

MISSISSIPPI DEPARTMENT OF AGRICULTURE & COMMERCE
BUREAU OF PLANT INDUSTRY

P.O. BOX 5207, MISSISSIPPI STATE, MS 39762
PHONE: (662) 325-3390 FAX: (662) 325-0397

COMPANY INFORMATION CHANGE FORM
LANDSCAPE HORTICULTURIST and TREE SURGERY

Please complete all the following information accurately and legibly. Application with illegible or incomplete information will not be processed. **Email completed form to Treeandlandscape@mdac.ms.gov**

Date: _____ License Number: _____

Company Information as printed on current License:

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email (required): _____

Change requested, check applicable box(es):

- Company Name
New Company Name: _____
- Company Physical Address
New Physical Address: _____
City: _____ State: _____ ZIP: _____
County: _____
- Company Mailing Address
New Mailing Address: _____
City: _____ State: _____ ZIP: _____

Important:

For Company Name and/or Company Physical address change(s):

- Return all original License(s).
- Return all Registered Technician ID card(s) for all employees and submit new applications for new Registered Technician ID card(s) for all current employees.
- Whichever is applicable, submit certificate of insurance (Tree Surgery) and/or bond rider (Landscape Horticulturist) reflecting the new company name and/or address.

Name of License Holder: _____

Signature of License Holder: _____
