



Mississippi Insurance Department
Post Office Box 79
Jackson, MS 39205

Office of the State Fire Marshal
Phone (601) 359-1061
Fax (601) 359-1076



MEMORANDUM

**TO: MISSISSIPPI RESIDENTIAL ELECTRONIC
PROTECTION LICENSE APPLICANTS**

FROM: STATE FIRE MARSHAL'S OFFICE

DATE: APRIL 13, 2007

RE: LICENSE APPLICATION

The Mississippi Residential Electronic Protection notification form is being provided pursuant to Miss. Code Ann. § 73-69-11(6) (Rev. 2006).

Per the law each individual license holder shall notify the State Fire Marshal Office/Residential Electronic Protection Systems, on a form specified and provided by the State Fire Marshal, within ten (10) days of the following:

- Any changes in ownership/interest in company.
- Any change in business or home address.
- Any separation from an employer or change in employer.
- Any conviction of a felony or entry of a plea of guilty or nolo contendere or a felony charge or receipt of a first-time offender pardon.
- Any change in the designated agent.

This form is to be used for notifying the State Fire Marshal Office/Residential Electronic Protection Systems of any changes to your license application and/or employee changes.



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MISSISSIPPI RESIDENTIAL ELECTRONIC PROTECTION NOTIFICATION FORM

(1) Change in ownership of/or interest in the company.

(2) Change in Designated Agent.

(3) Change in business or home address.

(4) Separation from an employer or change in employer.

(5) Conviction of a felony or entry of a plea of guilty or nolo contendere to a felony charge or receipt of a first-time offender pardon.

Company or Employee Name

License Number