

# 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 Fees are non-refundable.

Physical Address: 2679 Crane Ridge Dr., Ste. C, Jackson, MS 39216  $\cdot$  601-354-6161  $\cdot$  Fax 601-354-6715  $\cdot$  Toll Free (800) 880-6161  $\cdot$  Website <u>www.msboc.us</u>

## INSTRUCTIONS AND OTHER IMPORTANT INFORMATION

#### <u>Please read carefully before beginning the application process</u>

- Applicants are encouraged to watch a brief instructional video at <a href="www.msboc.us">www.msboc.us</a> 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. <u>All questions must be answered.</u> 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 <a href="www.sos.ms.gov">www.sos.ms.gov</a>. 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 <a href="www.dor.ms.gov">www.dor.ms.gov</a>. 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 must 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 Owner/Officer listed with the Mississippi
  Secretary of State.)
- 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). Fees are non-refundable.
- 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. Fees are non-refundable. 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.msboc.us for up to date reciprocity information, exclusions and additional information.

#### 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. §<sub>25-61-1</sub>, et seq.

MSBOC OFFICIAL USE ONLY – COMMERCIAL APPLICATION				
FEE SUBMITTED WITH APPLICATION:		DATE APPLICATION RECEIVED STAMPED HERE:		
Fees are non-refundable.				
ANACHINIT: Ć				
AMOUNT: \$				
□ CHECK # □ MONEY (	ORDER			
Section	1: Id	lentifying Information		
	1. 10			
DOINT MANAS OF COMPANY OR		NE INDIVIDUAL (IE ADDIVING AS A SOLE DESCRIPTION)		
		OF INDIVIDUAL (IF APPLYING AS A SOLE PROPRIETOR)		
		E CERTIFICATE OF LICENSURE. IF APPLYING AS A		
		T STATE THE EXACT NAME AS REGISTERED WITH THE		
		REQUESTED ATTACHMENTS MUST MATCH THAT NAME		
CERTIFICATE OF LICENSURE.	סטכו שנ	JSINESS UNDER THE EXACT NAME SHOWN UPON THE		
Name:				
name.				
Mailing Address:				
City:	State:	ZIP Code:		
	State.	zir code.		
Physical Address:				
- Out				
City:	State:	ZIP Code:		
Phone:		Email:		
Priorie.	Fax:	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 IDEN	ITIFICATION NUMBER(S)		
	I AN IDEN	ATTI GATION NONDER(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 RIFEDERAL INCOME TAX I. D. NUMBER CONTACT		(601) 923-7000 <u>WWW.DOR.MS.GOV</u> . FOR INFORMATION ABOUT OBTAINING A		
	•	me Tax I.D. Number or Federal Income Tax I.D. Number		
Number				
	M	IINORITY STATUS		
Does applicant wish to be noted as				

□ Yes □ No

TYPE OF BUSINESS				
	(CHECK OI	NE)		
☐ Individual/Sole Proprietor	1.0			
□ Corporation	of officers. Corpo	name and title (president, rations must be registered te and provide proof	with the Mississippi	
Name	Title	Name	Title	
Name	Title	Name	Title	
☐ Limited Liability Company (LLC)	officers or membe	and title (president, sec rs. LLCs must be registered te and provide proof	d with the Mississippi	
Name	Title	Name	Title	
Name	Title	Name	Title	
☐ 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. <a href="https://www.sos.ms.gov">www.sos.ms.gov</a>			
Name	Туре	Name	Туре	
Name	Туре	Name	Туре	
☐ Limited Partnership	List name and type (limited, general) of partners.			
Name	Туре	Name	Туре	
Name	Туре	Name	Туре	
□ Other	Explain:			
SUBSIDIARY AND AFFILIATED COMPANIES				
NAME AND ADDRESS	EXPLAIN IN DE	TAIL THE CONNECTION W	ITH 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 OWNER/OFFICER LISTED WITH MS SECRETARY OF STATE. PLEASE COMPLETE THE QUALIFYING PARTY INFORMATION BELOW FOR <u>EACH</u> QUALIFYING PARTY TAKING AN EXAM. **SOCIAL SECURITY NUMBER MUST BE PROVIDED FOR TESTING PURPOSES.** \*FOR A COMPLETE LISTING OF EXAMS OFFERED, PLEASE SEE APPENDIX A. \*\*FOR APPLICANTS APPLYING FOR **FIRE SPRINKLER WORK**, THE EXAM QUALIFIER MUST HOLD A NICET LEVEL III CERTIFICATION.

SPRINKLER WORK, THE EXAM QUALIFIER MUST HOLD A NICET LEVEL III CERTIFICATION.				
Name of Qualifying Party:				
Qualifying Party's				
Social Security Number	Job Title:	Date Hired:		
Proof of employment attached:	□ check stub □ W-2 for	<u>&amp;</u>		
	siness Management Exam	Trade Exam Exam Name		
Name of Qualifying Party:				
Qualifying Party's				
Social Security Number	Job Title:	Date Hired:		
Proof of employment attached:	□ check stub □ W-2 for	<u> </u>		
Exam to be taken: $\Box$ Law and Bu	siness Management Exam	Trade Exam Exam Name		
Name of Qualifying Party:				
Qualifying Party's				
Social Security Number	Job Title:	Date Hired:		
Proof of employment attached:	□ check stub □ W-2 for	rm □SOS listing		
Exam to be taken: $\Box$ Law and Bu	siness Management Exam	Trade Exam Exam Name		
Name of Qualifying Party:				
Qualifying Party's				
Social Security Number	Job Title:	Date Hired:		
Proof of employment attached:	□ check stub □ W-2 for	rm □SOS listing		
Exam to be taken:    Law and Bu	siness Management Exam	Trade Exam Exam Name		
Name of Qualifying Party:				
Qualifying Party's				
Social Security Number	Job Title:	Date Hired:		
Proof of employment attached:	check stub W-2 for	rm □SOS listing		
Exam to be taken:   Law and Bu	siness Management Exam	Frade 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 <b>MSBOC</b> ? If so, provide license number
Has applicant (or any officer, partner or qualifying party) been connected with another license issued by <b>MSBOC</b> ? If so, provide name and license number.
Has applicant (or any officer, partner or qualifying party) ever held a contractor's license in <b>another state</b> ? 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) C CLASSIFICATIONS SI CLASSIFICATION OF	EE APPEND						COMPLETE LIST OF N OR A SPECIALTY
	MAJOR					SPECIALTY	
□ BUILDING □ ELECTRICAL □ HEAVY □ HIGHWAY □ MECHANICAL □ MUNICIPAL				□ OTHER – BRI	EFLY DES	SCRIBE WORK TO	BE PERFORMED:
List projects applica	nt has <b>com</b>	<b>pleted</b> du	ring the	past three (3	) years	:	
YEAR WORK PERFORMED	PROJECT NAME/LOCATION			TYPE OF WORK	CONTRACT AMOUNT		PROJECT NO.
List all <b>incomplete</b> p	orojects cur	rently und	ler cont	ract by applic	ant:		
PROJECT NAME/LOCATION	TYPE OF WORK					PERCENT COMPLETE	NAME OF OWNER OR CONTRACTING OFFICER
State the construction organization below:	n experience	of the prin	cipal ind	lividuals (Owne	er, Office	er, Qualifying Pa	arty) in your
INDIVIDUAL'S NAME PRESENT P			TION OR OFFICE IN VEARS OF CONSTRUCTION EXPE		STRUCTION EXPERIENCE		
List of Surety Compa	anies you h	ave done	busines	s with during	the las	t three (3) yea	rs, if applicable:
SURETY COMPANY	NAME OF S		DATE	COMPLETED	Р	ROJECT 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			
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) Fees are non-refundable.	
classification) rees are non-retundable.	
Proof of employment for each qualifying party. (Check stub or W2	
Required or SOS listing.)	
3 Reference letters. One reference letter <u>must</u> 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 accept	ed.
(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.	ıntc
Certificate must include policy number, coverage dates and coverage amount Name on certificate of coverage must match name on application.	JIILS.
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 Work 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. FEES ARE NON-REFUNDABLE. 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.

- BUILDING CONSTRUCTION
- ACCESS FLOORING
- ACOUSTICAL AND DRYWALL TREATMENT
- AIR POLLUTION CONTROL
- ATHLETIC FIELDS AND GOLF COLIRSES
- 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

- 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

#### 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)

#### • HIGHWAY STREET AND BRIDGE **CONSTRUCTION**

- ASPHALT MILLING AND RECYCLING
- ASPHALT PAVING
- ATHLETIC FIELDS AND GOLF COURSES
- BORING AND TUNNELING
- BRIDGE PAINTIING
- 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 -
- HERBICIDE APPLICATION\*\*\*\*
- HYDROBLASTING AND SANDBLASTING

- LANDSCAPING, GRADING AND **BEAUTIFICATION\*\*\***
- MOWING
- RIGHT OF WAY CLEARING
- ROAD SWEEPING
- SEAL COATING
- SOIL DRAINAGE WICKS
- TRAFFIC CONTROL, SIGNS, STRIPING, **GUARDRAILS (NON-ELECTRICAL)**

#### 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
- DRFDGING
- 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 CONSTRUCTIOIN
- RETENTION SYSTEMS
- RIGGING, HOUSE MOVING, WRECKING
- AND DISMANTLING
- SLURRY CONSTRUCTION • STRUCTURAL STEEL
- TANKS AND VESSELS\*\*
- WATERPROOFING
- WELDING

#### MECHANICAL

- AIR POLLUTION CONTROL
- BOILER INSTALLATION AND REPAIR

- CATHODIC PROTECTION
- DETENTION EQUIPMENT
- DUCTWORK FOR HEATING, A/C AND VENTUATION
- 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

## 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

certification.

 WASTE DISPOSAL WFII DRIIIING\*\*

FIRE SPRINKLER WORK -Fire Sprinkler Work is a standalone classification. All qualifiers must submit proof of NICET Level III

- Contact for possible addt'l requirements:
- \* MS Dept of Insurance \*\* MS Dept of Environmental Quality
- \*\*\* MS Bureau of Plant Industry
- \*\*\*\* MS Dept of Agriculture

# Appendix B REFERENCE LETTERS

Applicants are required to submit a minimum of three (3) reference letters. One reference letter <u>must</u> 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 CHEDENT LIABILITIES	
CURRENT LIABILITIES	ф
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 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.msboc.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** – Must have taken the AL exam. **Alabama Electrical Board** 

**Arkansas Contractors Licensing Board** – Mechanical and Electrical excluded.

Georgia Board of Residential and General Contractors- Must have taken the GA exam.

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

North Carolina Electrical Contractors Board- Must have taken the NC exam.

**South Carolina Contractors Licensing Board** – Building (unlimited), Master Electrician exams only. \*Only PSI, Experior, 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**. **Fees are non-refundable**. 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 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. Fees are non-refundable.

## PART 1: REQUEST FOR VERIFICATION OF LICENSURE

COMPANY/INDIVIDUAL NAMI	E
STREET ADDRESS	
CITY	STATEZIP
LICENSE NUMBER	
I am requesting licensure in the State	e of Mississippi. Please verify licensure in your state by completing Part 2.
	Signature of Applicant
PAI	RT 2: VERIFICATION OF LICENSE
	information requested, sign and return the document to the applicant. Applicant ISBOC, 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 fro	om What State
Exam. Name of C	Qualifying Party
Type of Exam(s) taken (e.g. NAI, I	Block, PSI, In-house)
Exams taken and scores	
Disciplinary Action:	
	Signature Title
	Agency