



Mississippi State Board of Contractors  
Attn: Residential Department  
P. O. Box 320279  
Jackson, Mississippi 39232

## Residential Builder or Remodeler Renewal Form

Contractor License #: \_\_\_\_\_ Name in which license is issued: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Have you or your company been adjudged bankrupt or petitioned for bankruptcy in the past (7) years? \_\_\_\_\_ If so, give details in full, in confidential letter.

### **Attach the Following Documentation:**

- Proof of Insurance - Workman's Compensation (if required by law) and General Liability. If you do not have General Liability insurance, it will be noted on your certificate.
- Proof of Good Standing with the Mississippi Secretary of State (may be printed from their website: [www.sos.state.ms.us](http://www.sos.state.ms.us))  
(This item only applies to corporations and LLC's)

I (owner/officer signature) \_\_\_\_\_ certify the information provided is true and accurate.

Owner/Officer printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form along with a cashier's check or money order in the amount of \$100 (\$110 if expired) made payable to Mississippi State Board of Contractors. **The renewal form and payment must be received by our office before license expires or send the fee of \$110.** If your license has been expired for more than 120 days, you must re-apply.

Cashier's Check or Money Order Number: \_\_\_\_\_

\* If there have been any changes in (a) qualifying person, (b) ownership or (c) company name, please provide details on company letterhead.  
All name changes require completion of new application.

**Renewal Will Be Returned Unless Completely Filled Out.**