



**Board for Contractors**  
**ADDITIONAL SPECIALTY DESIGNATION APPLICATION**  
**Fee \$110 per Specialty Classification**

A check or money order payable to the **TREASURER OF VIRGINIA**,  
 or a completed [credit card insert](#) must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

All applicants are required to declare one Qualified Individual for each license classification and/or specialty designation who (1) has the technical experience in the selected classification or specialty designation; (2) possesses the minimum number of years of experience required for the type of license requested (i.e., 2 years for Class C License, 3 years for a Class B License, and 5 years for a Class A License); and (3) when required, has passed a Board-approved trade examination.

1. Virginia Contractor's License Number (if applicable) 

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2. Business or Sole Proprietor Name \_\_\_\_\_  
 ➤ A sole proprietor should enter his/her full legal name and the company name should be entered below as the Trade/DBA name. All names must be the same as the name on your government issued ID or organization/business documents.

3. Trade, "Doing Business As" (DBA), or "Fictitious Name" ▲ \_\_\_\_\_  
 ▲ All sole proprietors and general partnerships with a **DBA or Fictitious** name must attach a copy of the certificate filed with the Clerk of the Court in the locality where business will be conducted (if required by the locality).

4. Provide **one** of the following identification numbers\*:  
 Business Federal Employer Identification Number (FEIN) 

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Federal Employer Identification Number (12-3456789)
   
 *Sole Proprietor's/Individual's* Social Security Number **or** 

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Social Security or Virginia DMV Number (123-45-6789)
   
 **Virginia** Department of Motor Vehicles Control Number

➤ Enter the same identification number as used on previous applications or licenses on file with the department.  
 \* State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

5. Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

6. Email Address \_\_\_\_\_  
 Email address is considered a public record and will be disclosed upon request from a third party.

7. List the classification/specialty designation for which you are applying and **one Qualified Individual**† for each classification/designation. (Choose from the list below.)  
 The Qualified Individual must possess the minimum number of years of relevant experience required for the license type being requested. (i.e., 2 years for a Class C License, 3 years for a Class B License and 5 years for a Class A License.)  
 † *A Qualified Individual must 1) hold a valid individual license or certification issued by the Board for Contractors, 2) hold a certificate from an accepted third party organization, or 3) successfully complete the applicable technical examination for the specialty. A list of the specialties and the QI requirements can be found in the Requirements for the Qualified Individual form. Additionally, this individual must be a full-time employee (working 30 hours or more for the business) or one of the persons listed as Responsible Management for the company.*

OFFICE USE ONLY	DATE	FEE	TRANS CODE 9100	ENTITY #	FILE #/LICENSE # 2705			ISSUE DATE
BOARD USE ONLY	SCC		ETS	CLASS A	CLASS B	VIRGINIA	TECHNICAL	

### 3-Letter Codes for License Classifications and Specialty Designations

Below is a list of the license classifications and specialty designations issued by the Virginia Board for Contractors and the **three-letter code** to be entered when completing the Qualified Individual table below. At least one code must be chosen. A definition of the type of work that each of these classifications and designations may perform is available in the *Board for Contractors Regulations*. A license may have more than one classification or specialty designation.

AES	Alternative energy systems	EMC	Equipment/machinery	MCC	Marine facility
ASB	Asbestos	FIC	Farm improvement	BRK	Masonry
ASC	Accessibility Services	FAS	Fire alarm systems	NGF	Natural gas fitting provider *
ASL	Accessibility Services with LULA	SPR	Fire sprinkler *	PTC	Painting & wall covering
PAV	Asphalt paving & seal coating	FSP	Fire suppression	PLB	Plumbing
BSC	Billboard/sign	GFC	Gas fitting	RBC	Residential Building
BEC	Blast/explosive *	H/H	Highway/heavy	REF	Refrigeration
CBC	Commercial Building	HIC	Home Improvement	RFC	Recreational facility
CIC	Commercial improvement	HVA	HVAC	RMC	Radon mitigation *
CEM	Concrete	IBC	Industrial building contracting	ROC	Roofing
ELE	Electrical	ISC	Landscape irrigation	SDS	Sewage disposal system
ESC	Electronic/communication service	LSC	Landscape services	POL	Swimming pool construction
EEC	Elevator/escalator	LAC	Lead abatement	VCC	Vessel construction
EMW	Environmental monitoring well	LPG	Liquefied petroleum gas *	WWP	Water well/pump
ENV	Environmental specialties	MHC	Manufactured home contracting *		

\* A copy of your License or Certification is required by the Board.

3-letter Code	Last Name	First Name	MI	Years of Exp.	Exam Date	Social Security No. or VA DMV Control No. *	VA Qualifying License No. (if applicable)	Birth Date

8. Does your **Qualified Individual(s)** hold a current or expired contractor's license, certification or registration in another state (including Virginia)?

No

Yes  If yes, complete the following table.

Business/Individual Full Legal Name	State/ Jurisdiction	License, Certification or Registration Number	Expiration Date

9. Has the **Qualified Individual(s)** ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No

Yes  If yes, complete the [Disciplinary Action Reporting Form](#).

10. A. Has the **Qualified Individual(s)** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

B. Has the **Qualified Individual(s)** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** within the last three years? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

11. During the past five years, has your **Qualified Individual(s)** had any **outstanding/past-due debts** (including child support arrearage); judgments; liens; past due 'unpaid' claims or suits; outstanding tax obligations; defaults on bonds; or pending/past bankruptcies?

No

Yes  If yes, complete the [Adverse Financial History Reporting Form](#).

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Contractors License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application, you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

12. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may desire. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 11 of the *Code of Virginia*, and the *Board for Contractors Regulations*.
- I certify that I am a member of responsible management as defined in 18VAC50-22-10 of the Board for Contractors regulations and am authorized to bind the applicant to contracts and other legal obligations.

**Signature of Responsible Management** (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation)

Print Name \_\_\_\_\_

Provide either Social Security No. or VA DMV Control No. \*

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Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_