



For MSBOC Official Use Only
Fee Received: <b>\$100.00 FOR EACH CLASSIFICATION REQUESTED</b> <b>FEES ARE NON-REFUNDABLE.</b>
Amount: _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order
Date Received Stamped Here:

**APPLICATION FOR ADDITIONAL CLASSIFICATION - \$100.00 FEE REQUIRED**

COMPLETE THIS FORM TO ADD A CLASSIFICATION TO A CURRENT CERTIFICATE OF LICENSURE. THE FEE FOR EACH ADDITIONAL CLASSIFICATION IS \$100. RETURN THE COMPLETED FORM WITH THE REQUIRED FEE TO MSBOC. FORMS OF PAYMENT ACCEPTED ARE MONEY ORDER, PERSONAL CHECK, CERTIFIED CHECK OR CASHIER'S CHECK. **NO CASH ACCEPTED. FEES ARE NON-REFUNDABLE.**

**SECTION 1: IDENTIFYING INFORMATION**

<b>Name</b> as it currently appears on certificate of licensure:		<b>Number</b> as it currently appears on certificate of licensure:		
Contact information for person making request	NAME	ADDRESS	TELEPHONE	EMAIL
Address to mail info, if testing required	STREET NO.	CITY	STATE	ZIP

**SECTION 2: CLASSIFICATION REQUESTED**

THE FOLLOWING INFORMATION IS REQUIRED FOR EACH CLASSIFICATION TO BE ADDED TO A CURRENT CERTIFICATE OF LICENSURE. IF REQUESTING MORE THAN ONE CLASSIFICATION TO BE ADDED TO A CERTIFICATE OF LICENSURE, MAKE COPIES OF THIS FORM AND COMPLETE THE REQUESTED INFORMATION FOR EACH CLASSIFICATION YOU WISH TO ADD. FOR A COMPLETE LISTING OF CLASSIFICATIONS OFFERED VISIT [WWW.MSBOC.US](http://WWW.MSBOC.US).

CLASSIFICATION REQUESTED	
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**SECTION 3: QUALIFYING PARTY INFORMATION AND EXPERIENCE**

THE QUALIFYING PARTY IS THE INDIVIDUAL WHO TAKES THE REQUIRED EXAM(S). A LICENSE HOLDER 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. THE QUALIFYING PARTY MUST HAVE THE EXPERIENCE, KNOWLEDGE AND SKILLS TO SUPERVISE OR PERFORM THE WORK IN THE STATED CLASSIFICATION. THE LICENSE HOLDER MUST PROVIDE PROOF OF EMPLOYMENT OF THE QUALIFYING PARTY. ACCEPTABLE FORMS OF PROOF OF EMPLOYMENT INCLUDE A CHECK STUB OR W-2 FORM OR ARTICLES OF INCORPORATION LISTING THE INDIVIDUAL AS AN OFFICER. WHEN A QUALIFYING PARTY TERMINATES EMPLOYMENT WITH A LICENSE HOLDER, MSBOC MUST BE NOTIFIED IN WRITING IMMEDIATELY BY THE QUALIFYING PARTY AND THE LICENSE HOLDER. THE LICENSE HOLDER HAS NINETY (90) DAYS TO REPLACE A QUALIFYING PARTY. FAILURE TO NOTIFY MSBOC WHEN A QUALIFYING PARTY HAS LEFT MAY SUBJECT THE LICENSE HOLDER TO DISCIPLINARY ACTION.

NAME:	SOCIAL SECURITY NO.:	JOB TITLE:
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EMAIL TO SEND TESTING INFORMATION:	Phone #:
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IS INDIVIDUAL A QUALIFYING PARTY CURRENTLY ASSOCIATED WITH THE CERTIFICATE OF LICENSURE?

\_\_\_\_\_ IF YES, COMPLETE REMAINING QUESTIONS. \_\_\_\_\_ IF NO, **YOU MUST ALSO COMPLETE APPLICATION FOR CHANGE IN QUALIFYING PARTY**

PROOF OF EMPLOYMENT ATTACHED:  check stub  W-2 form  MS SOS listing

LIST PROJECTS COMPLETED BY QUALIFYING PARTY LISTED ABOVE DEMONSTRATING EXPERIENCE IN THE CLASSIFICATION REQUESTED.

- 1.
- 2.
- 3.

\_\_\_\_\_  
Name of person making request/Title                      Signature of person making request                      Date