



# Mississippi Real Estate Appraisal Board

ADMINISTRATOR  
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## CERTIFICATION OF LICENSURE REQUEST FORM

**APPLICATION FEE: \$25.00**

**(PLEASE ALLOW THREE (3) TO FIVE (5) BUSINESS DAYS FOR PROCESSING)**

Application must be typed or printed CLEARLY Licensee:

Licensee: \_\_\_\_\_  
(Name) (License #)

Contact Number: \_\_\_\_\_

Many states require that the Certification of Licensure be addressed to or prepared specifically for that state. Please indicate how the Certification should be addressed:

\_\_\_\_\_ TO WHOM IT MAY CONCERN

\_\_\_\_\_ STATE: \_\_\_\_\_ REAL ESTATE APPRAISAL BOARD

\_\_\_\_\_ LICENSEE NAME (AS LISTED ABOVE)

\_\_\_\_\_ OTHER: \_\_\_\_\_

## CERTIFICATION OF LICENSURE SHOULD BE MAILED TO:

(Name) \_\_\_\_\_

(Street Address) \_\_\_\_\_

(Post Office Box) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Licensee's Signature: \_\_\_\_\_ (Date) \_\_\_\_\_