



## Mississippi Home Inspector Division

ADMINISTRATOR  
E. C. Neely, IV

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(601) 359-5443 – Office  
(601) 359-5441- Office

www.mhid.ms.gov

### CHANGE OF ADDRESS FORM

*(Application will **NOT** be accepted unless typed or printed **CLEARLY**.)*

The home inspector must complete the following form and return it to the MHID within ten (10) days of changing their license address.

HOME INSPECTOR NAME: \_\_\_\_\_

LICENSE # \_\_\_\_\_

Method Used to Notify MHID:  US Mail  Scan/Email  Fax  Hand Delivery

#### NEW ADDRESS

STREET ADDRESS \_\_\_\_\_

P. O. Box: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

COUNTY/PARISH: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME INSPECTOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_