



**Post Office Box 50, Morton, MS 39117  
601-750-4909      601-732-6447 (fax)  
support@auctioneers.ms.gov**

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## **REQUEST FOR DOCUMENTS**

**I request that the following information be sent to:**

\_\_\_\_\_  
**Contact of Licensing Agency**

\_\_\_\_\_  
**Name of Licensing Agency**

\_\_\_\_\_  
**Mailing Address of Licensing Agency**

\_\_\_\_\_  
**Email Address of Licensing Agency**

**Information to be mailed:**

☐ **Letter of good standing / Reciprocal letter**

☐ **Certificate of Graduation**

☐ **Other: Specify \_\_\_\_\_**

**Please email a copy of information being sent to licensee: ☐ Yes      ☐ No**

\_\_\_\_\_  
**Print Name of Licensee**

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

\_\_\_\_\_  
**Mississippi License Number:**