

Building Department 10383 Automall Pkwy D'Iberville, MS 39540

Contractor License Application

Please Print	t or Type:		
Licensee Nam	e:		
Home Address	s:		
Contact Number(s):		DOB:/	/
Business Nam	e;		
Business Addı	ress:		
Business Contact Number(s):		Email:	
If Applicable: (please notify us if there is a change)		
Authorized Ag	gent's Name:Authorized to handle transa	Contact Number: actions under <i>your</i> license	
Classification	<u>n:</u>		
	☐ General Contractor	☐ Master Electrician	
Check One	☐ Master Plumber	☐ Master Mechanical	
	☐ Fire Sprinkler Installer	\square Other If Checked please specify:	
			
Electrical Cod	e (NEC) 2017, which will govern work i	he 2018 International Code Council (ICC) Series of on my trade. I am of the opinion that my practical exqualify as a Master in the	xperience and my knowledge
true and comp	plete to the best of my knowledge and b	ful misrepresentations or falsifications: that the infection of the context of th	y time disclose any such
		Signature of Applicant	Date

Note: A signature is required at the time of the application; failure to do so will result in delays on the part of the Licensee.