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** – Electrical & Alarm Systems Only. Must have taken the NC exam.

**North Carolina State Licensing Board for General Contractors** – Building Construction, Residential Building, Concrete, Grading and Excavating, Roofing, Swimming Pools, Water Lines and Sewer – 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.

**South Carolina Residential Builders Commission** – Residential Builder – Must have taken the SC exam.

**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 attached 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 NAME______________________________________________________________

STREET ADDRESS______________________________________________________________________

CITY ___________________________ STATE ________ ZIP __________________________

LICENSE NUMBER ____________________________

I am requesting licensure in the State of Mississippi. Please verify licensure in your state by completing Part 2.

Signature of Applicant

PART 2: VERIFICATION OF LICENSE

To verifying state: Please furnish the information requested, sign and return the document to the applicant. Applicant must submit the completed form to MSBOC, 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 from What State _________________________________________________

___ Exam. Name of Qualifying Party _______________________________________________

Type of Exam(s) taken (e.g. NAI, Block, PSI, In-house) _________________________________

Exams taken and scores __________________________________________________________

Disciplinary Action: ______________________________________________________________

Signature __________________________________________

Title ______________________________________________

Agency ________________________________________________________________________

Revised 10/2018