



**Board for Contractors**

**ADDITIONAL QUALIFIED INDIVIDUAL EXPERIENCE REFERENCE FORM**

All applicants are required to declare one Qualified Individual for each license classification and/or specialty designation who (1) has the technical experience in the selected classification or specialty designation; (2) possesses the minimum number of years of experience required for the type of license requested (i.e., 2 years for Class C License, 3 years for Class B License, and 5 years for Class A License); and (3) *when required*, has passed a board-approved trade examination.

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. Qualified Individual's Full Legal Name \_\_\_\_\_
6. Qualified Individual's Social Security No. \*     -   -
7. Qualified Individual's 3-letter license/specialty classification code \_\_\_\_\_

Refer to #15 on page 3 of the **LICENSE APPLICATION** for a complete list of codes.

8. Does the Qualified Individual listed in #5 have the number of years of experience required for a Class A, B or C License in their license classification(s) and/or specialty designation(s)?  
 Yes   
 No  **IF NO, THIS APPLICATION CANNOT BE PROCESSED.**
9. Three references that will attest to the Qualified Individual's satisfactory completion of contracting work in their license classification and/or specialty designation.

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

\* 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.