



\$25.00 Fee Received: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order <b>FEES ARE NON-REFUNDABLE.</b>
Date Received Stamped Here:

**APPLICATION TO CHANGE STATUS OF CERTIFICATE OF LICENSURE - \$25.00 FEE REQUIRED**

COMPLETE THIS FORM TO CHANGE THE STATUS OF THE CERTIFICATE OF LICENSURE TO INACTIVE. THE FEE TO CHANGE THE STATUS IS \$25.00. RETURN THE COMPLETED FORM WITH THE REQUIRED FEE TO MSBOC. FORMS OF PAYMENT ACCEPTED ARE MONEY ORDER, PERSONAL CHECK, CERTIFIED CHECK OR CASHIER'S CHECK. **NO CASH ACCEPTED. FEES ARE NON-REFUNDABLE.**

**SECTION 1: IDENTIFYING INFORMATION**

**Name** as it currently appears on certificate of licensure:

**Number** as it currently appears on certificate of licensure:

**SECTION 2: REQUEST AND ACKNOWLEDGMENT TO TRANSFER TO INACTIVE STATUS**

The undersigned requests that the attached certificate of licensure be placed on INACTIVE status. **THE UNDERSIGNED ACKNOWLEDGES THAT WHILE ON INACTIVE STATUS THE LICENSE MUST BE RENEWED ANNUALLY, INCLUDING PAYMENT OF THE REQUIRED RENEWAL FEE, DESPITE BEING INELIGIBLE TO SUBMIT A BID, ENTER INTO A CONTRACT, PULL PERMIT(S) OR PERFORM WORK.** The undersigned further acknowledges that in order to return to "ACTIVE" status, the license holder must submit a written request to be returned to "ACTIVE" status along with a \$25.00 processing fee and proof of general liability insurance and proof of any other requirements that may apply such as financial information or continuing education.

**SECTION 3: REQUEST TO TRANSFER TO ACTIVE STATUS**

THE FOLLOWING INFORMATION IS REQUIRED TO RETURN TO ACTIVE STATUS.

RESIDENTIAL	COMMERCIAL
<input type="checkbox"/> Proof of General Liability Insurance <input type="checkbox"/> Proof of Continuing Education Requirement, if applicable	<input type="checkbox"/> Proof of General Liability Insurance <input type="checkbox"/> Proof of Required Financial Information

I hereby certify under penalty of perjury under the laws of the State of Mississippi to the truth and accuracy of the above statements.

\_\_\_\_\_  
Name of person making request/Title

\_\_\_\_\_  
Signature of person making request

\_\_\_\_\_  
Date