



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](mailto:professionalservices@mdac.ms.gov)

## TREE SURGEON LICENSE RENEWAL FORM

Please complete all the following information accurately and legibly. **All fields are required.** Application with illegible or incomplete information will not be processed.

An updated and valid Certificate of Insurance **MUST** be attached to this form.

Email completed form and copy of Certificate of Insurance to [treeandlandscape@mdac.ms.gov](mailto:treeandlandscape@mdac.ms.gov).

License Holder's Name: \_\_\_\_\_

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Email: \_\_\_\_\_

License Number: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Company Physical Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State ZIP*

Company Mailing Address: \_\_\_\_\_  
*P.O. Box or Street Address*

\_\_\_\_\_  
*City State ZIP*

Company Email: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensee