

**Board for Contractors  
 CHANGE IN LICENSE CLASS 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.**

**FINANCIAL REQUIREMENTS:** Class A & Class B Applicants

Must provide a completed Financial Statement Form (included as part of the application) **OR** an annual report **OR** a CPA reviewed/audited financial statement, as evidence of your firm's net worth. Class A applicants must provide proof of a net worth/equity of \$45,000. Class B applicants must provide proof of a net worth/equity of \$15,000. Applicants who do not meet these requirement may qualify for a Class C license.

Select the one license type requested.

2705 - Change to an existing License:			
<input type="checkbox"/>	Class A (from a Class B or C)	9050	\$385.00
<input type="checkbox"/>	Class B (from a Class A)	9052	\$370.00
<input type="checkbox"/>	Class B (from a Class C)	9051	\$370.00
<input type="checkbox"/>	Class C (from a Class A or B)	9053	\$235.00

1. Provide your current\* Virginia Contractor's license issued by the board 

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\* If you currently do not hold a valid Virginia Contractor's license, you can not proceed with this application.

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 **DBA or Fictitious** names 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. A. Type of business entity (select only **one**)  
 Sole Proprietorship     General Partnership     Solely Owned LLC ♦     Other, please specify:  
 Corporation ♦     Limited Partnership ♦     Limited Liability Company ♦ \_\_\_\_\_  
**Other:** Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned)

B. State Corporation Commission Number: \_\_\_\_\_ (If applicable)  
 ♦ If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission or the clerk of court in the county or jurisdiction where the business is to be conducted. For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.

5. 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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 **Virginia** Department of Motor Vehicles Control Number 

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 Social Security or Virginia DMV Number (123-45-6789)  
 > 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*.

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

6. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

\_\_\_\_\_  
 City State Zip Code

7. Street Address (PO Box not accepted)  
**PHYSICAL ADDRESS REQUIRED**

Check here if Street Address is the same as the Mailing Address listed above.

\_\_\_\_\_  
 City State Zip Code

8. Contact Numbers

\_\_\_\_\_  
 Primary Telephone Alternate Telephone Fax

9. Email Address

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

10. All Class A & Class B (not Class C) license applicants are required to declare a **Designated Employee** who has successfully completed the appropriate licensure examination and is either a bona fide full-time employee of the business or a member of Responsible Management. If no one at your business has passed the licensure exam, contact PSI Examination Services at 3210 East Tropicana, Las Vegas, NV 89121; [www.psiexams.com](http://www.psiexams.com); telephone 800-733-9267 or facsimile 818-247-3853. Complete the following information on the individual selected to be the Designated Employee of this firm.

Designated Employee's:

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Exam Date \_\_\_\_\_

11. 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.

**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.

A. Are you applying for a Commercial Building Contractor (CBC), a Commercial improvement (CIC) classification/specialty; **with no other** classification/specialty requested for your license?

Yes  If yes, complete the following information for each classification/specialty requested\*:  
(skip to the question #12)

\* Modification to your application fee is as follows: **Class A: \$360.00\*\* Class B: \$345.00\*\* Class C: \$210.00\*\***

\*\* *Contractor's Recovery fund fee is not required for CBC/CIC.*

No  If no, complete section 11.B

Select	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
<input type="checkbox"/>	CBC								
<input type="checkbox"/>	CIC								

B. If you answered "no" in Section A, select all the license classification and specialty designations you are requesting for this license:

(This section can include CBC/CIC designation, but only if your request includes other classification/specialties. There is **no fee reduction to your application fee.** Contractor's Recovery fund fee is required for all other classification/specialty designations.)

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

12. List all **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. or VA DMV Control No.*	Date of Birth

13. Does your **Business, Designated Employee, Qualified Individual(s)** or any member of **Responsible Management** have a current or expired contractor's license, certification or registration in another state?

No

Yes  If yes, complete the following table.

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

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

14. Has this **Business, Designated Employee, Qualified Individual(s)** or any member of **Responsible Management** 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](#).
15. A. Has this **Business, Designated Employee, Qualified Individual(s)** or any member of **Responsible Management** 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 this **Business, Designated Employee, Qualified Individual(s)** or any member of **Responsible Management** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*  
 No   
 Yes  If yes, complete the [Criminal Conviction Reporting Form](#).
16. During the past five years, has your **Business, Designated Employee, Qualified Individual(s)**, or any member of **Responsible Management** ever 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](#).
17. Do the members of **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?  
 No  **IF NO, THIS APPLICATION CANNOT BE PROCESSED.**  
 Yes

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.

18. 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 *Virginia 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. \*    -   -

Date of Birth \_\_\_\_\_  
MM/DD/YYYY

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

(Financial Statement to follow)

**Board for Contractors  
 FINANCIAL STATEMENT**

**ONLY CLASS A & CLASS B APPLICANTS ARE REQUIRED TO COMPLETE THIS SECTION  
 FOR 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. **Class B** license must document a net worth or equity of \$15,000 or more.

A current financial statement duplicates the information required on this form may be substituted; however the **net worth must be entered on lines 10, 20, and 21**. The board will accept a CPA 'reviewed' or a completed 'audit' in lieu of this form (*Financial Statement*). The information reported on the financial statement must not be more than one year old. The corporation must own all assets and liabilities if your application is for a corporation.

Effective Balance Sheet as of \_\_\_\_\_ (MM/DD/YYYY)

Contracting Business Name \_\_\_\_\_

ASSETS		
1.	<b>Current Assets</b>	
2.	Cash and Investments	
3.	Accounts Receivable (Net)	
4.	Inventories	
5.	Prepaid Expenses	
6.	Other Current Assets	
7.	<b>Total Current Assets</b> (sum of lines 2 through 6)	
8.	Land, Buildings and Equipment (Net)	
9.	Other Non-Current Assets	
10.	<b>TOTAL ASSETS</b> (sum of lines 7 through 9)	
LIABILITIES AND OWNER'S EQUITY		
11.	<b>Current Liabilities</b>	
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.	<b>Total Current Liabilities</b> (sum of lines 12 through 16)	
18.	Long-term Debt	
19.	Other Long-term Liabilities	
20.	<b>Total Liabilities</b> (sum of lines 17 through 19)	
21.	<b>OWNER'S EQUITY (NET WORTH)</b> (line 10 minus line 20)	
22.	<b>TOTAL LIABILITIES &amp; OWNER'S EQUITY</b> (sum of lines 20 and 21)	

Is a substitute Financial Statement attached? No  Yes

**Signature of Financial Statement Preparer**

*To the best of my knowledge, this financial statement accurately represents the firm's financial position as of the date indicated and the current financial position is essentially as good, or better than shown in the furnished statement.*

Print Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_