



For MSBOC Official Use Only		
\$25.00 Fee Received:	Check # _____	Money Order
FEES ARE NON-REFUNDABLE		
Date Received Stamped Here:		

APPLICATION TO CHANGE OR ADD QUALIFYING PARTY - \$25.00 FEE REQUIRED

THE QUALIFYING PARTY IS THE INDIVIDUAL WHO TAKES THE REQUIRED EXAM(S). A LICENSE HOLDER 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. THE QUALIFYING PARTY MUST HAVE THE EXPERIENCE, KNOWLEDGE AND SKILLS TO SUPERVISE OR PERFORM THE WORK IN THE STATED CLASSIFICATION. THE LICENSE HOLDER MUST PROVIDE PROOF OF EMPLOYMENT OF THE QUALIFYING PARTY. ACCEPTABLE FORMS OF PROOF OF EMPLOYMENT INCLUDE A CHECK STUB OR W-2 FORM OR ARTICLES OF INCORPORATION LISTING THE INDIVIDUAL AS AN OFFICER. WHEN A QUALIFYING PARTY TERMINATES EMPLOYMENT WITH A LICENSE HOLDER, MSBOC MUST BE NOTIFIED IN WRITING IMMEDIATELY BY THE QUALIFYING PARTY AND THE LICENSE HOLDER. THE LICENSE HOLDER HAS NINETY (90) DAYS TO REPLACE A QUALIFYING PARTY. FAILURE TO NOTIFY MSBOC WHEN A QUALIFYING PARTY HAS LEFT MAY SUBJECT THE LICENSE HOLDER TO DISCIPLINARY ACTION.

SECTION 1: IDENTIFYING INFORMATION

NAME AS IT APPEARS ON CERTIFICATE OF LICENSURE:	NUMBER AS IT APPEARS ON CERTIFICATE OF LICENSURE:
--	--

SECTION 2: REASON FOR REQUEST

<input type="checkbox"/> Add Qualifying Party – Check this box if you want to add an additional qualifying party to the license. Complete Section 3 Also.	<input type="checkbox"/> Replace Qualifying Party – Check this box if the existing qualifying party is no longer associated with the license and needs to be replaced with someone new. Complete Section 3 Also. Name to Replace: Date of Disassociation:	<input type="checkbox"/> Remove Qualifying Party – Check this box if the existing qualifying party is no longer associated with the license and needs to be removed. Name to Remove: Date of Disassociation:
---	---	---

SECTION 3: COMPLETE THIS SECTION TO ADD A QUALIFYING PARTY

Name of individual to be added as qualifying party:	Email address to send testing information:	
Social Security Number of individual to be added:	Job Title: Date Hired:	Phone #:
Proof of Employment Attached:	<input type="checkbox"/> Check Stub <input type="checkbox"/> W-2 Form <input type="checkbox"/> MS SOS listing	
Exam to be taken:	<input type="checkbox"/> Law and Business Management Exam <input type="checkbox"/> Trade Exam LIST NAME OF EXAM TO BE TAKEN	
List the construction experience, including any current projects that relate to the classification(s) of work for which the individual is being added as the qualifying party. TYPE OF WORK: _____ YEARS OF EXPERIENCE: _____		
Has individual 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 individual ever been the subject of disciplinary action by MSBOC or any other state, county, parish or municipality? If so, please explain.		
Has individual ever been arrested, charged, plead guilty or been convicted of any charges relating to bid rigging or home repair fraud? If so, please explain.		

_____ Name of person making request/Title	_____ Signature of person making request	_____ Date
--	---	---------------

Post Office Box 320279 · Jackson, MS 39232-0279 · 2679 Crane Ridge Drive, Suite C · Jackson, MS 39216 · Ph 601-354-6161 · Fax 601-354-6715 · www.msbo.com
Revised 10/2025