



P. O. Box 320279 | Jackson MS 39232

Ph: (601) 354-6161 | (800) 880-6161 | Fx: (601) 354-6715 | www.msbo.us

Residential License Renewal Form

Residential licenses must be renewed annually. You may renew online at www.msbo.us or return this form with a check or money order made payable to MSBOC in the amount of \$100 before the expiration date indicated on your license. If your license has expired the fee is \$110. If your license has been expired for more than 180 days, you must submit a new application. To obtain a new application go to www.msbo.us.

License #: _____ Current Status (check one): Active Inactive *To change status from active to inactive or vice versa, you must submit a written request and \$25 processing fee. **License must be renewed annually and renewal fee paid annually even while on inactive status.** Proof of general liability insurance coverage is NOT required while on inactive status. *Contractor is not allowed to submit bids, enter into contracts or perform work while on inactive status. For additional information about transferring to INACTIVE status, please visit www.msbo.us or contact MSBOC at (800) 880-6161.

Name: _____ Address: _____

City / State / Zip: _____

E-mail: _____ Telephone #: (_____) _____ Fax #: (_____) _____

Check or Money Order Number: _____

THE FOLLOWING DOCUMENTATION IS REQUIRED. FAILURE TO REMIT THE FOLLOWING WILL RESULT IN RENEWAL BEING RETURNED.

- General Liability Insurance certificate of coverage (The name listed on the certificate of coverage must match the name listed on your license or it will be returned. MSBOC should be listed on the certificate as certificate holder to be notified in the event of cancellation of coverage.) *Requirement does not apply while on **inactive** status.
- Proof of Good Standing with Mississippi Secretary of State (Proof may be printed from website: www.sos.ms.gov) *Requirement does not apply to individual/sole proprietor.
- Workers Compensation Insurance certificate of coverage (if required by law).
- Proof of having met Continuing Education requirement. *Requirement does not apply if license issued before July 1, 2015 or while on INACTIVE status.

Signature below is required and indicates all information is correct and there have been no changes in (a) qualifying party, (b) ownership, (c) name, or (d) address.

* If there have been any changes in (a) qualifying party, (b) ownership, (c) name, or (d) address please provide written details on company letterhead.

I (owner/officer/qualifying party) _____ certify the information provided is true and accurate.

Printed name/Title: _____ Date: _____