

Operator License or Permit Holder Change of Address

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

You may email the completed form to: professionalservices@mdac.ms.gov.

Date of Request: _____

Operator License or Permit ID: _____

State Name, Address, City, State and Zip as printed on current Operator License or Permit ID

Operator License or Permit Holder Name: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail Address: _____

I request to change physical address: Yes ☐ No ☐ (Complete Section 1 and submit this form)

I request to change mailing address: Yes ☐ No ☐ (Complete Section 2 and submit this form)

• Section 1: Change of Physical Address

NEW Physical Address: _____
(Physical Address, City, State, and Zip)

Phone # for new address: _____ Fax # for new address: _____

County or Parrish: _____

• Section 2: Change of Mailing Address

OLD Mailing Address: _____
(P.O. Box, City, State, and Zip OR Same as Physical Address)

NEW Mailing Address: _____
(P.O. Box, City, State, and Zip OR Same as Physical Address)

Printed Name of Operator License or Permit Holder

Signature of Operator License or Permit Holder