

CITY OF PETAL

APPLICATION FOR TRANSFER OF MECHANICAL LICENSE

THIS PAGE TO BE COMPLETED BY APPLICANT

1. Attached is a copy of my license (s) from _____, Mississippi for the past year, showing that I have held license for the past twelve (12) months.
2. Attached is a copy of Certificate of Responsibility if applicable.
3. Proof of being in business two (2) years:
 - A. State Sales Tax Number: _____
 - B. Proof of filing State Sales Tax for two (2) years can be secured from the Jackson Division of Mississippi Tax Commission, Woolfolk Building, Jackson, Mississippi for your company.

****If you are not transferring a State Contractor's License, has your license been validated by the Building Officials Association of Mississippi? YES NO**

(Circle One)

If the above requirements are met to the satisfaction of the Board of Electrical Examiners, approved and license issued, applicant must then secure a \$2,000 Contractor's Bond on City of Petal before a permit is issued. Other evidence may be submitted for Item 3B, but must be approved by the Examining Board.

APPLICANT'S SIGNATURE _____

APPLICANT'S NAME _____

DOING BUSINESS AS _____

ADDRESS _____

PHONE # _____

This statement by the applicant must be notarized.

Personally appeared before me, this the ___ day of _____, 20____, the undersigned in and for the State of Mississippi, County of _____, the within named _____.

NOTARY PUBLIC