



STATE OF MISSISSIPPI
DEPARTMENT OF AGRICULTURE AND COMMERCE • BUREAU OF PLANT INDUSTRY

COMPANY NAME REQUEST FORM

(Please fax or mail this form and receive name approval prior to buying insurance and/or bond)

DATE OF REQUEST: _____

Table with 3 rows (1st, 2nd, 3rd choice) and 3 columns (Company Name, Approved Yes, Approved No)

OWNER/OPERATOR _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE () _____ FAX () _____ COUNTY _____

E-MAIL _____

LICENSEE (PRINTED NAME) _____ (SIGNATURE) _____

FOR OFFICE USE ONLY

APPROVED BY _____ DATE _____

DENIED BY _____ DATE _____

PERSON REQUESTING, NOTIFIED BY: PHONE [] FAX [] E-MAIL [] MAIL []

DATE NOTIFIED _____