



RESIDENTIAL 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.msbo.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.msboe.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, LLC, or LLP, 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 Income Tax I.D. Number or Federal Tax I.D. Number or a Social Security 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 provide a certificate of general liability insurance coverage showing current coverage. The certificate of coverage should indicate MS State Board of Contractors is to be notified in the event of cancellation of coverage. The name on the certificate of coverage must match the name on the application.
- 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 Residential Remodeling, applicant would list 3 residential remodeling 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.)
- The application fee is \$50 which includes one classification. Please add \$100 for each additional classification requested.

- **EXAMINATION:** All applicants are required to take a Law and Business Management exam. In addition, applicants must take a trade exam. 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. Please refer to the PSI Candidate Information Bulletin for exam locations and scheduling the exam.
- **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. Each state has different stipulations regarding reciprocity. Applicant must submit a Reciprocity Verification Form (See Appendix B) completed by the board that applicant is reciprocating from and the required fee. *See the FAQ section on our website at www.ms boc.us for the most 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 – RESIDENTIAL 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. APPLICANT 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: |
|--------|------|--------|

| | | |
|--|--|---|
| | | Applicant must provide a valid email address. This email address will be used to receive important information and notifications from MSBOC |
|--|--|---|

TAX IDENTIFICATION NUMBER(S)
*REQUIRED FOR A CORPORATION, LLC, OR LLP

FOR INFORMATION ABOUT OBTAINING A 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 Income Tax I.D. Number or Federal Income Tax I.D. Number if a Corporation, LLC, or LLP. If a sole proprietor, list your social security number.

MINORITY STATUS

Does applicant wish to be noted as a minority contractor? (MSBOC is not responsible for verifying minority status.)
 Yes 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 OR ARTICLES OF INCORPORATION LISTING INDIVIDUAL AS AN OFFICER. PLEASE COMPLETE THE QUALIFYING PARTY INFORMATION BELOW FOR EACH QUALIFYING PARTY TAKING AN EXAM.

Name of Qualifying Party:

| | | |
|---|------------|-------------|
| Qualifying Party's Social Security Number | Job Title: | Date Hired: |
|---|------------|-------------|

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

Exam to be taken: Law and Business Management Exam Residential Builder
 Residential Remodeler Residential Roofer

Name of Qualifying Party:

| | | |
|---|------------|-------------|
| Qualifying Party's Social Security Number | Job Title: | Date Hired: |
|---|------------|-------------|

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

Exam to be taken: Law and Business Management Exam Residential Builder
 Residential Remodeler Residential Roofer

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 articles of incorporation

Exam to be taken: Law and Business Management Exam Residential Builder
 Residential Remodeler Residential Roofer

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: Construction Experience

STATE TYPE(S) OF WORK FOR WHICH YOU ARE SEEKING A LICENSE. RESIDENTIAL BUILDING INCLUDES RESIDENTIAL REMODELING AND RESIDENTIAL ROOFING. RESIDENTIAL REMODELING INCLUDES RESIDENTIAL ROOFING. RESIDENTIAL ROOFING IS LIMITED TO ROOFING ONLY.

RESIDENTIAL BUILDING

RESIDENTIAL REMODELING

RESIDENTIAL ROOFING

How many years experience in construction work?

Number of Years

Type of Work

Number of Years

Type of Work

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) of 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 30-9-803:1.1.2 states: Should any information contained in any application or presented at an oral interview for a license be found by the State Board of Contractors to be false, such license so issued or application being considered shall thereupon be terminated and withdrawn. No license or applicant submitting such information shall be issued a renewal of or an initial license 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 _____, 201__.

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 (\$50 for one classification plus \$50 for each additional classification)
- _____ Proof of employment for each qualifying party. (Check stub, W2 form or articles of incorporation listing individual as an officer)
- _____ 3 Reference letters. One reference letter **must** be from your bank or financial institution. (See Appendix A for example and additional information.)
- _____ Certificate of insurance showing current general liability coverage. MSBOC must be listed on the policy to be notified in the event of cancellation of coverage. Certificate must include policy number and coverage dates. 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 Income Tax I.D. Number or Federal Tax I.D. Number if a Corporation, LLC, or LLP. If a sole proprietor, list Social Security Number.

Appendix A 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 A
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 B

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, Exuperior, Block or NAI exams accepted

Tennessee Board for Licensing General Contractors

Reciprocity refers to waiver of a TRADE EXAMINATION only. 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 _____