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## Residential License Renewal Form

**Residential licenses must be renewed annually. Select one method only:**

Renew and pay online by uploading required documents at [www.ms boc.us](http://www.ms boc.us) OR

Mail this form with required documents and a check or money order made payable to MSBOC in the amount of \$100 before the expiration date indicated on your license. Combining methods such as paying online, but mailing documents separately will cause delay in processing and/or rejection. If your license has expired, the fee is \$110. Fees are non-refundable. If your license has been expired for more than 180 days, you must submit a new application. To obtain a new application go to [www.ms boc.us](http://www.ms boc.us).

License #: \_\_\_\_\_ Current Status (check one):  Active  Inactive

\*To change status from active to inactive or vice versa, you must submit a written request and \$25 processing fee. **License must be renewed annually and renewal fee paid annually even while on inactive status.** Proof of general liability insurance coverage is NOT required while on inactive status. \*Contractor is not allowed to submit bids, enter into contracts or perform work while on inactive status. For additional information about transferring to INACTIVE status, please visit [www.ms boc.us](http://www.ms boc.us) or contact MSBOC at (800) 880-6161.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Check or Money Order Number: \_\_\_\_\_

**THE FOLLOWING DOCUMENTATION IS REQUIRED. FAILURE TO REMIT THE FOLLOWING WILL RESULT IN RENEWAL BEING RETURNED..**

- General Liability Insurance certificate of coverage \*The name listed as insured on the certificate of coverage must match the name listed on your license and MSBOC must be listed on the certificate, as certificate holder to be notified in the event of cancellation of coverage or it will be returned.
- Proof of Good Standing with Mississippi Secretary of State (Proof may be printed from website: [www.sos.ms.gov](http://www.sos.ms.gov)) \*Requirement does not apply to individual/sole proprietor.
- Workers Compensation Insurance certificate of coverage (if required by law).
- Proof of each qualifier's 2 hours of Continuing Education. \*Requirement does not apply if license issued before July 1, 2015 or while on INACTIVE status. The list of approved courses is on our website under Continuing Education.

Signature below is required and indicates all information is correct and there have been no changes in (a) qualifying party, (b) ownership, (c) name, or (d) address. \* If there have been any changes in (a) qualifying party, (b) ownership, (c) name, or (d) address please provide written details on company letterhead.

Signature of owner/officer/qualifying party \_\_\_\_\_ certifies the information provided is true and accurate.

Printed Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_