

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

## LANDSCAPE HORTICULTURIST LICENSE RENEWAL FORM

I hereby apply for renewal of my landscape horticulturist license under the provisions of *Miss. Code Ann. §69-19-1* and Section 405.03 which states in part "A license shall expire three (3) years from date of issuance; renewal shall be on a form provided by the Bureau".

Please complete all the following information accurately and legibly. **All fields are required.** Application with illegible or incomplete information will not be processed.

An updated copy of valid Surety Bond **MUST** be attached to this form.

Email completed form and copy of Surety Bond to [treeandlandscape@mdac.ms.gov](mailto:treeandlandscape@mdac.ms.gov)

License Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* *State* *ZIP*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License Number: \_\_\_\_\_

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

Company Physical Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* *State* *ZIP*

Company Mailing Address: \_\_\_\_\_  
*P.O. Box or Street Address*

\_\_\_\_\_ *City* *State* *ZIP*

Company Email: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensee