

**MISSISSIPPI STATE BOARD  
Of  
CONTRACTORS**

**All supporting documentation must be submitted within 180 days of filing this application.  
The application fee is non-refundable.**

**STATEMENT OF EXPERIENCE,  
PERSONNEL AND EQUIPMENT**

**TO BE MAILED TO THE  
STATE BOARD OF CONTRACTORS**

Mailing Address:  
P.O. Box 320279  
Jackson, MS 39232-0279

Phone: (601) 354-6161 • Fax (601) 354-6715 • (800) 880-6161

**PLEASE ATTACH FINANCIAL STATEMENT  
FORM ENCLOSED REVIEWED BY A  
CERTIFIED PUBLIC ACCOUNTANT**

**Applications must  
be received 30  
days prior to board  
meeting.**

**APPLICATION FOR  
CERTIFICATE OF RESPONSIBILITY  
TO PRACTICE CONTRACTING  
IN THE STATE OF MISSISSIPPI**

**Three reference letters  
(one from your financial  
institution/bank) must  
be attached.**

SUBMITTED BY \_\_\_\_\_  
(Give name in which Certificate of Responsibility is to be issued)

ADDRESS \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY STATE ZIP CODE

DATE \_\_\_\_\_

MISSISSIPPI STATE SALES OR USE TAX NUMBER \_\_\_\_\_

MS INCOME TAX I.D. NUMBER \_\_\_\_\_  
(FEDERAL INCOME TAX I.D. NUMBER)

**Check #** \_\_\_\_\_

# APPLICANT'S INSTRUCTIONS AND INFORMATION

(Please read carefully prior to Completing Application)

The State Board of Contractors has adopted the following regulations, concerning the preparation and submission of Applications for a Certificate of Responsibility. Applicants personal appearance before the board when the application is being considered is not required.

1. **Application must be received at least thirty (30) days prior to regular board meeting** dates, which are the second Wednesday of January, April, July and October; if the regular meeting falls on a holiday, the board shall meet on the following day.
2. This original application must be used. Please type or print plainly in ink. All questions must be answered and schedules completed. Write "none" where applicable. Additional information, including supplementary or explanatory notes considered necessary, may be furnished by inserting where needed (legal size paper).
3. **Be sure that all signatures are affixed and notarized where indicated on page 5.**
4. **A check in the amount of \$200** made payable to the State Board of Contractors should accompany this application; plus **\$50 for each additional classification.**
5. Applicant's complete business name style must appear on Page 3 of the application form. The Certificate will be issued in that name only.
6. **REVIEWED FINANCIAL STATEMENT.** Applicants financial statement **MUST BE** reviewed or audited by CPA within the last 12 months. Major classes must have a net worth/equity of \$50,000; speciality classes, \$20,000.
7. No certificate of responsibility or any renewal thereof shall be issued until the applicant furnishes to the board its Mississippi State sales tax or use tax number and Mississippi income tax I.D. numbers. You may contact the Tax Commission at (601) 923-7000 or [www.mstc.state.ms.us](http://www.mstc.state.ms.us) for further information on obtaining these numbers.
8. A foreign corporation or a corporation domiciled outside the State of Mississippi must qualify to do business in this state with the office of the Secretary of State and provide the board with a certificate attesting to such qualification. Secretary of State's Number: (601) 359-1633 or [www.sos.state.ms.us](http://www.sos.state.ms.us).
9. A certificate of Insurance naming the State Board of Contractors as the certificate holder (general liability and workers compensation) is required.
10. **EXAMINATIONS:** An examination is required for all applicants unless you qualify for reciprocity (see page 2). Reciprocity only waives the trade exam. The law exam is mandatory. To be eligible to take the examinations you must complete the exam qualifier information (found on page 2) for each person you wish to be tested. The testing company PSI administers the contractors' examinations. Upon receipt of this completed application, we will mail to you a candidate Information Bulletin and registration instructions. You will find the answers to your questions about the exam in this bulletin. At this time the exams are given 2 to 3 times a week in the following locations: Jackson, MS; Louisiana (Baton Rouge, New Orleans, Lake Charles, Shreveport; Alabama (Huntsville, Birmingham, Mobile, Montgomery); Texas (17 sites).
11. **CLASSIFICATIONS:** The board will classify each applicant and issue a Certificate of Responsibility for the type or types of contracts on which he may bid on the following basis:
  - (A) The applicant will not be classified or permitted to bid on or perform on type or types of work not included in his request.
  - (B) The applicant shall state on the application, the classification he desires to perform and contract, such classification to be selected and determined from the Following list of classifications:

MAJOR CLASSIFICATIONS: (1) Building Const., (2) Highway, St. & Bridge Const.,  
(3) Heavy Const. (4) Electrical Work (5) Mechanical Work (6) Municipal and Public  
Works Construction

SPECIALITY CLASSIFICATIONS: You will find a list of specialty classifications on the next page.

**SPECIALTY CLASSIFICATIONS**

Air Pollution Control  
 Acoustical/Drywall Treatments  
 Alarm Systems & Equip.  
     Access Systems/Security  
 Aluminum  
 Asbestos Abatement or Removal  
 Asphalt Milling/Recycling  
 Athletic Fields/Golf Courses  
 Automation Mfg.  
 Bleachers and Grandstands  
 Boiler Install. and Repair  
 Boring and Tunneling  
 Building Specialities  
 Canopies  
 Carpentry  
 Cathodic Protection  
 Chemical Cleaning  
 Clearing, Grubbing and Snagging  
 Commercial Coolers  
 Communications Systems  
 Concrete  
 Concrete Pumping  
 Concrete Reinforcing  
 Construction Management  
 Conveyer Systems  
 Crack Sealing/Pavement Sealants  
 Demolition  
 Detention Equipment  
 Directional Boring  
     Pipe Installation  
 Doors  
 Dredging  
 Driveways, Parking Areas,  
     Asphalt/Concrete  
 Electronic and Computer Install.  
 Elevated Storage Tanks  
 Elevator and Escalators  
 Energy Management  
 Exhibit Construction  
 Fencing

Fireproofing  
 Fire Sprinkler Work  
 Floor Covering  
 Food Service Equipment  
 Foundations, Caissons, Piledriving  
 Foundations for Building, Equip.  
     or Machinery  
 Fueling Systems  
 Geotextile and Membrane Liners  
 Glass, Glazing, Windows &  
     Skylights  
 Grain Elevators and Silos  
 Grassing  
 Greenhouse Construction  
 Hazardous Material Abatement  
     and Remediation  
 Heat, A/C, Ventilation, Duct (HVAC)  
 Excavation, Grading & Drainage  
 Hydroblasting & Sandblasting  
 Incinerator Construction  
 Industrial Piping  
 Industrial Plant Maintenance  
 Install. of Construction Specialties/  
     Furniture/Equipment  
 Install. of Equipment, Machinery  
     and Engines  
 Install. of Lining and Coatings  
 Install. of Pneumatic Tubes and  
     Conveyers  
 Instrumentation  
 Insulation  
 Insulation for Cold Storage and  
     Building  
 Irrigation Systems  
 Landscaping, Grading and  
     Beautification  
 Lathing, Plastering and Stuccoing  
 Loading Dock Equipment  
 Marinas  
 Masonry, Brick and Stone

Masonry Restoration  
 Median Barrier Walls  
 Millwork  
 Millwright  
 Oil Field Construction  
 Ornamental Iron, Steel Buildings,  
     Misc., Metals  
 Painting  
 Painting, Interior Decorating,  
     Wallcovering  
 Pile Driving  
 Plumbing  
 Railroads  
 Refrigeration  
 Remodeling  
 Retention Systems  
 Rigging, House Moving, Wrecking  
     & Dismantling  
 Roof Decks  
 Roofing, Sheetmetal and Siding  
 Scaffolding  
 Sign Erection  
 Slip Lining and Pipebursting  
 Soil Drainage Wicks  
 Steel Tanks and Vessels  
 Structural Steel  
 Swimming Pools  
 Tennis Courts  
 Towers  
 Traffic Control, Signs, Striping  
     Guard Rails/Median Barriers  
 Transmission Distribution Lines  
 Underground Utilities  
 Undersealing or Leveling of Roads  
 Waterproofing  
 Welding  
 Well Drilling  
 Window Treatment  
 Woodyard Systems

**RECIPROCITY: If you have had a license for three (3) consecutive years with the following Boards, you may request a reciprocity form from our office. Reciprocity only waives the trade exam. The law exam is mandatory.**

Arkansas Contractor Licensing Board, Louisiana Licensing Board For Contractors, Tennessee Board For Licensing General Contractors, South Carolina Board For Licensing Contractors, Alabama Heating, Air Conditioning Board, Alabama General Board and Alabama Electrical Board

**EXAM QUALIFIER INFORMATION:** The applicant may have an unlimited number of exam qualifiers for each classification. **All applicants must complete this section listing an exam qualifier for your application to be considered complete.**

Company Name \_\_\_\_\_

Name of Qualifying Party \_\_\_\_\_  
 (Individual qualifying the applicant by examination)

Position with the Applying Company \_\_\_\_\_

Date hired (if applicable) \_\_\_\_\_ SS # \_\_\_\_\_

This person will qualify this company by:

A. \_\_\_\_\_ passing the technical examinations required by the board.  
 (if you know which exam(s), please indicate)

B. \_\_\_\_\_ passing the law and business examination required by the board

Note: If the applicant is an individual, examination may be taken by his personal appearance for examination or by the appearance for examination of one or more of his responsible managing employees; and if a co-partnership or corporation or any other combination, by the examination of one or more of the responsible managing officers or members of the executive staff of the applicant's firm, according to its own designation.

Firm Name \_\_\_\_\_  
 (Give name in which Certificate of responsibility to be issued, Licensees must conduct their contracting business under the exact name shown on the certificate)

Style of Business, Check One: Individual \_\_\_\_\_ Co-Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Physical Address \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

IF PARTNERSHIP:  
 Name of Partners \_\_\_\_\_  
 \_\_\_\_\_  
 (Use the abbreviation, "Ltd." after the name of limited partners)

IF CORPORATION OR L.L.C.:  
 State and date of Incorporation: \_\_\_\_\_ Domicile: \_\_\_\_\_

Has the Corporation or L.L.C. qualified to do business in Mississippi in accordance with the laws of the State? \_\_\_\_\_

If answer is yes give date \_\_\_\_\_  
 Certificate of Responsibility will not be issued until date of qualification is shown

Name of Principal Officers:

President \_\_\_\_\_ Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

Name of Persons Authorized in By-Laws or Minutes of the Corporation to Bind the Corporation by His or Her Signature:

Name \_\_\_\_\_ Title \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

STATE KINDS OF WORK FOR WHICH CERTIFICATE OF RESPONSIBILITY IS DESIRED: \_\_\_\_\_

Name other states in which applicant holds an contractor's license and for how long: \_\_\_\_\_

1. How many years has your organization been in business as a contractor under your present business Name? \_\_\_\_\_

2. How many years experience in construction work has your organization had:  
 (a) As a general contractor? \_\_\_\_\_ (b) As a subcontractor? \_\_\_\_\_

3. List projects completed by your organization during past three years complete mailing addresses for reference purposes.

YEARS	CLASS OF WORK	CONTRACT AMOUNT	PROJECT NO.

4. a. List name of insurance companies with whom you have liability insurance, Must have a minimum of 300,000 per occurrence and 600,000 aggregate.

INSURANCE COMPANY	POLICY #	DATE OF EXPIRATION	GENERAL LIABILITY

4. b. Do you carry Workman's compensation as required by law?  Yes  No

INSURANCE COMPANY	POLICY #	DATE OF EXPIRATION

5. Has any individual, responsible Managing Employee, Officer, or Member of the Executive Staff of your Organization pleaded guilty or been convicted of any charges relating to bid-rigging? \_\_\_\_\_ If so, give details in full, in confidential letter.
6. Have you or your company been adjudged bankrupt or petitioned for bankruptcy in the past seven (7) years? \_\_\_\_\_
7. Does your company wish to be noted on our records as a minority contractor? \_\_\_\_\_ This information will not be verified by our office.
8. Has any Officer or Partner of your Organization failed to complete a construction contract within the last year? \_\_\_\_\_
9. Have you ever failed to complete any work awarded to you? \_\_\_\_\_ If so, where and why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? \_\_\_\_\_ If so, state name of individual, other organization, and reason therefor:  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Has any officer of your organization ever failed to complete a construction contract handled in his own name? \_\_\_\_\_ If so, state name of individual, Name of owner, and reason therefor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. What is the construction experience of the principal individuals of your present organization? \_\_\_\_\_

INDIVIDUAL'S NAME	PRESENT POSITION OR OFFICE IN YOUR ORGANIZATION	YEARS OF CONSTRUCTION EXPERIENCE	MAGNITUDE AND TYPE OF WORK	IN WHAT CAPACITY

**GENERAL INFORMATION**

Name type of contracts you are interested in bidding on (itemize).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBSIDIARY AND AFFILIATED COMPANIES**

NAME AND ADDRESS	EXPLAIN IN DETAIL EXACTLY YOUR CONNECTION WITH THIS COMPANY

**LIST OF SURETY COMPANIES WITH WHOM YOU HAVE DONE BUSINESS DURING THE PAST THREE YEARS**

SURETY COMPANY	NAME OF STATE OR OWNER OF CONTRACT	DATE COMPLETED	PROJECT NO.	AMOUNT

**LIST ALL INCOMPLETED PROJECTS YOUR ORGANIZATION NOW HAS UNDER CONTRACT**

NAME OR OWNER OR CONTRACTING OFFICER	PROJECT NO. AND LOCATION	CLASS OF WORK	PERCENT COMPLETE	CONTRACT AMOUNT

## CONTRACTOR'S EQUIPMENT SCHEDULE

List only owned equipment

Equipment at book value \_\_\_\_\_ \$ \_\_\_\_\_

Quantity	Description and Capacity of Items	Age of Items	Purchase Price	Depreciation Charge OFF	Book Value
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Are there any liens against the above? \_\_\_\_\_ If so, state total amount \_\_\_\_\_ \$ \_\_\_\_\_

\* Do not lump any items except small hand tools.

**For the purpose of inspection we desire to know the exact place each piece of equipment can be seen**

Quantity	Where Located Town, Project No., State Route No. Between _____ and _____ Etc.	Do Not Write In This Space Report
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

**REFERENCES**

Architects or Engineers \_\_\_\_\_  
 for whom you have completed work. (Name) (Street) (City & State) Zip

\_\_\_\_\_  
 (Name) (Street) (City & State) Zip

\_\_\_\_\_  
 (Name) (Street) (City & State) Zip

\_\_\_\_\_  
 (Name) (Street) (City & State) Zip

Bank \_\_\_\_\_  
 (Name) (Street) (City & State) Zip

Material Supply Dealers \_\_\_\_\_  
 (Name) (Street) (City & State) Zip

\_\_\_\_\_  
 (Name) (Street) (City & State) Zip

\_\_\_\_\_  
 (Name) (Street) (City & State) Zip

\_\_\_\_\_  
 (Name) (Street) (City & State) Zip

Contractors \_\_\_\_\_  
 (Name) (Street) (City & State) Zip

\_\_\_\_\_  
 (Name) (Street) (City & State) Zip

**AFFIDAVIT**

Name of Company \_\_\_\_\_

- A. I certify under penalty of perjury under the laws of the State of Mississippi that all statements, answers and representations in this application, including all supplementary statements attached hereto, are true and accurate.
- B. Any depository, vendor, or agency herein named is hereby authorized to supply such Board with any information to verify this statement.

STATE OF \_\_\_\_\_

PARISH OR COUNTY OF \_\_\_\_\_

\_\_\_\_\_ being duly sworn, deposes and saith: That the foregoing statements are true and correct as of the date thereto and that the answers to the foregoing interrogatories are true.

\_\_\_\_\_  
 (Owner(s). Officer or Authorized Representative

\_\_\_\_\_  
 (Co-partner signature is applicable)

Sworn to before me this \_\_\_\_\_ day  
 On \_\_\_\_\_, 20 \_\_\_\_  
 \_\_\_\_\_  
 Notary Public  
 My commission expires on \_\_\_\_\_



## **INSTRUCTIONS FOR COMPLETION OF FINANCIAL STATEMENT**

- 1. Assets for major classifications must include a net worth of at least Fifty Thousand Dollars (\$50,000). Major classifications are: (1) Building Construction (2) Electrical Work (3) Heavy Construction (4) Municipal and Public Works Construction (5) Highway, Street and Bridge Construction and (6) Mechanical Work.**

**Assets of all other applicants must include a net worth of at least Twenty Thousand Dollars (\$20,000).**

- 2. Reviewed or Audited financial Statement must be performed within the last twelve (12) months.**