQUIPMENT • INSTRUMENTATION - ELECTRICAL • TELECOMMUNICATIONS • TRANSMISSION AND DISTRIBUTION LINES (ELECTRICAL) • TURBINE GENERATOR MAINTENANCE AND REPAIR • UNDERGROUND CABLE INSTALLATION • TRAFFIC CONTROL (ELECTRICAL) <ul style="list-style-type: none"> • HIGHWAY STREET AND BRIDGE CONSTRUCTION • ASPHALT MILLING AND RECYCLING • ASPHALT PAVING • ATHLETIC FIELDS AND GOLF COURSES • BORING AND TUNNELING • BRIDGE PAINTING • BRIDGES • CHEMICAL CLEANING • CLEARING, GRUBBING AND SNAGGING • CONCRETE • CONCRETE PAVING • CRACK SEALING/ PAVEMENT SEALANTS • CRANE CONSTRUCTION AND REPAIR • CULVERTS AND DRAINAGE STRUCTURES • DEMOLITION** • EROSION CONTROL • EXCAVATION, GRADING AND DRAINAGE • FENCING • FOUNDATIONS, CAISSONS, PILE DRIVING • GRINDING, GROVING AND GROUTING – ROADS • HERBICIDE APPLICATION**** • HYDROBLASTING AND SANDBLASTING 	<ul style="list-style-type: none"> • LANDSCAPING, GRADING AND BEAUTIFICATION*** • MOWING • RIGHT OF WAY CLEARING • ROAD SWEEPING • SEAL COATING • SOIL DRAINAGE WICKS • TRAFFIC CONTROL, SIGNS, STRIPING, GUARDRAILS (NON-ELECTRICAL) <ul style="list-style-type: none"> • HEAVY CONSTRUCTION • BORING AND TUNNELING • CHEMICAL CLEANING • CLEARING, GRUBBING AND SNAGGING • CONCRETE • CONVEYOR SYSTEMS* • CRANE CONSTRUCTION AND REPAIR • CULVERTS AND DRAINAGE STRUCTURES • DAMS, RESERVOIRS, FLOOD CONTROL WORK • DEMOLITION** • DIRECTIONAL BORING AND PIPE INSTALLATION • DREDGING • ELEVATED STORAGE TANKS • EROSION CONTROL • EXCAVATION, GRADING AND DRAINAGE • FENCING • FIREPROOFING • FOUNDATIONS FOR BUILDINGS EQUIPMENT AND MACHINERY • FOUNDATIONS, CAISSONS, PILE DRIVING • FUELING SYSTEMS • GEOTEXTILE AND MEMBRANE LININGS • GRAIN ELEVATORS AND SILOS* • INCINERATOR CONSTRUCTION • INSTALLATION OF CONSTRUCTION SPECIALTIES, FURNITURE, AND EQUIPMENT • INSTALLATION OF LININGS AND COATINGS • IRRIGATION SYSTEMS • LEVEES • MARINE CONSTRUCTION • MILLWRIGHT • OIL FIELD CONSTRUCTION • OIL REFINERIES • ORNAMENTAL IRON, STEEL BUILDINGS, MISCELLANEOUS METAL • PIPELINE CONSTRUCTION • RAILROAD CONSTRUCTION • RETENTION SYSTEMS • RIGGING, HOUSE MOVING, WRECKING AND DISMANTLING • SLURRY CONSTRUCTION • STRUCTURAL STEEL • TANKS AND VESSELS** • WATERPROOFING • WELDING <ul style="list-style-type: none"> • MECHANICAL • AIR POLLUTION CONTROL • BOILER INSTALLATION AND REPAIR 	<ul style="list-style-type: none"> • CATHODIC PROTECTION • DETENTION EQUIPMENT • DUCTWORK FOR HEATING, A/C AND VENTILATION • ENERGY MANAGEMENT • FUELING SYSTEMS • HEAT, A/C, VENTILATION, (HVAC) • HEAT EXCHANGERS AND REPAIRS • INCINERATOR CONSTRUCTION • INSTRUMENTATION, CONTROLS AND ENERGY MANAGEMENT - MECHANICAL • INSULATION - PIPES AND DUCT WORK • IRRIGATION SYSTEMS • MILLWRIGHT • PLUMBING • PROCESS PIPING • REFRIGERATION • SWIMMING POOLS • UNDERGROUND UTILITIES • WELDING <ul style="list-style-type: none"> • MUNICIPAL AND PUBLIC WORKS • ATHLETIC FIELDS AND GOLF COURSES • BORING AND TUNNELING • CHEMICAL CLEANING • CLEARING, GRUBBING AND SNAGGING • CONCRETE • CULVERTS AND DRAINAGE STRUCTURES • DAMS, RESEVOIRS, FLOOD CONTROL WORK • DEMOLITION** • DIRECTIONAL BORING AND PIPE INSTALLATION • ELEVATED STORAGE TANKS • EXCAVATION, GRADING AND DRAINAGE • FENCING • IRRIGATION SYSTEMS • LANDFILL CONSTRUCTION • LANDSCAPING, GRADING AND BEAUTIFICATION*** • MASONRY, BRICK AND STONE • SEWER PIPE CLEANING • SLIP LINING/PIPE BURSTING • SWIMMING POOLS • UNDERGROUND UTILITIES • WASTE DISPOSAL • WELL DRILLING** <p>FIRE SPRINKLER WORK –Fire Sprinkler Work is a standalone classification. All qualifiers must submit proof of NICET Level III certification.</p> <p>Contact for possible add'l requirements: * MS Dept of Insurance ** MS Dept of Environmental Quality *** MS Bureau of Plant Industry **** MS Dept of Agriculture</p>
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Appendix B REFERENCE LETTERS

Applicants are required to submit a minimum of three (3) reference letters. One reference letter must be submitted by applicant's bank or financial institution. The other reference letters can be submitted by any individual or entity applicant has worked with or for on construction related projects. Please attach the reference letters to the application. See examples below.

EXAMPLE 1

Capital Bank
123 Bank Drive
Bank, OH 12345

November 10, 2013

MSBOC
P O Box 320279
Jackson, MS 39232-0279

Re: ABC Contractor

To Whom It May Concern:

This will confirm that I have provided banking services to ABC Contractor since the company was founded in July 1997. These services have included providing multiple bank accounts including payroll accounts as well as operating accounts. All accounts are current and in good standing. I have always found the principals of ABC Contractor to be very professional in all respects and we are pleased to have them as a customer.

If you need further information, please feel free to contact me at 1 (800) 123-4567.

Sincerely

Bankston President

**APPENDIX B
REFERENCE LETTERS CONT'D**

EXAMPLE 2

A – Z Construction
222 Construction Drive
Build, MS 12345

January 15, 2014

MSBOC
P O Box 320279
Jackson, MS 39232-0279

Re: ABC Contractor

To Whom It May Concern:

I am writing this letter of recommendation on behalf of ABC Contractor. Our company has worked with ABC Contractor on numerous jobs since December 2011. During this time period, ABC Contractor has always performed excellent work and met all of its obligations including paying subcontractors and suppliers in a timely fashion. A-Z Construction considers ABC Contractor to be honest and capable. A-Z Construction would highly recommend ABC Contractor for a contractor's license in the State of Mississippi.

If you need further information, please feel free to contact me at 1 (800) 123-4567.

Sincerely

A-Z Construction

Appendix C FINANCIAL STATEMENT

The Mississippi State Board of Contractors must assess the financial responsibility of all applicants. A reviewed or audited financial statement prepared by a certified public accountant in accordance with AICPA standards completed within the last twelve (12) months must be submitted. A compilation will not be accepted. The statement must reflect the assets, liabilities and net worth of the applicant. (See below for example.) Applicants for a major classification must demonstrate a net worth of at least Fifty Thousand Dollars (\$50,000). All other applicants must demonstrate a net worth of at least Twenty Thousand Dollars (\$20,000). Pursuant to MSBOC policy, rules and regulations, the financial statement and any information contained therein, as well as any other financial information required to be submitted by an applicant, shall be confidential. Access to and/or production of records maintained by this agency is governed by Miss. Code Ann. § 25-61-1, et seq.

EXAMPLE

CONTRACTOR FINANCIAL STATEMENT FISCAL YEAR ENDING _____

ASSETS

CURRENT ASSETS

Cash	\$ _____
Accounts Receivables	\$ _____
Materials in Stock	\$ _____
Other Assets	\$ _____

TOTAL CURRENT ASSETS \$ _____

Property, Plant and Equipment \$ _____

Furniture and Fixtures \$ _____

Other Assets \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

CURRENT LIABILITIES

Accounts payable	\$ _____
Other current liabilities	\$ _____
Current long term debt	\$ _____
Taxes payable	\$ _____

TOTAL CURRENT LIABILITIES \$ _____

Long term debt \$ _____

Other liabilities \$ _____

TOTAL LIABILITIES \$ _____

TOTAL EQUITY \$ _____

TOTAL LIABILITIES AND EQUITY \$ _____

APPENDIX D

Reciprocity Verification Form

Applicant must complete the attached verification of licensure form if seeking reciprocity from another state.



POST OFFICE BOX 320279
JACKSON, MS 39232-0279
PH: (601) 354-6161
FX: (601) 354-6715
www.ms boc.us

RECIPROCITY INFORMATION

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

Alabama General Contractors Board – Mechanical and Plumbing excluded

Alabama Board of Heating and Air Conditioning Contractors

Alabama Electrical Board

Arkansas Contractors Licensing Board – Mechanical and Electrical excluded

Georgia Board of Residential and General Contractors

Louisiana Licensing Board for Contractors – Mechanical excluded; Electrical excluded unless exam taken in LA

North Carolina Electrical Contractors Board

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

*Only PSI, Exporior, Block or NAI exams accepted

Tennessee Board for Licensing General Contractors

Reciprocity refers to waiver of a TRADE EXAMINATION only. **There is a \$50 fee for each exam waived.** All applicants are required to take the Mississippi Law and Business Management examination and complete an application and submit it to the Mississippi State Board of Contractors to be considered for licensure. All other requirements of the board must be met before a Certificate of Responsibility or license number will be issued.

In order for the Mississippi State Board of Contractors to consider an applicant for reciprocity, the following requirements must be met.

1. **The applicant must show proof of current licensure with one of the boards referenced above by providing a completed verification form. (See attached.)** The applicant must have held the license for 3 consecutive years and be free of any disciplinary action taken against it during the 3 year time frame.
2. **The applicant must complete and submit an application with all required documentation and fees to the Mississippi State Board of Contractors.**

NOTE: Applicant must complete Part 1 of the attached verification form and mail to one of the above named states to complete Part 2. Reciprocity does not apply to any states or agencies not listed above.

MISSISSIPPI STATE BOARD OF CONTRACTORS
POST OFFICE BOX 320279
JACKSON, MS 39232-0279

Instructions to Applicant: Complete Part 1 of this form. Mail to the state in which you currently hold a license for that state to complete Part 2. Submit the completed form and required fee of \$50.00 for each exam waived to MSBOC, P. O. Box 320279, Jackson, MS 39232-0279.

PART 1: REQUEST FOR VERIFICATION OF LICENSURE

COMPANY/INDIVIDUAL NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

LICENSE NUMBER _____

I am requesting licensure in the State of Mississippi. Please verify licensure in your state by completing Part 2.

Signature of Applicant

PART 2: VERIFICATION OF LICENSE

To verifying state: Please furnish the information requested, sign and return the document to the applicant. Applicant must submit the completed form to MSBOC, P. O. Box 320279, Jackson, MS 39232-0279.

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, PSI, In-house) _____

Exams taken and scores _____

Disciplinary Action: _____

Signature

Title _____

Agency _____