Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8511



Board for Contractors TRADESMAN - INACTIVE/ACTIVATE LICENSE APPLICATION

Any individual who is not currently employed as a licensed tradesman and who is not performing any of the activities defined in §54.1-1128 of the Code of Virginia may put their license into inactive status for a maximum of three years. All renewal fees must still be paid. To activate your license, any applicable continuing education must be completed for the current licensing cycle.

		Select one of the following:				
	X	Action	Trans			
		Place License on Inactive Status	3010			
		Activate Individual License	3020			
1.	1. Provide your Virginia license number and expiration date:					
	VA License Number*	Expirati	on Date			
	* If you do <u>not</u> hold a Virginia license, you m	nay not proceed with this applica	ation.			
2.	Legal Name	First		Middle		Generation
3.	Provide one of the following identification	numbers.				
	Social Security Number or	Virginia DMV Control Number	<u> </u>	-	-	
	Note - you must use th State law requires every applicant for a license, concerning by the Commonwealth to provide a social security	e same number as used on previ ertificate, registration or other authoriza y number or a control number issued by	tion to engage	ge in a business, i	trade, profession or	occupation issued
4.	Mailing Address (PO Box accepted)					
		City			State	Zip Code
5.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED	Check here if Street Address	s is the <u>same</u>	as the Mailing A	ddress listed above	
		City			State	Zip Code
6.	E-mail Address					
7.	Contact Numbers					
8.	Primary Telephone Alternative Telephone Fax To activate a license, continuing education requirements for the current licensing cycle must be met. Provide the provider name and the date that the continuing education was completed <u>or</u> attached a copy of the certificate of completion.					
				Complet	ion Date	
9.	Provider Name					
	Signature				Date	