



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 |
|--------------------------|----------------------------------|-------|
| <input type="checkbox"/> | Place License on Inactive Status | 3010 |
| <input type="checkbox"/> | Activate Individual License | 3020 |

1. Provide your Virginia license number and expiration date:

VA License Number* Expiration Date _____

* If you do not hold a Virginia license, you may not proceed with this application.

2. Legal Name _____
 Last First Middle Generation

3. Provide one of the following identification numbers.

Social Security Number or Virginia DMV Control Number* - -

Note - you must use the same number as used on previous application on file with DPOR.

* 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.

4. Mailing Address (PO Box accepted) _____

 City _____ State _____ Zip Code _____

5. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.
PHYSICAL ADDRESS REQUIRED

 City _____ State _____ Zip Code _____

6. E-mail Address _____

7. Contact Numbers _____
 Primary Telephone Alternative Telephone Fax

8. 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 or attached a copy of the certificate of completion.

Provider Name _____ Completion Date _____

9. Print Name _____

Signature _____ Date _____