

**PEST CONTROL, WEED CONTROL, LANDSCAPE HORTICULTURIST, TREE SURGERY  
REQUEST TO CHANGE COMPANY NAME, PHYSICAL ADDRESS OR MAILING ADDRESS**

RETURN THIS FORM WITH REQUIRED DOCUMENTS AND FORMS TO:  
BUREAU OF PLANT INDUSTRY, P.O. BOX 5207, MISSISSIPPI STATE, MS 39762 PHONE: 662-325-3390  
LEGIBLY PRINT OR TYPE

DATE OF REQUEST: \_\_\_\_\_ COMPANY NUMBER \_\_\_\_\_ YOUR ID NUMBER \_\_\_\_\_

STATE COMPANY NAME, ADDRESS, CITY, STATE AND ZIP AS PRINTED ON CURRENT LICENSE/PERMIT

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

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

I REQUEST TO CHANGE COMPANY NAME: YES  NO  (COMPLETE SECTION 1 AND SUBMIT THIS FORM)

I REQUEST TO CHANGE PHYSICAL ADDRESS: YES  NO  (COMPLETE SECTION 2 AND SUBMIT THIS FORM)

I REQUEST TO CHANGE MAILING ADDRESS: YES  NO  (COMPLETE SECTION 3 AND SUBMIT THIS FORM)

**• SECTION 1: CHANGE OF COMPANY NAME (TO AVOID DELAYS IN PROCESSING FOLLOW DIRECTIONS)**

- RETURN ALL CURRENT ORIGINAL LICENSES AND/OR PERMITS.
- RETURN REGISTERED TECHNICIAN IDENTIFICATION CARDS FOR ALL EMPLOYEES.
- SUBMIT APPLICATIONS FOR REGISTERED TECHNICIAN ID CARDS FOR ALL UNLICENSED/UNPERMITTED EMPLOYEES.
- SUBMIT BOND RIDER REFLECTING THE NEW COMPANY NAME (REQUIRED FOR ALL INSECT, RODENT AND PLANT DISEASE CONTROL CATEGORIES, WEED CONTROL CATEGORIES AND LANDSCAPE HORTICULTURIST CATEGORY)
- SUBMIT CERTIFICATE OF INSURANCE REFLECTING THE NEW COMPANY NAME (REQUIRED FOR ALL INSECT, RODENT AND PLANT DISEASE CONTROL CATEGORIES AND TREE SURGERY CATEGORY)

NEW COMPANY NAME: \_\_\_\_\_

**• SECTION 2: CHANGE OF PHYSICAL ADDRESS (TO AVOID DELAYS IN PROCESSING FOLLOW DIRECTIONS)**

- RETURN ALL CURRENT ORIGINAL LICENSES AND/OR PERMITS.
- RETURN REGISTERED TECHNICIAN IDENTIFICATION CARDS FOR ALL EMPLOYEES.
- SUBMIT APPLICATIONS FOR NEW REGISTERED TECHNICIAN ID CARDS FOR ALL UNLICENSED/UNPERMITTED EMPLOYEES.
- SUBMIT BOND RIDER REFLECTING THE NEW ADDRESS (REQUIRED FOR ALL INSECT, RODENT AND PLANT DISEASE CONTROL CATEGORIES, WEED CONTROL CATEGORIES AND LANDSCAPE HORTICULTURIST CATEGORY)
- SUBMIT CERTIFICATE OF INSURANCE REFLECTING THE NEW COMPANY NAME (REQUIRED FOR ALL INSECT, RODENT AND PLANT DISEASE CONTROL CATEGORIES AND TREE SURGERY CATEGORY)

NEW PHYSICAL ADDRESS: \_\_\_\_\_  
(PHYSICAL ADDRESS, CITY, STATE, ZIP)

PHONE # FOR NEW ADDRESS: \_\_\_\_\_ FAX # FOR NEW ADDRESS: \_\_\_\_\_

COUNTY OR PARRISH: \_\_\_\_\_

**• SECTION 3: CHANGE OF MAILING ADDRESS (TO AVOID DELAYS IN PROCESSING FOLLOW DIRECTIONS)**

- IF LICENSES AND/OR PERMITS FORMS AND REGISTERED TECHNICIAN ID CARDS FOR ALL EMPLOYEES, HAVE THE CORRECT PHYSICAL ADDRESS, THIS FORM IS ALL THAT MUST BE RETURNED.

OLD MAILING ADDRESS: \_\_\_\_\_  
(P.O. BOX, CITY, STATE, ZIP)

NEW MAILING ADDRESS: \_\_\_\_\_  
(P.O. BOX, CITY, STATE, ZIP)

PRINTED NAME OF LICENSEE  
FORM REVISED AUG. 2013

SIGNATURE OF LICENSEE (REQUIRED)