

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 9960 Mayland Drive, Suite 400
 Richmond, Virginia 23233-1485
 (804) 367-8511
www.dpor.virginia.gov



**Board for Contractors
 LICENSE APPLICATION**

**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.**

Select the **one** license you are requesting.

Type of License	Fee	X
Class A License	\$ 360.00	<input type="checkbox"/>
Class B License	\$ 345.00	<input type="checkbox"/>
Class C License	\$ 210.00	<input type="checkbox"/>

FINANCIAL REQUIREMENTS

Class A Applicants: Must submit an annual report, complete the Financial Statement Form (included as part of the application) **OR** a CPA reviewed balance sheet, to provide proof of your firm's net worth of at least \$45,000.

Class B Applicants: Does your firm meet the net worth requirement of \$15,000?
 Yes
 No If no, your firm is not eligible for a Class B Contractor License.

- Business Entity/Sole Proprietor's Name _____
- Trade or "Fictitious" Name _____
- Federal Employer Identification Number -
- Sole Proprietor's** Social Security No. * - -
- Street Address (PO Box not accepted) _____
 City, State, Zip Code _____
- Mailing Address _____
 City, State, Zip Code _____
- E-mail Address _____
- Telephone & Facsimile Numbers
 Telephone () - _____ Facsimile () - _____ Beeper/Cellular () - _____
- Type of business entity (select only one)
 Sole Proprietorship Limited Partnership Limited Liability Company
 General Partnership Association Corporation

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER	ISSUE DATE

SCC	ETS	CLASS A	CLASS B	VIRGINIA	TECHNICAL

12. List the classification/designation for which you are applying and one Qualified Individual for each classification/designation. The Qualified Individual must possess the minimum number of years of relevant experience required for the type of license 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).

- ◆ *Qualified Individuals for the electrical, plumbing, HVAC, gas fitting, liquefied petroleum gas fitting and natural gas fitting provider classifications must hold a current Master Tradesman Card issued by the Virginia Board for Contractors Tradesman Program. 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 in item #14).*

3-letter Code	Last Name	First Name	MI	Years of Experience	Social Security No. *	(if applicable) VA Tradesman License No.	Birth Date
						2710	
						2710	
						2710	
						2710	
						2710	

13. Three references that will attest to the Qualified Individual's satisfactory completion of contracting work in their license classification(s) and/or specialty designation(s). If your business employs more than one Qualified Individual, please attach an **Additional Qualified Individual Experience Reference Form (27qiexp)** for each additional Qualified Individual.

Name	Street Address, City, State, Zip Code	Telephone Number
		() -
		() -
		() -

14. 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)

Individual's Full Legal Name	Title	Address	Social Security No.

15. Does your business have a current or expired contractor's license, certification or registration in another state?

No

Yes If yes, complete the following table.

Business Name	State	License, Certification or Registration No.	Expiration Date

16. Does your Designated Employee, Qualified Individual(s) or Responsible Management have a current or expired contractor's license, certification or registration in another state?

No

Yes If yes, complete the following table.

Individual's Full Legal Name	Business Name	State	License, Certification or Registration No.	Expiration Date

17. Has your business, Designated Employee, Qualified Individual(s) or Responsible Management been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

18. A. Has your business, Designated Employee, Qualified Individual(s) or Responsible Management ever been convicted in any jurisdiction of **any felony**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No

Yes If yes, please provide the information requested in #18.C.

B. Has your business, Designated Employee, Qualified Individual(s) or Responsible Management ever been convicted in any jurisdiction of **any misdemeanor** within the last three years? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No

Yes If yes, please provide the information requested in #18.C.

Please read the following instructions carefully!

C. If you answered "yes" to either question #18.A. or #18.B., list the felony and/or misdemeanor conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

*Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents **must** obtain complete a criminal history record from the Virginia State Police. You may obtain a request form from the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472 or by contacting your local State Police Division. *Certified copies of court records* may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.*

19. During the past five years, has your business, Designated Employee, Qualified Individual(s), or Responsible Management had any outstanding/past-due debts or judgments; outstanding tax obligations; or defaults on bonds?
- No
- Yes **IF YES, YOU MUST PROVIDE AN EXPLANATION OF THE SITUATION, INCLUDING DOCUMENTATION OF THE BEGINNING BALANCE, CURRENT BALANCE AND PAYMENT ARRANGEMENTS. Failure to provide adequate documentation may result in a delay in the processing of your application.**
-

20. Does your Responsible Management understand that all Class A, Class B and Class C Contractors must comply with the local licensing requirements of all counties, cities and towns in which work is performed?
- Yes
- No **IF NO, THIS APPLICATION CANNOT BE PROCESSED.**

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 in 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.

- 21 I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if the business, the designated employee, the qualified individual(s), or any member of responsible management are subject to any disciplinary action; judgments or past due debts; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to the receipt of the requested license. I certify that I am a member of responsible management as defined in 18 VAC 50-22-10 of the Board for Contractors regulations and am authorized to bind the applicant to contracts and other legal obligations. I also certify that I understand, and have complied with, all the laws of Virginia related to contractor licensure under the provisions of Title 54.1, Chapter 11 of the *Code of Virginia*, and the *Board for Contractors Regulations*.

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)

Name _____ SS # _____ DOB _____
 Signature _____ Title _____ Date _____

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.



**Board for Contractors
 FINANCIAL STATEMENT**

**ONLY CLASS A APPLICANTS ARE REQUIRED TO COMPLETE THIS SECTION
 OF THE CONTRACTOR LICENSE APPLICATION.**

All applicants are required to furnish proof of financial responsibility. Excluding any property owned as tenants by the entirety, applicants for a Class A license must document a net worth or equity of \$45,000 or more *and* a current ratio of assets to liabilities.

A current financial statement that essentially duplicates the information included on this form may be substituted, however the net worth and current ratio information must be entered on lines 10, 20, 21, and 23. Please note that the information reported on the financial statement must not be more than one year old. All assets and liabilities must be in the name of the business entity applying for the license.

Balance Sheet as of _____
 Contracting Business Name _____

ASSETS	
1.	Current Assets
2.	Cash and Investments
3.	Accounts Receivable (Net)
4.	Inventories
5.	Prepaid Expenses
6.	Other Current Assets
7.	Total Current Assets (sum of lines 2 through 6)
8.	Land, Buildings and Equipment (Net)
9.	Other Non-Current Assets
10.	TOTAL ASSETS (sum of lines 7 through 9)

LIABILITIES AND OWNER'S EQUITY	
11.	Current Liabilities
12.	Accounts Payable
13.	Current Portion of Long-term Debt (payable within the next 12 months)
14.	Accrued Taxes
15.	Accrued Payroll
16.	Other Current Liabilities
17.	Total Current Liabilities (sum of lines 12 through 16)
18.	Long-term Debt
19.	Other Long-term Liabilities
20.	TOTAL LIABILITIES (sum of lines 17 through 19)
21.	OWNER'S EQUITY (NET WORTH) (line 10 minus line 20)
22.	TOTAL LIABILITIES & OWNER'S EQUITY (sum of lines 20 and 21)
23.	CURRENT RATIO (line 7 divided by line 17)

Is a substitute Financial Statement attached? Yes No