

Mississippi Department of Agriculture and Commerce Bureau of Plant Industry P.O. Box 5207, Mississippi State, MS 39762 Phone: (662) 325-3390 Fax: (662) 325-0397 Email: professionalservices@mdac.ms.gov

## THIS FORM MUST BE NOTARIZED

## COMPANY LICENSE NOTARY STATEMENT

Mississippi Regulation of Professional Services Requires Proof of:

- \$2,500.00 Surety bond is required for any weed control work (AGW, AQW, ROW, HCW).
- \$5,000.00 Surety bond is required for any insect, rodent, plant disease and weed control work (WDI, UP GRC, MBF, HCP, ORP, DAP, FUM, AGP, AGW, AQW, ROW, HCW).
- \$200,000.00 General liability insurance is required for any insect, rodent and plant disease control work. This insurance shall not be less than \$100,000.00 per occurrence, with a minimum annual aggregate of \$200,000.00.
  - Minimum coverage shall include coverage for pollution and contamination, property damage, personal injury and errors and omissions.
  - For companies licensed in Wood Destroying Insect Control, insurance must include:
    - o Errors and omissions on Mississippi Official Wood Destroying Insect Reports, and
    - Damages caused by structural pests.

By signing this statement, I will submit proof of surety bond and if required, proof of insurance when I apply for and renew my Company License. I will maintain surety bond and insurance, if required, as long as I am licensed to perform work in professional services. Failure to do so will automatically cancel the Company License.

I currently have a Company License or am submitting application requesting a Company License in Mississippi to perform work in:

PEST CONTROL: YES 
NO 
WEED CONTROL: YES 
NO

Company License Name:		
Mailing Address:		
City:	State:	Zip:
Printed Name of Company Contact:		
Signature of Company Contact: Pho		e #:
SWORN TO AND SUBSCRIBED BEFORE ME, IN MY PRESENCE OF, A NOTARY, STATE OF,	Y PUBLIC IN AND FOR	THE COUNTY OF
SIGNATURE OF NOTARY PUBLIC	_	
MY COMMISSION EXPIRES, 20,		