

**CITY OF CLEVELAND
RECIPROCAL CONTRACTOR APPLICATION**

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s) where can be reached: _____

Email: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Telephone Number: _____

Please check the license(s) you are applying for reciprocity for:

- Electrical Work Mechanical Work Plumbing Work
- Other: _____ Other: _____

List employees that will be on your job site: _____

Applicant's Signature: _____ Date: _____

ALL APPLICATIONS MUST BE ACCOMPANIED WITH THE FOLLOWING DOCUMENTATION AND PRESENTED IN PERSON BY THE LICENSE HOLDER:

- 1. PICTURE I.D.**
- 2. COPY OF MISSISSIPPI STATE BOARD OF CONTRACTORS LICENSE**
- 3. COPY OF PROOF OF LIABILITY INSURANCE**
- 4. \$5,000.00 BOND MADE PAYABLE TO THE CITY OF CLEVELAND**
- 5. COPY OF WORKER'S COMPENSATION INSURANCE FOR MORE THAN 5 EMPLOYEES.**
- 6. COMPLETED CERTIFICATE OF EMPLOYEE/APPRENTICE FORMS FOR EACH EMPLOYEE/APPRENTICE WORKING ON JOB SITE.**
- 7. COPY OF VALID W-4 OR W-2 FOR EACH EMPLOYEE/APPRENTICE FOR PROOF OF EMPLOYMENT INCLUDING THE MASTER IF NOT THE OWNER OF THE BUSINESS. (Those paid by 1099 are not eligible to work on the job site)**
- 8. FEE OF \$75.00 FOR EACH RECIPROCAL CATEGORY REQUESTED.**