

TEMPORARY CONTRACTOR'S LICENSE APPLICATION



Application Fees are NOT refundable.

Temporary Contractor Applications:

1. A temporary license is only valid for 45 days and cannot be renewed, reinstated or reapplied for.
2. This license will allow firms to have 45 days to complete all licence requirements for a two year contractor license that will be renewable.
3. This application is for contractors with a current out of state contractor license.

To use this application you must provide the following:

A letter of good standing from the State Agency/Regulatory Board that issued your contractor license.

- Please note that letters from the State Corporation Commission, Secretary of the State or locality issued business licenses cannot be used towards a temporary license application.
- If your firm cannot provide a letter of good standing from a state agency equivalent to the Board for Contractors your application will be determined incomplete and your application fee will be valid for one year from the received date.



**Board for Contractors
 TEMPORARY 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.

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 you are requesting.

Type of License	X	Temporary & Initial License* (2703)
Class A	<input type="checkbox"/>	\$435.00
Class B	<input type="checkbox"/>	\$420.00
Class C	<input type="checkbox"/>	\$285.00

Finance Use Only			
Trans Code	Initial License (2705)	Temporary License (2703)	Both License (Temp. & Initial)
1022	\$360.00	\$75.00	= \$435.00
1021	\$345.00	\$75.00	= \$420.00
1020	\$210.00	\$75.00	= \$285.00

* License fee may be adjusted per designation selection. (See question #13.A.)

- Does your Business hold a current contractor's license, certification or registration from any jurisdiction (outside of Virginia)?
 - No If no, you **do not** qualify for a temporary license. Complete the [Contractors license application](#).
 - Yes If yes, attach a letter of Certification/Letter of Good Standing* from each jurisdiction.
 - * Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) ; and 5) all closed disciplinary actions resulting in a violation or undetermined finding.
- 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.
- Trade, "Doing Business As" (DBA) or Fictitious Name [▲] _____
 - ▲ All **Sole Proprietorships and General Partnerships** with DBA and Fictitious names **must attach a copy of the certificate filed with the Clerk of the Court** in the locality where the business will be conducted or a copy of your valid business license.
- 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 or by phone at (804) 371-9733.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					2705	
BOARD USE ONLY	SCC	ETS	CLASS A	CLASS B	VIRGINIA	TECHNICAL
					2703	

5. Provide **one** of the following identification numbers*:

Business Federal Employer Identification Number (FEIN) ❖

❖ Board for Contractor's requires verification from the IRS. (www.irs.gov)

Sole Proprietor's/Individual's Social Security Number **or**

Virginia Department of Motor Vehicles Control Number

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Federal Employer Identification Number (12-3456789)

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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.

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. Does your **Business, Designated Employee, Qualified Individual(s) or Responsible Management** have a current or expired contractor's license, certification or registration from any jurisdiction (outside of Virginia)?

No

Yes If yes, complete the following table.

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

11. 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

Required Documentation: Must attach a legible copy of a government issued photo ID for all members of Responsible Management.

12. All business entities applying for a license are required to have a **Designated Employee** or a member of **Responsible Management** complete a board approved pre-license education course approved by the Board of Contractors. Enter the following information for the individual who has successfully completed this requirement.

NOTE: Completion of this course cannot be used to substitute the business exams taken by the Designated Employee or Qualified Individual.

Full Name _____ Date of Birth _____

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

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

Course Date Completed _____
MM/DD/YYYY

Provider Name _____

13. Below is a chart listing the license classifications and specialty designations issued by the Virginia Board for Contractors. A definition of the type of work that each of these classifications and designations may perform is available in the [Board for Contractors Regulations](#).

➤ Each business will select a classification/specialty designation for which they are applying for and provide **one Qualified Individual** for each designation in section A or B below. The **Qualified Individual** must meet the following criteria:

1. Must be either a fulltime employee of the business (working a minimum of 30 hours or more with the business) or who is listed as a member of Responsible Management.
2. Must have the minimum years of experience in the classification or specialty they are applying - 2 years for a Class C License, 3 years for a Class B License and 5 years for a Class A License. An **Experience Verification Form** must be submitted for each Qualified Individual who is requesting a designation that requires pre-approval for an examination.
3. Have successfully completed the appropriate prerequisite for the classification or specialty designation selected below. The prerequisite for each is listed in the box below. For more information on these please see the [Requirements for the Qualified Individual Form](#).

License Classifications and Specialty Designations

Applicants must hold a Certification for the following classification and/or specialty:					
BEC	Blast/explosive	MHC	Manufactured home contracting	RMC	Radon mitigation
SPR	Fire sprinkler				
Applicants must hold a valid license issued from DPOR for the following designation:					
ASB	Asbestos	GFC	Gas fitting	PLB	Plumbing
ASC	Accessibility Services	HVA	HVAC	SDS	Sewage disposal system
ASL	Accessibility Services with LULA	LAC	Lead abatement	WWP	Water well/pump
ELE	Electrical	LPG	Liquefied petroleum gas		
EEC	Elevator/escalator	NGF	Natural gas fitting provider		
* Applicants are required to be pre-approved and pass an examination for the following classification and/or specialty:					
AES	Alternative energy systems	EMC	Equipment/machinery	MCC	Marine facility
PAV	Asphalt paving & seal coating	FIC	Farm improvement	BRK	Masonry
BSC	Billboard/sign	FAS	Fire alarm systems	PTC	Painting & wall covering
CBC	Commercial Building	FSP	Fire suppression	RBC	Residential Building
CIC	Commercial improvement	H/H	Highway/heavy	REF	Refrigeration
CEM	Concrete	HIC	Home Improvement	RFC	Recreational facility
ESC	Electronic/communication service	IBC	Industrial building contracting	ROC	Roofing
EMW	Environmental monitoring well	ISC	Landscape irrigation	POL	Swimming pool construction
ENV	Environmental specialties	LSC	Landscape services	VCC	Vessel construction
* All qualified individuals must submit an <u>Experience Verification Form</u> for these designations.					

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

No If no, complete section 13.B

Yes If yes, complete the following table*: (Do not complete question #13.B.)

* 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 only.*

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								

Required Attachment: Complete an ***Experience Verification Form*** for each Qualified Individual listed in this table.

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

➤ Any business requesting a license may have **more than one** classification or specialty designation.

Required Attachment: Complete an ***Experience Verification Form*** for each Qualified Individual who is seeking pre-approval for a designation that **requires an examination (only)**.

14. All Class C applicants, skip to question #15.

All Class A & Class B license applicants must declare a **Designated Employee** who has successfully completed the appropriate business examinations and is either a full-time employee (not a 1099 employee) of the business or a member of Responsible Management. For licensure information, contact the Board for Contractor's by phone at 804-367-8511 or email at contractor@dpor.virginia.gov.

Required examinations per class: Class A - Advanced, General, and Virginia exam; and Class B - General and Virginia exam.

Complete the following information for the **Designated Employee** of this business:

Full Name _____ Date of Birth _____

Required Documentation: If the Designated Employee is **not** a member of Responsible Management, attach a **legible** copy of a government issued photo ID **and** provide fulltime employment verification (I9, W2, or other similar documentation).

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

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

Exam Date _____

15. Has this **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, complete the [Disciplinary Action Reporting Form](#).

16. A. Has this **Business, Designated Employee, Qualified Individual(s) or 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 Responsible Management** been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** within the last 3 years from the date of this application? Any plea of nolo contendere shall be considered a conviction.
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).
17. During the past five years, has any member of **Responsible Management** 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](#)
18. Do all 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
19. Class A & Class B applicants only:
Does your business have a net worth of \$15,000 (Class B) or a net worth of \$45,000 (Class A)?
- No
- Yes If yes, complete [the Financial Statement 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.

20. 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.

Signature(s) of all members of Responsible Management (required):

(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)

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.

1. Print Name _____ Title _____

Signature _____ Date _____

2. Print Name _____ Title _____

Signature _____ Date _____

3. Print Name _____ Title _____

Signature _____ Date _____

4. Print Name _____ Title _____

Signature _____ Date _____

(Photocopy this sheet if additional signatures are needed.)

Signature of Designated Employee: (Who are listed on this application and is not a member of Responsible Management)

1. Print Name _____ Title _____

Signature _____ Date _____

Signature(s) of Qualified Individual: (Who are listed on this application and not a member of Responsible Management)

1. Print Name _____ Title _____

Signature _____ Date _____

2. Print Name _____ Title _____

Signature _____ Date _____

(Photocopy this sheet if additional signatures are needed.)

ATTACHMENTS: (Check all attachments/documentation included with this application)

- Attach a copy of Government Issued Photo IDs for each member of **Responsible Management**, **Designated Employee**, and all **Qualified Individuals** listed on this application. (Photo must be legible)
- Any **Designated Employee** or **Qualified Individual** listed on this application must submit verification of employment (I9, W2 or others) if **not** a member of Responsible Management.
- Attach a letter of Certification/Letter of Good Standing from each jurisdiction where licensed - question #1
- Attached documentation verifying business FEIN number - question #5
- Completed the Pre-License Education Course taken by **Designated Employee** or member of **Responsible Management** - question #12
- Qualified Individual(s)** must attach a copy of any certifications - if required - question #13.B
- Experience Verification Form** completed for each **Qualified Individual** who is seeking pre-approval for an examination (only) per the designation requested - question #13.A or 13.B
- Designated Employee** completed the business examination? - question #14

- All disclosure forms and supporting documentation - questions # 15-17
- All applicants for Class A or Class B license types must submit a [Financial Statement Form](#) - question #19