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.
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 requirements may qualify for a Class C license.

Select the one license type you are requesting.

<table>
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<tr>
<th>Type of License</th>
<th>Temporary &amp; Initial License* (2703)</th>
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<tbody>
<tr>
<td>Class A</td>
<td>$435.00</td>
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<td>Class B</td>
<td>$420.00</td>
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<tr>
<td>Class C</td>
<td>$285.00</td>
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* License fee may be adjusted per designation selection. (See question #13.A.)

1. 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.

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 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.

4. Type of business entity (select only one)
   - [ ] Sole Proprietorship
   - [ ] General Partnership
   - [ ] Solely Owned LLC
   - [ ] Other, please specify:
      - [ ] Corporation
      - [ ] Limited Partnership
      - [ ] Limited Liability Company


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

- [ ] Business Federal Employer Identification Number (FEIN) 
- [ ] Sole Proprietor’s/Individual’s Social Security Number or 
- [ ] Virginia Department of Motor Vehicles Control Number

* Board for Contractor's requires verification from the IRS. ([www.irs.gov](http://www.irs.gov))

- 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.

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

7. **Street Address (PO Box not accepted)**

- **PHYSICAL ADDRESS REQUIRED**

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.

<table>
<thead>
<tr>
<th>Business/Individual Full Legal Name</th>
<th>State/Jurisdiction</th>
<th>License, Certification or Registration Number</th>
<th>Expiration Date</th>
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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):

<table>
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<tr>
<th>Individual's Full Legal Name</th>
<th>Title</th>
<th>Address</th>
<th>Social Security No. or VA DMV Control No.*</th>
<th>Date of Birth</th>
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*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.: ________ - ________ - ________

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

   Course Date Completed ____________

   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 | HIC 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 Experience Verification Form 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.

<table>
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<tr>
<th>Select</th>
<th>3-letter Code</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Years of Exp.</th>
<th>Exam Date</th>
<th>Social Security No. or VA DMV Control No.*</th>
<th>VA Qualifying License No. (if applicable)</th>
<th>Birth Date</th>
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   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.)

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<tr>
<th>3-letter Code</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
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   ➤ 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.*:

   Exam Date  

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

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 ☐
   Yes ☐ IF NO, THIS APPLICATION CANNOT BE PROCESSED.

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