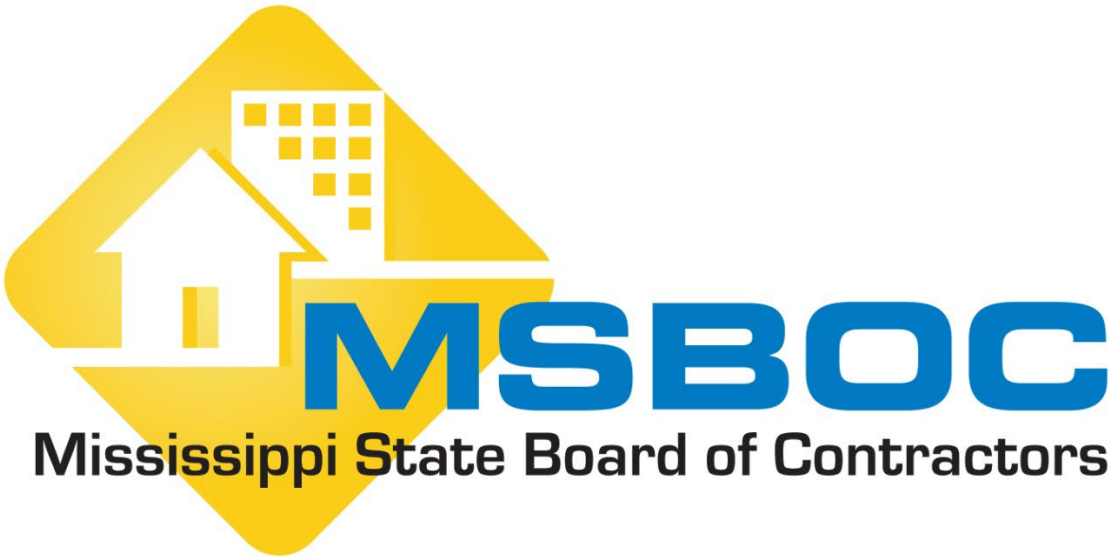


PLEASE CHECK ONE BOX BELOW AND INCLUDE THIS SHEET WITH THE APPLICATION FOR LICENSURE

☐ Applicant is an **active member of the military, spouse of an active member of the military, or dependent of an active member of the military** applying for licensure pursuant to the provisions of the Military Family Freedom Act codified in Miss. Code Ann. §73-50-1, et seq. **Applicant must complete form MFFA – Application for waiver of exam pursuant to the Military Family Freedom Act in addition to the application form. The MFFA – Application for waiver of exam pursuant to the Military Family Freedom Act** can be found at www.msboc.us under FORMS. Completion of form pursuant to the Mississippi Military Family Freedom Act does not automatically guarantee licensure. The granting of a license is contingent upon a determination by the Mississippi State Board of Contractors that the applicant's qualifications, training, and experience are of a similar scope and standard as required for licensure in Mississippi.

☐ Applicant is an individual who can establish proof of residency in Mississippi and is applying for licensure pursuant to the provisions of the Universal Recognition of Occupational Licenses Act codified in Miss. Code Ann. §73-50-2, et seq. **Applicant must complete form UROL – Application for waiver of exam pursuant to the Universal Recognition of Occupational Licenses Act in addition to the application form.** Completion of form pursuant to the Universal Recognition of Occupational Licenses Act does not automatically guarantee licensure. The granting of a license is contingent upon a determination by the Mississippi State Board of Contractors that the applicant's qualifications, training, and experience are of a similar scope and standard as required for licensure in Mississippi.

☐ Neither of the above applies. Applicant only needs to complete an application.



RESIDENTIAL

APPLICATION

Submit Application, Fee, and Required Documentation to:

MSBOC
P.O. Box 320279
Jackson, MS 39232-0279

Applications not completed within 180 days will be destroyed
Fees are non-refundable. Payment must be made by check or money order. Cash is not accepted.

Physical Address: 2679 Crane Ridge Dr., Ste. C Jackson, MS 39216 · 601-354-6161 · Fax 601-354-6715 ·
Toll Free (800) 880-6161 · Website www.msboc.us

INSTRUCTIONS AND OTHER IMPORTANT INFORMATION

Please read carefully before beginning the application process

- Applicants are encouraged to watch a brief instructional video at www.msboc.us prior to beginning the application process. Doing so may save the applicant valuable time and reduce the rate of rejection. Failure to follow instructions or provide requested information will result in delay in processing and/or rejection of application.

- Pursuant to the provisions of the Military Family Freedom Act, Mississippi shall recognize occupational licenses obtained from other states for active duty military members and their families. Miss. Code Ann. §73-50-1, et seq. If you are an active duty military-trained applicant, spouse of active duty military or dependent of active duty military, please notify our office at the time of application. If applying for licensure pursuant to the Military Family Freedom Act, applicant must complete form MFFA in addition to the application form.

- Pursuant to the provisions of the Universal Recognition of Occupational Licenses Act, Mississippi shall recognize occupational licenses obtained from other states for individuals who establish residence in Mississippi after July 1, 2021. Miss. Code Ann. §73-50-2, et seq. If applying for licensure pursuant to the Universal Recognition of Occupational Licenses Act, applicant must complete form UROL in addition to the application form.

- Please type or print clearly in ink. All questions must be answered. Write "N/A" where not applicable. Additional information, including supplementary or explanatory notes may be furnished by inserting where needed.

- Be sure that all signatures are affixed where indicated.

- If applicant is a corporation or LLC, applicant must be registered with the Mississippi Secretary of State and provide proof of good standing. **The name on your application for licensure must match exactly with the name registered with the Mississippi Secretary of State.** To contact the Mississippi Secretary of State please call (601) 359-1350 or visit www.sos.ms.gov. Printed details showing good standing from the Mississippi Secretary of State website will suffice. An official certificate is not required.

- Applicant must furnish a Mississippi Income Tax I.D. Number or Federal Tax I.D. Number or a Social Security Number. To obtain a number you may contact the MS Department of Revenue at (601) 923-7700 or visit www.dor.ms.gov.

- Applicant must provide a certificate of general liability insurance coverage showing current coverage. The certificate of coverage must indicate MS State Board of Contractors is to be notified in the event of cancellation of coverage by listing MSBOC as certificate holder. The name listed as insured on the certificate of coverage must match exactly the name in which you apply which will be listed on the certificate of licensure.

- Applicant must provide a certificate of insurance showing current workers' compensation coverage if applicant has 5 or more employees.

- Applicant must provide three (3) reference letters. One (1) reference letter must be from the bank; the other two (2) reference letters can be from anyone worked with/for on construction related projects. Three (3) letters are required even if applicant has previously passed an exam.

- Applicant must show experience in the classification(s) of work requested. Please list at least 3 jobs completed in the requested classification. (For example, if applicant is requesting the classification of Residential Remodeling, applicant would list 3 residential remodeling jobs completed.)

- Applicant must provide proof of employment of the qualifying party. (Acceptable forms of proof of employment include check stub, W2 form, or Owner/Officer listed with the Mississippi Secretary of State.) *Proof of employment not required if applying in an individual name.

- The application fee is $50 which includes one trade classification. Please add $100 for each additional trade classification requested. (NOTE - Mississippi Law and Business Management is not a trade classification; it is a required exam.) Make checks payable to Mississippi State Board of Contractors (MSBOC). **Fees are non-refundable. Payment must be made by check or money order. Cash is not accepted. Applications must be completed within 180 days. After 180 days, incomplete application files are destroyed.**

- **EXAMINATION:** All applicants are required to take a Law and Business Management exam. In addition, applicants must take a trade exam. All exams are open book. To be eligible to take an exam, the qualifying party information portion of the application must be completed for each person to be tested. MSBOC will furnish applicant a PSI Candidate Information Bulletin and exam registration instructions upon receipt of an application. All exams are administered by PSI. The PSI Candidate Information Bulletin contains all the information for registering for and scheduling an exam. It also provides a listing of exam reference materials and exam content outlines. The Board will notify PSI of your eligibility and PSI will email you a confirmation notice. Scheduling the exam will not be allowed until you receive this confirmation. Please refer to the PSI Candidate Information Bulletin for exam locations and scheduling the exam.

- **RECIPROCTIY**: If applicant has held a license in a comparable classification with one of the boards listed below, applicant may be eligible to waive the trade exam if all reciprocity requirements are met. **Please note that reciprocity applies to waiver of a trade exam only; it does not waive any other application requirements or review by the Board.** There is a $50 fee for each exam waived. Fees are non-refundable. Some classifications of licensure may not be waived for various reasons depending on the state applicant is reciprocating from. Each state has different stipulations regarding reciprocity. Applicant must submit a Reciprocity Verification Form (See Appendix B) completed by the state board or agency that applicant is reciprocating from. ***See the RECIPROCITY section on our website at www.msboc.us for the most up to date reciprocity information, exclusions and additional information.***

MSBOC HAS RECIPROCITY AGREEMENTS WITH THE FOLLOWING:

Alabama General Contractors Board
Alabama Electrical Board
Alabama Board of Heating and Air Conditioning
Alabama Home Builders Licensure Board
Alabama Plumbers & Gas Fitters Board
Arkansas Contractor Licensing Board
California Contractors State License Board
Florida Construction Industries Licensing Board
Georgia Board of Residential and General Contractors
Louisiana Licensing Board for Contractors
Ohio Construction Industry Licensing Board
North Carolina Electrical Contractors Board
North Carolina Licensing Board for General Contractors
South Carolina Board for Licensing Contractors
South Carolina Residential Builders Commission
Tennessee Board for Licensing General Contractors
Texas Department of Licensing & Regulation

INFORMATION PROVIDED IN THIS APPLICATION MAY BE SUBJECT TO DISCLOSURE PURSUANT TO THE MISSISSIPPI PUBLIC RECORDS ACT. ACCESS TO AND/OR PRODUCTION OF RECORDS MAINTAINED BY THIS AGENCY IS GOVERNED BY MISS. CODE ANN. § 25-61-1, ET SEQ.

MSBOC OFFICIAL USE ONLY – RESIDENTIAL APPLICATION	
FEE SUBMITTED WITH APPLICATION: **Fees are non-refundable. Payment must be made by check or money order. Cash is not accepted.** **AMOUNT: $_____** **◯ CHECK #_____ ◯ MONEY ORDER**	**DATE APPLICATION RECEIVED STAMPED HERE:**

Section 1: Identifying Information

PRINT NAME OF COMPANY OR NAME OF INDIVIDUAL AS YOU WISH IT TO APPEAR ON THE CERTIFICATE OF LICENSURE. IF APPLYING AS A CORPORATION, LLC, OR LLP, YOU MUST STATE THE EXACT NAME AS REGISTERED WITH THE MISSISSIPPI SECRETARY OF STATE. ALL REQUESTED ATTACHMENTS MUST MATCH THAT NAME ALSO. **APPLICANT MUST CONDUCT BUSINESS (WRITE ESTIMATES, WRITE CONTRACTS, PULL PERMITS, ETC.) UNDER THE EXACT NAME IN WHICH YOU ARE APPLYING TO APPEAR ON THE CERTIFICATE OF LICENSURE. CONDUCTING BUSINESS IN ANY OTHER NAME COULD SUBJECT YOU TO DISCIPLINARY ACTION.**		
Name in which you conduct business to appear on the certificate of licensure:		
Mailing Address:		
City:	State:	ZIP Code:
Physical Address:		
City:	State:	ZIP Code:
Phone: Fax:	Email:	Website Address:
[redacted]	Applicant must provide a valid email address. This email address will be used to receive important information and notifications from MSBOC **and PSI testing center.**	[redacted]

TAX IDENTIFICATION NUMBER(S)

*REQUIRED FOR A CORPORATION, LLC, OR LLP

FOR INFORMATION ABOUT OBTAINING A MISSISSIPPI INCOME TAX I.D. NUMBER CONTACT THE MISSISSIPPI DEPARTMENT OF REVENUE AT (601) 923-7700 WWW.DOR.MS.GOV. FOR INFORMATION ABOUT OBTAINING A FEDERAL INCOME TAX I. D. NUMBER CONTACT THE IRS AT (800) 829-4933 WWW.IRS.GOV.

MS Income Tax I.D. Number or Federal Income Tax I.D. Number if a Corporation, LLC, or LLP. If a sole proprietor, list your social security number.

MINORITY STATUS

Does applicant wish to be noted as a minority contractor? (MSBOC is not responsible for verifying minority status.)

◯ Yes ◯ No

TYPE OF BUSINESS			
☐Individual/Sole Proprietor			
☐Corporation	If Corporation, list name and title (president, secretary, treasurer) of officers. Corporations must be registered with the Mississippi Secretary of State and provide proof of good standing. **MSBOC will only list names that match Mississippi Secretary of State records.** Printed details showing good standing from the Mississippi Secretary of State website (www.sos.ms.gov) will suffice. An official certificate is not required.		
Name	Title	Name	Title
Name	Title	Name	Title
☐Limited Liability Company (LLC)	If LLC, list name and title (president, secretary, treasurer) of officers or members. LLCs must be registered with the Mississippi Secretary of State and provide proof of good standing. **MSBOC will only list names that match Mississippi Secretary of State records.** Printed details showing good standing from the Mississippi Secretary of State website (www.sos.ms.gov) will suffice. An official certificate is not required.		
Name	Title	Name	Title
Name	Title	Name	Title
☐Limited Liability Partnership (LLP)	If LLP, list name and type (limited, general) of partners. LLPs must be registered with the Mississippi Secretary of State and provide proof of good standing**. MSBOC will only list names that match Mississippi Secretary of State records.** Printed details showing good standing from the Mississippi Secretary of State website (www.sos.ms.gov) will suffice. An official certificate is not required.		
Name	Type	Name	Type
Name	Type	Name	Type
☐Limited Partnership	List name and type (limited, general) of partners.		
Name	Type	Name	Type
Name	Type	Name	Type
☐Other	Explain:		

SUBSIDIARY AND AFFILIATED COMPANIES	
NAME AND ADDRESS	EXPLAIN IN DETAIL THE CONNECTION WITH THIS COMPANY

Section 2: Qualifying Party Information, Classification(s) and Exam(s)

THE QUALIFYING PARTY IS THE INDIVIDUAL WHO TAKES THE REQUIRED EXAM(S). AN APPLICANT 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. APPLICANT MUST PROVIDE PROOF OF EMPLOYMENT OF THE QUALIFYING PARTY. ACCEPTABLE FORMS OF PROOF OF EMPLOYMENT INCLUDE A CHECK STUB OR W-2 FORM OR OWNER/OFFICER LISTED WITH MS SECRETARY OF STATE. AN OFFICIAL CERTIFICATE FROM THE MISSISSIPPI SECRETARY OF STATE IS NOT REQUIRED. PROOF OF EMPLOYMENT IS NOT REQUIRED IF APPLYING IN AN INDIVIDUAL NAME. A QUALIFYING PARTY MAY SERVE NO MORE THAN THREE (3) SEPARATE ENTITIES WITHOUT APPEARING BEFORE THE BOARD AND BEING GRANTED SPECIAL PERMISSION. PLEASE COMPLETE THE QUALIFYING PARTY INFORMATION BELOW FOR EACH QUALIFYING PARTY TAKING AN EXAM. **A SOCIAL SECURITY NUMBER AND A VALID EMAIL MUST BE PROVIDED FOR TESTING PURPOSES.** IF THE SPACE PROVIDED BELOW IS INSUFFICIENT, PLEASE MAKE ADDITIONAL COPIES AS NECESSARY AND ATTACH WITH THE COMPLETED APPLICATION.

Name of Qualifying Party To Take Exam:
List name as it appears on photo id

Qualifying Party's Social Security Number:	Qualifying Party's Email:	
Qualifying Party's Job Title:	Date Hired:	Qualifying Party's Ph #:

Proof of employment attached: ○Check Stub ○W-2 form ○MS SOS listing
*Proof of employment not required if applying in individual name.

Classification(s) requested and Exam(s) to be taken:

☐Law and Business Management Exam (Required for all applicants)

☐Residential Builder (Includes new construction, construction management, remodeling and roofing)

☐Residential Remodeler (Includes remodeling and roofing)

☐Residential Roofer (Includes roofing only)

☐Construction Manager (Residential Building Exam required)

☐Residential Solar (Solar Exam required)

☐Residential Mechanical (Residential HVAC and Plumbing Exam required)

☐Residential Electrical (Residential Electrical exam required)

☐Residential HVAC (Residential HVAC exam required)

☐Residential Plumbing (Residential Plumbing exam required)

*Make additional copies of this page as necessary and submit for each qualifying party.

Section 3: Background Information

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.
Is applicant (or any officer, partner or qualifying party) currently licensed by **MSBOC**? If so, provide license number.
Has applicant (or any officer, partner or qualifying party) been connected with another license issued by **MSBOC**? If so, provide name and license number.
Has applicant (or any officer, partner or qualifying party) ever held a contractor's license in **another state**? If so, provide the name of the state that issued the license, when license was issued, and current status of license, i.e., current, expired, revoked, inactive, etc. ATTACH COPIES OF ANY AND ALL OTHER LICENSES HELD.
Has applicant (or any officer, partner or qualifying party) ever had a license application or registration denied, suspended or revoked by MSBOC or any other state, county, parish or municipality? If so, please explain.
Has applicant (or any officer, partner or qualifying party) ever been the subject of disciplinary action by this agency or any other state, county, parish or municipality? If so, please explain.
Has applicant (or any officer, partner, qualifying party, or employee) 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 applicant (or any officer, partner, or qualifying party) ever failed to complete a construction contract or any work awarded? If so, please explain.

Section 4: Type of License and Construction Experience

INDICATE TYPE(S) OF WORK FOR WHICH YOU ARE SEEKING A LICENSE. SELECT ALL THAT APPLY

■ **RESIDENTIAL BUILDING** (Includes new construction, construction management, remodeling and roofing)

■ **RESIDENTIAL REMODELING** (Includes remodeling and roofing)

□ **RESIDENTIAL ROOFING** (Includes roofing only)

□ **CONSTRUCTION MANAGER** (Residential Building Exam required)

□ **RESIDENTIAL SOLAR** (Solar Exam required)

□ **RESIDENTIAL MECHANICAL** (Includes HVAC and plumbing work and both exams are required)

□ **RESIDENTIAL HVAC** (Includes residential HVAC work only)

□ **RESIDENTIAL PLUMBING** (Includes residential plumbing only)

□ **RESIDENTIAL ELECTRICAL** (Includes residential electrical work only)

List projects, including any current ongoing jobs that correspond to the classification(s) of work for which applicant is seeking a license:

PROJECT NAME/LOCATION	TYPE OF WORK	CONTRACT AMOUNT	PERCENT COMPLETE	NAME OF OWNER OR CONTRACTING OFFICER

State the construction experience of the principal individuals (Owner, Officer, Qualifying Party) of your organization below:

INDIVIDUAL'S NAME	PRESENT POSITION OR OFFICE IN ORGANIZATION	YEARS OF CONSTRUCTION EXPERIENCE

Section 5: Consent and Release of Information and Statement of Truth

The Release of Information and Statement of Truth below must be completed. Rule 30-9-802:1.1.3.5 states: Should any information contained in any application or presented at an oral interview for a Certificate of Responsibility be found by the State Board of Contractors to be false, such Certificate of Responsibility so issued or application being considered shall thereupon be terminated and withdrawn. No certificate holder or applicant shall be issued a renewal of or an initial Certificate of Responsibility until a period of one (1) year has expired after the date of such termination or withdrawal.

RELEASE OF INFORMATION

Name of Applicant_____, does hereby authorize any depository, vendor, or agency herein named to release information and records to verify the statements made in this application to MSBOC at P. O. Box 320279, Jackson, MS 39232-0279.

STATEMENT OF TRUTH

I, _____, declare under penalty of perjury under the laws of the State of Mississippi that the information provided in this occupational license application is true and correct to the best of my knowledge and belief.

Executed on this ___ day of _____, 20___, at _____, _____.
City State

Signature: _____

Printed Name: _____

Date: _____

Section 6: Required Items Checklist

ALL INFORMATION LISTED BELOW IS REQUIRED PRIOR TO ANY APPLICATION BEING PRESENTED TO THE BOARD FOR APPROVAL. FAILURE TO PROVIDE REQUIRED INFORMATION WILL RESULT IN DELAY OF PROCESSING AND/OR REJECTION.

☐ Application Fee - $50 includes one trade classification. Add $100 for each additional trade classification. (NOTE - Mississippi Law and Business Management is not a trade classification; it is a required exam.) **Fees are non-refundable. Applications must be completed within 180 days. After 180 days, incomplete application files are destroyed.**

Example Trade Classification Fee Table

Number of Trade Classifications	Base Fee	Additional Trade Classification Fee	Total Fee
1	$50	$0	$50
2	$50	$100	$150
3	$50	$200	$250

☐ Proof of employment for each qualifying party. Acceptable forms of proof of employment include Check stub, W2 form or Owner/Officer listed with the Mississippi Secretary of State.) *Proof of employment is not required if applying in an individual name.

☐ 3 Reference letters. One reference letter **must** be from your bank or financial institution. (See Appendix A for example and additional information.)

☐ Certificate of insurance showing current general liability coverage. The certificate of coverage must indicate MS State Board of Contractors is to be notified in the event of cancellation of coverage by listing MSBOC as certificate holder. The certificate must include a valid policy number and effective dates of coverage. The name listed as insured on the certificate of coverage must match exactly the name in which you apply which will be listed on the certificate of licensure.

☐ Certificate of worker's compensation insurance coverage. *This only applies if applicant has 5 or more employees.

☐ Certificate showing proof of good standing with the Mississippi Secretary of State. *This only applies if applicant is a corporation, LLC, or LLP. Printed details showing good standing from the Mississippi Secretary of State website (www.sos.ms.gov) will suffice. An official certificate is not required.

☐ Mississippi Income Tax I.D. Number or Federal Tax I.D. Number if a Corporation, LLC, or LLP. If applying as an individual or a sole proprietor, applicant may list Social Security Number.

☐ Consent and Release and Statement of Truth (page 10) signed.

Appendix A
REFERENCE LETTERS

Applicants are required to submit a minimum of three (3) reference letters. One reference letter must be submitted by applicant's bank or financial institution. The other reference letters can be submitted by an individual or entity applicant has worked with or for on construction related projects. Please attach the reference letters to the application. Reference letters are required even if applicant has previously passed an exam. See examples below.

EXAMPLE 1

Capital Bank
123 Bank Drive
Bank, OH 12345

November 10, 2013

MSBOC
P O Box 320279
Jackson, MS 39232-0279

Re: ABC Contractor

To Whom It May Concern:

This will confirm that I have provided banking services to ABC Contractor since the company was founded in July 1997. These services have included providing multiple bank accounts including payroll accounts as well as operating accounts. All accounts are current and in good standing. I have always found the principals of ABC Contractor to be very professional in all respects and we are pleased to have them as a customer.

If you need further information, please feel free to contact me at 1 (800) 123-4567.

Sincerely

Bankston President

REFERENCE LETTERS CONT'D

EXAMPLE 2

A – Z Construction
222 Construction Drive
Build, MS 12345

January 15, 2014

MSBOC
P O Box 320279
Jackson, MS 39232-0279

Re: ABC Contractor

To Whom It May Concern:

I am writing this letter of recommendation on behalf of ABC Contractor. Our company has worked with ABC Contractor on numerous jobs since December 2011. During this time period, ABC Contractor has always performed excellent work and met all of its obligations including paying subcontractors and suppliers in a timely fashion. A-Z Construction considers ABC Contractor to be honest and capable of performing good (specify type of work) work. A-Z Construction would highly recommend ABC Contractor for a contractor's license in the State of Mississippi.

If you need further information, please feel free to contact me at 1 (800) 123-4567.

Sincerely

A-Z Construction

APPENDIX B

Reciprocity Verification Form

Applicant must complete the verification of licensure form if seeking reciprocity from another state. **This form applies only to applicants who are licensed in another state and seeking to apply for a Mississippi State Board of Contractors license through a reciprocity agreement.*

RECIPROCITY INFORMATION

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.

The State of Mississippi has entered into exam waiver agreements with the following licensing boards:

Alabama General Contractors Board – Mechanical and Plumbing excluded. Must have taken the AL exam.
Alabama Board of Heating and Air Conditioning Contractors – Must have taken the AL exam.
Alabama Electrical Board – Must have taken the AL exam.
Alabama Home Builders Licensure Board – Must have taken the AL exam.
Alabama Plumbers & Gas Fitters Examining Board – waive Master Plumber only. Must have taken the Alabama exam.
Arkansas Contractors Licensing Board – Mechanical and Electrical excluded. Must have taken the AR exam.
California Contractors State License Board – waive Building Construction. Must have taken the CA exam.
Florida Construction Industries Licensing Board – General Building Construction and Residential Building Construction only. Must have taken the FL exam.
Georgia Board of Residential and General Contractors - General Building Construction and Residential Building Construction only. Must have taken the GA exam.
Louisiana Licensing Board for Contractors – Mechanical and Plumbing excluded. Must have taken the LA exam.
North Carolina Electrical Contractors Board- Electrical & Alarm Systems Only. Must have taken the NC exam.
Ohio Construction Industry Licensing Board – waive Electrical, HVAC, Plumbing and/or Refrigeration Only. Must have taken the OH exam.
North Carolina State Licensing Board for General Contractors- waive Building Construction, Residential Building, Concrete, Excavating, Roofing, Swimming Pools, Underground Utilities 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. Must have taken the SC exam.
South Carolina Residential Builders Commission- Residential Building, Residential Electrical, Residential HVAC, Residential Plumbing. Must have taken the SC exam.
Tennessee Board for Licensing General Contractors Must have taken the TN exam.
Texas Department of Licensing & Regulations- Electrical only. Must have taken the TX exam.

In order for the Mississippi State Board of Contractors to consider an applicant for exam waiver, 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 and be free of any disciplinary action for the time period specified in the agreement.

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.

MSBOC RECIPROCITY VERIFICATION FORM

This form applies only to applicants who are licensed in another state and are seeking to obtain or modify a MSBOC license through a reciprocity agreement.

Instructions to Applicant: Complete Part 1 of this form. **Mail the form** to the state licensing board where you currently hold a license for completion of **Part 2**. Once completed, the form should be returned to you.

Submission Requirements:

- **New Applicants:** If you are submitting a new license application and seeking to waive an exam through a reciprocity agreement, include this completed form and the required $50.00 fee for each exam waived with your application.
- **Existing Mississippi License Holders:** If you already hold a Mississippi license and are requesting to waive an exam for an additional classification or additional qualifier**,** submit this completed form and the required $50.00 fee for each exam waived along with your Request for Additional Classification form or Qualifying Party form. Mail all required materials to: MSBOC**,** P.O. Box 320279, Jackson, MS 39232-0279

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.

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 _____