

ANNUAL RENEWAL FORM

Commercial Contractors

Certificate of Responsibility Number: _____ Name in Which Certificate is Issued _____

FOR NAME CHANGES, PLEASE CONTACT OUR OFFICE.

Mailing Address: _____ City _____ State _____ Zip _____

Fax: _____ Phone: _____ Email: _____

Qualifying party changes: If the person who took the examinations for your company has left your employment, you must notify our office in writing.

MS Sales or Use Tax Number _____ Income Tax Number or Federal Tax Number _____

**** Both Tax Numbers are required by law. ****

Attach the Following Documentation:

- **Financial statement showing proof of required net worth.** (Certificate holders performing work that is equal to or in excess of Two Million Dollars (\$2,000,000) per year shall furnish a reviewed financial statement. Certificate holders performing work that is less than Two Million Dollars (\$2,000,000) per year shall furnish a balance sheet prepared in accordance with generally accepted accounting principles.) Major classes must meet a net worth of \$50,000 - Specialty classes must meet a net worth of \$20,000.
- **Proof of Insurance - Workman's Compensation** (if required by law) and **General Liability** (\$300,000 per occurrence and \$600,000 aggregate)
- **Proof of Good Standing with the Mississippi Secretary of State** (may be printed from their website - www.sos.ms.gov)
(This item only applies to corporations and LLC's)

NAME OF OWNER OR OFFICER (PLEASE PRINT)

SIGNATURE OF OWNER OR OFFICER

DATE

Please return this form along with a check or money order in the amount of \$200.00 to:
(**Check or Money Order #** _____)

State Board of Contractors
Attn: Commercial Department
P. O. Box 320279
Jackson, MS 39232

Renewal Will Be Returned Unless Completely Filled Out And All Required Documentation
Enclosed.

PLEASE DO NOT STAPLE.

If your license is expired for more than 180 days, you must reapply.

Renew online at www.msdoc.us