



Mississippi Department of Agriculture and Commerce  
 Bureau of Plant Industry  
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 Email: [professionalservices@mdac.ms.gov](mailto:professionalservices@mdac.ms.gov)

## COMPANY LICENSE NAME REQUEST FORM

Date of Request: \_\_\_\_\_

	COMPANY NAME	APPROVED	
<b>1<sup>ST</sup> CHOICE</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>2<sup>ND</sup> CHOICE</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>3<sup>RD</sup> CHOICE</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Primary Company Contact \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ County \_\_\_\_\_

E-Mail \_\_\_\_\_

\_\_\_\_\_  
 Owner/Operator (Printed Name)

\_\_\_\_\_  
 (Signature)

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### FOR OFFICE USE ONLY

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Denied By \_\_\_\_\_ Date \_\_\_\_\_

Person Requesting, Notified By: Phone  Fax  E-Mail  Mail  In-person

Date Notified \_\_\_\_\_