



**Board of Contractors**  
**EXPEDITED CLASS A LICENSE APPLICATION**  
**Expedited Fee \$ 250.00 and Application Fee \$ 385.00**  
**TOTAL Fee Due \$ 635.00**

A credit card form must be included with this application and payment must be processed successfully prior to this application being reviewed.

**APPLICATION FEES ARE NOT REFUNDABLE.**

The Adobe Interactive PDF allows you to type your information into the application and save a copy on your computer for your personal records. If you are viewing this form in **PDF/A mode** or **unable** to use this form as an Interactive PDF, please modify these settings in Adobe Reader version 9.0 or later.  
 Edit - Preferences - Documents - View Documents in PDF/A mode: **NEVER**

1. Business Entity/Sole Proprietor's Name \_\_\_\_\_
2. Trade, "Doing Business As" (DBA) or Fictitious Name <sup>▲</sup> \_\_\_\_\_  
 ▲ All business entities with DBA and 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).
3. Type of business entity (select only **one**)  
 Sole Proprietorship       Limited Partnership ♦       Limited Liability Company ♦       Other, please specify:  
 Association       General Partnership       Corporation ♦      \_\_\_\_\_  
 State Corporation Commission Number: \_\_\_\_\_  
 ♦ 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. For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.
4. Select **one** of the following and provide the information below.  
 Business Federal Employer Identification Number (FEIN)♦      -      Federal Employer Identification Number (12-3456789)  
 ♦ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*  
 Sole Proprietor's/Individual's Social Security Number **or**      -      -  
 Virginia Department of Motor Vehicles Control Number\*      Social Security or Virginia DMV Number (123-45-6789)  
 \* 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.

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
			1022			2705	
BOARD USE ONLY	SCC	ETS	ADVANCED	GENERAL	VIRGINIA	TECHNICAL	

5. Street Address (PO Box not accepted)

**PHYSICAL ADDRESS REQUIRED**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City State Zip Code

6. Mailing Address (PO Box accepted)

If a mailing address is submitted, the mailing address will be printed on the license.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City State Zip Code

7. E-mail Address \_\_\_\_\_

8. Contact Numbers \_\_\_\_\_

Primary Telephone Alternate Telephone Facsimile

9. Does your Business, 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.

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

10. All business entities applying for a license are required to have their Designated Employee or a member of Responsible Management complete a business course approved by the Board of Contractors. Complete the following information on the individual who has successfully completed this requirement. If no one at your business entity has passed the business course, **you currently do not qualify to use an Expedited Class A license application at this time.**

Name \_\_\_\_\_

Last First Middle Generation

Social Security Number or Virginia DMV Control Number \* \_\_\_\_\_

Course Provider Name \_\_\_\_\_

Completion Date \* \_\_\_\_\_

\* If a course was completed within the last fourteen (14) business days, please fax the **Certificate of Completion** to the Board for Contractors at 866-430-1033.

11. All Class A 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 applicant or a member of Responsible Management. Complete the following information on the individual selected to be the Designated Employee of this firm. If no one at your business entity has passed the licensure exam, **you currently do not qualify to use an Expedited Class A license application at this time.**

Name \_\_\_\_\_  
 Last First Middle Generation

Social Security Number or Virginia DMV Control Number \* \_\_\_\_\_

Birth Date \_\_\_\_\_ Exam Date \* \_\_\_\_\_

\* If an exam was completed within the last seven (7) business days, please fax the **Score Report** to the Board for Contractors at 866-430-1033.

**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 in #11. 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	FIC	Farm improvement	MCC	Marine facility
ASB	Asbestos	FAS	Fire alarm systems	BRK	Masonry
PAV	Asphalt paving & seal coating	SPR	Fire sprinkler *	NGF	Natural gas fitting provider *
BSC	Billboard/sign	FSP	Fire suppression	PTC	Painting & wall covering
BEC	Blast/explosive *	GFC	Gas fitting	PLB	Plumbing
BLD	Building	H/H	Highway/heavy	RMC	Radon mitigation *
CIC	Commercial improvement	HIC	Home Improvement	RFC	Recreational facility
CEM	Concrete	HVA	HVAC	REF	Refrigeration
ELE	Electrical	IBC	Industrial building contracting	ROC	Roofing
ESC	Electronic/communication service	ISC	Landscape irrigation	SDS	Sewage disposal system
EEC	Elevator/escalator	LSC	Landscape services	POL	Swimming pool construction
EMW	Environmental monitoring well	LAC	Lead abatement	VCC	Vessel construction
ENV	Environmental specialties	LPG	Liquefied petroleum gas *	WWP	Water well/pump
EMC	Equipment/machinery	MHC	Manufactured home contracting *		

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

12. List the classification/specialty designation for which you are applying and one Qualified Individual<sup>+</sup> for each classification/designation. (Choose from the list on the following page)

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.)

<sup>+</sup> 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 in item #14).

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

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

13. List 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 complete an **Additional Qualified Individual Experience Reference Form** ([www.dpor.virginia.gov/Boards/Contractors/](http://www.dpor.virginia.gov/Boards/Contractors/)) for each additional Qualified Individual.

Name	Street Address, City, State, Zip Code	Telephone Number

14. 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

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

Does your company meet this qualification? Yes  No  If no, your company does not qualify for Class A license.

A current financial statement that essentially duplicates the information included on this form may be substituted, however the net worth information must be entered on lines 10, 20 and 21. 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 applications is for a corporation.

Balance Sheet as of \_\_\_\_\_

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

Is a substitute Financial Statement attached? No  Yes  If yes, please fax a Financial statement (completed by a CPA) to the Board for Contractors at 866-430-1033.

<b>ASSETS</b>		
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)	
<b>LIABILITIES AND OWNER'S EQUITY</b>		
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)	

16. Has your business, Designated Employee, Qualified Individual(s) or Responsible Management ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?
- No
- Yes  If yes, YOU CAN NOT PROCEED WITH THIS **EXPEDITED CLASS A APPLICATION**. You may submit the regular application titled LICENSE APPLICATION ([27lic.pdf](#)) located on the Board website.
17. 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, YOU CAN NOT PROCEED WITH THIS **EXPEDITED CLASS A APPLICATION**. You may submit the regular application titled LICENSE APPLICATION ([27lic.pdf](#)) located on the Board website.
- 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, YOU CAN NOT PROCEED WITH THIS **EXPEDITED CLASS A APPLICATION**. You may submit the regular application titled LICENSE APPLICATION ([27lic.pdf](#)) located on the Board website.
18. 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 CAN NOT PROCEED WITH THIS **EXPEDITED CLASS A APPLICATION**. You may submit the regular application titled LICENSE APPLICATION ([27lic.pdf](#)) located on the Board website.
19. Does your Responsible Management understand that all Class A Contractors must comply with the local licensing requirements of all counties, cities and towns in which work is performed?
- No
- Yes

By entering your name on 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.

20. By entering your name below, you 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 18VAC50-22-10 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 \_\_\_\_\_

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

Social Security Number or Virginia DMV Control Number \* \_\_\_\_\_

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

Please note, that this application will not be reviewed until all fees are successfully processed and any additional documentation required by the Board of Contractors is received.

(Credit Card Form to follow)



# COMMONWEALTH of VIRGINIA

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION, P.O. Box 29570, Richmond, VA 23242-0570

This form is to be used for CREDIT CARD PAYMENT ONLY. Complete and submit along with your application.  
Incomplete forms may be returned for completion and delay license processing.

Credit Card Number:

VISA, MasterCard and Discover Card are accepted

Payment Amount:         \$635.00         Card Expiration Date:          /           
Month Year

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Daytime Phone Number: \_\_\_\_\_

The cardholder authorizes the Department of Professional & Occupational Regulation to initiate charges to the credit card account indicated above for the purpose of paying the amount noted above for the application submitted in the name above. The cardholder also acknowledges that this document is record of such payment.

(File Name should be: Last Name.First Initial.pdf)

FOR OFFICE USE ONLY	DATE	FEE	AUTHORIZATION	FILE# / LICENSE #	ISSUE DATE
				2705	