



Board for Contractors
CHANGE OF DESIGNATED EMPLOYEE APPLICATION
 Fee \$110.00

**A check or money order payable to the "Treasurer of Virginia" or a completed credit card insert must be mailed with your application package.
 FEES ARE NOT REFUNDABLE.**

CLASS A & CLASS B LICENSEES ONLY.

All applicants are required to declare a Designated Employee who has successfully completed the oral/written licensure examination. If no one at your firm has passed the licensure exam, contact PSI Examination Services, 100 West Broadway, Suite #1100, Glendale, CA 91210; www.psiexams.com; telephone 1-800-733-9267; or facsimile (818) 247-3853.

1. VA Contractors License Number 2 7
2. Business/Sole Proprietor's Name _____
3. Trade or "Fictitious" Name _____
4. Federal Employer Identification Number

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- Sole Proprietor's Social Security No. ***

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5. Street Address (PO Box not accepted) _____
 City, State, Zip Code _____
6. Mailing Address _____
 City, State, Zip Code _____
7. E-mail Address _____
8. Telephone & Facsimile Numbers

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Telephone	Facsimile	Beeper/Cellular
9. New Designated Employee _____

First	Middle	Last	Gen
			(SR, JR, III)
10. Designated Employee Social Security No.*

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11. Designated Employee Date of Birth _____
12. License Examination Date _____
13. Does the Designated Employee identified in #9 hold 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

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	27	LICENSE NUMBER	ISSUE DATE
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14. Has the Designated Employee identified in #9 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.

15. A. Has the Designated Employee identified in #9 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 #15.C.

- B. Has the Designated Employee identified in #9 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 #15.C.

C. **Please read the following instructions carefully!**

If you answered "yes" to either question #15.A. or #15.B., list the felony and/or misdemeanor conviction(s). Attach your original criminal history record; 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; **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 complete a criminal history record request form in the presence of a notary public and mail it to the Virginia State Police, CCRE, Post Office Box 85076, Midlothian, Virginia 23261-5076. 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.

16. During the past five years, has the Designated Employee identified in #9 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 THE BEGINNING BALANCE, CURRENT BALANCE AND PAYMENT ARRANGEMENTS. Failure to provide adequate documentation may result in a delay in the processing of your application.**

17. 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 or the designated employee is subject to any disciplinary action; 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.