

State Board of Contractors
P.O. Box 32079
Jackson, MS 39232-0279
(601) 354-6161

**Request for Change in Qualifying Party
or to add an additional qualifier**

Fee: \$25.00

Company name _____
Address _____

Certificate of Responsibility Number _____

Company income tax identification number _____

Purpose of Request:

_____ Replacing existing qualifier, or
_____ Additional qualifier

EXAM QUALIFIER INFORMATION: The applicant may have an unlimited number of exam qualifiers for each classification. Please attach a separate page containing the information below **for each additional exam qualifier** you wish to add.
This information must be provided before the examination(s) can be taken.

Name of qualifying party _____
(Individual qualifying the applicant by examination)

Position with the Applying company _____

Date hired (if applicable) _____

Please provide proof of
employment for all qualifiers

This person will qualify this company by:

A. _____ passing the technical examinations required by the board.
(if you know which exam(s) you wish to take, please indicate)

B. _____ passing the law and business examination required by the board

Note: If the applicant is an individual, examination may be taken by his personal appearance for examination or by the appearance for examination of one or more of his responsible managing employees; and if a co-partnership or corporation or any other combination, by the examination of one or more of the responsible managing officers or members of the executive staff of the applicant's firm, according to its own designation.

Signature of company official

Date