

MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE  
BUREAU OF PLANT INDUSTRY  
P.O. BOX 5207  
MISSISSIPPI STATE, MS 39762  
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**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". I understand that by not completing and submitting this form my license will be not renewed for another three (3) years.

**PLEASE UPDATE THE INFORMATION BELOW INCLUDING BOTH THE PHYSICAL AND MAILING ADDRESSES, INCLUDE AN EMAIL ADDRESS IF POSSIBLE, AND INCLUDE AN UPDATED COPY OF YOUR SURETY BOND:**

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NAME OF COMPANY: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ COMPANY LOCATION NUMBER: \_\_\_\_\_

COMPANY PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

COMPANY MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(P.O. Box or Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

COMPANY EMAIL ADDRESS: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

\_\_\_\_\_  
Date

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