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

Board for Contractors
CLASS C LICENSE APPLICATION (Short Form)
Fee $235.00

A check or money order payable to the TREASURER OF VIRGINIA, *or* a completed credit card insert available at http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf must be mailed with your application package.

IMPORTANT NOTE: APPLICATION FEES ARE NOT REFUNDABLE.

Who may apply with this form? You may use this form to apply for a Class C license provided that none of the Responsible Management listed in #12 or Qualified Individuals listed in #10 have a past criminal history; past disciplinary history against any licenses held in Virginia or any other jurisdictions; or any adverse financial information (for example, past due debts, judgments, outstanding tax obligations or defaults on bonds).

YOU MUST COMPLETE ALL ITEMS OF THIS APPLICATION OR IT WILL BE RETURNED TO YOU FOR COMPLETION, WHICH WILL DELAY A DECISION REGARDING THE APPROVAL OF YOUR LICENSE APPLICATION.

1. Business/Sole Proprietor's Name _____
2. Trade or "Fictitious" Name _____
3. Federal Employer Identification Number ☐☐ - ☐☐☐☐☐☐☐
   Sole Proprietor's Social Security No. ☐☐☐ - ☐☐ - ☐☐☐☐
4. Street Address (PO Box not accepted) _____
   City, State, Zip Code _____
5. Mailing Address _____
   City, State, Zip Code _____
6. E-mail Address _____
7. Telephone & Facsimile Numbers ( ) - _____ Telephone ( ) - _____ Facsimile ( ) - _____ Beeper/Cellular
8. Type of business (select only one)
   Sole Proprietorship ☐ Limited Partnership ♦ ☐ Limited Liability Company ♦ ☐
   General Partnership ☐ Association ☐ Corporation ♦ ☐

♦ **If your business is a Limited Partnership, Limited Liability Company, or Corporation, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at (804) 371-9733.**

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER	ISSUE DATE
				2705	

Office Use Only		
SCC	ETS	EFN

9. All applicants for a Class C license must have a member of Responsible Management complete an eight hour business class approved by the Board for Contractors. Complete the following information on the individual who has successfully completed this requirement.

Name _____ _____
First Middle Last Generation Birthdate

Social Security Number* ☐☐☐ - ☐☐ - ☐☐☐☐ Course Provider _____
Completion Date _____

10. Below is a list of the license classifications and specialty designations issued by the Virginia Board for Contractors and the **three-letter code** to be entered when completing the Qualified Individual table #10. A definition of the type of work that each of these classifications and designations may perform is available in the *Board for Contractors Regulations*.

AES	Alternative energy systems	FIC	Farm improvement	BRK	Masonry
ASB✐	Asbestos	FAS	Fire alarm systems	MBC	Modular/manufactured bldg
PAV	Asphalt paving & seal coating	SPR✐	Fire sprinkler	NGF✐	Natural gas fitting provider
BSC	Billboard/sign	FSP	Fire suppression	PTC	Painting & wall covering
BEC✐	Blast/explosive	GFC✐	Gas fitting	PLB✐	Plumbing
BLD✐	Building	H/H	Highway/Heavy	RMC✐	Radon mitigation
CIC	Commercial improvement	HIC	Home improvement	RFC	Recreational facility
CEM	Concrete	HVA✐	HVAC	REF	Refrigeration
ELE✐	Electrical	ISC	Landscape irrigation	ROC	Roofing
ESC	Electronic/communication service	LSC	Landscape service	SDS	Sewage disposal systems
EEC✐	Elevator/escalator	LAC✐	Lead abatement	POL	Swimming pool construction
EMW	Environmental monitoring well	LPG✐	Liquefied petroleum gas	VCC	Vessel construction
ENV	Environmental specialties	MCC	Marine facility	WWP✐	Waterwell/Pump
EMC	Equipment/machinery				

✐Indicates that additional certification, licensure and/or testing may be required for the classification/specialty.

List the classification/designation for which you are applying and one Qualified Individual for each classification/designation. The Qualified Individual must have at least two years of experience in the selected classification or designation.

✹ **Qualified Individuals for the electrical, plumbing, HVAC, gas fitting, liquefied petroleum gas fitting, and natural gas fitting provider classifications must hold a current Master Tradesman Card issued by the Virginia Board for Contractors Tradesman Program. This individual must be a full-time employee (working 30 hours or more for the business or one of the persons listed as Responsible Management in item #12).**

3-letter Code	Last Name	First Name	MI	Years of Experience	Social Security No.	(if applicable) VA Tradesman License No.	Birth Date
						2710	
						2710	
						2710	
						2710	

11. Three references that will attest to the Qualified Individual's satisfactory completion of contracting work in the classification(s) and/or specialty designation(s) entered next to their name in table #10. All contact information must be provided or the application will be returned to you for completion. Three references must be provided for EACH CLASSIFICATION/DESIGNATION listed in #9. If you are applying for more than one classification/designation, please attach an **Additional Qualified Individual Experience Reference Form** for each additional Qualified Individual.

Name	Street Address, City, State, Zip Code	Telephone Number
		( ) -
		( ) -
		( ) -

12. List the name of any individual who would be considered Responsible Management of your business. Responsible Management would be the owner of a sole proprietorship, partners of a partnership, managing partner or member of a limited liability company, officers/directors of an association or officers of a corporation.

Individual's Full Legal Name	Title	Address	Social Security No.

13. Does your business, or any of the individuals named on this application (not including the references listed in #10) hold a current (unexpired) or expired contractors license, certification or registration issued by another state or locality?

No ☐

Yes ☐ If yes, complete the following table.

Business Name AND Individual's Full Legal Name	State	License, Certification or Registration No.	Expiration Date

14. Do you and all members of your Responsible Management listed in #12 understand that all Class C Contractors must comply with the local licensing requirements of all counties, cities and towns in which work is performed?

Yes ☐

No ☐ **IF NO, THIS APPLICATION CANNOT BE PROCESSED.**

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 in 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.

15. 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 none of the individuals listed on this application have been convicted of any crime in any jurisdiction; been subject to any disciplinary action against any license from any jurisdiction; or have had any past due debts or judgments, outstanding tax obligations or defaults on any bonds. I further certify that I will notify the Department if the business, the qualified individual(s), or any member of responsible management are 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.**