



For MSBOC Official Use Only
Date Received Stamped Here:

FORM MFFA - WAIVER OF EXAM PURSUANT TO MILITARY FAMILY FREEDOM ACT

THIS FORM MUST ACCOMPANY A COMPLETED APPLICATION. PURSUANT TO THE PROVISIONS OF THE MILITARY FAMILY FREEDOM ACT, MISSISSIPPI SHALL RECOGNIZE OCCUPATIONAL LICENSES OBTAINED FROM OTHER STATES FOR MILITARY MEMBERS AND THEIR FAMILIES. MISS. CODE ANN. §73-50-1, ET. SEQ.

SECTION 1: IDENTIFYING INFORMATION OF INDIVIDUAL REQUESTING WAIVER OF EXAM

Name of individual requesting waiver of exam:	If applying for licensure in a company name list company name here as it appears on application for licensure. (If applying in an individual name write N/A.)
Social Security Number:	Email to send testing information:

Applicant is: (check one)

<input type="checkbox"/> A member of the military	<input type="checkbox"/> Married to a member of the military	<input type="checkbox"/> A dependent of a member of the military
Branch of Military:		
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine Corps
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Air Force	<input type="checkbox"/> National Guard
<input type="checkbox"/> Military Reserves	<input type="checkbox"/> Naval Militia	

SECTION 2: COMPLETE EITHER SECTION BELOW THAT PERTAINS TO APPLICANT

<p>If applicant is a member of the military check the appropriate box below and attach proof such as DD214, DD2586, DD256, NGB 22 or VMET</p> <p><input type="checkbox"/> Has been awarded a military occupational specialty</p> <p><input type="checkbox"/> Has completed a military program of training</p> <p><input type="checkbox"/> Has completed testing or equivalent training and experience AND</p> <p><input type="checkbox"/> Has performed in the occupational specialty</p>	<p>If applicant is married to or a dependent of a member of the military check the appropriate box below:</p> <p><input type="checkbox"/> Applicant holds a current and valid license in another state with a similar scope of practice and held license for at least one (1) year. *Must attach a completed reciprocity verification form completed by the state where you held a license.</p> <p><input type="checkbox"/> Applicant worked in a similar scope of practice for at least three (3) years in a state that does not regulate construction on the state level. *Must attach references including name, address and valid phone number for at least 3 jobs previously completed.</p>
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SECTION 3: 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.

Has applicant been connected to another license issued by MSBOC or any other state? If so, provide the name of the state that issued the license, the license number, and current status of license. (i.e., current, expired, revoked, inactive, etc.) ATTACH COPIES OF ANY AND ALL OTHER LICENSES HELD.)

Has applicant ever been the subject of disciplinary action by MSBOC or any other state, county, parish or municipality? If so, please explain.

Has applicant committed any act that would constitute grounds for refusal, suspension or revocation of a license to perform construction? If so, please explain.

Has applicant ever surrendered a license because of negligence or intentional misconduct related to performing construction? If so, please explain.

Does applicant have complaint(s), allegation(s) or investigation(s) pending before an occupational licensing board or other board that relates to unprofessional conduct or an alleged crime? If so, please explain.

Has applicant 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 individual ever failed to complete a construction contract or any work awarded? If so, please explain.

Print name of applicant _____ Signature of applicant _____ Date _____