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
CHANGE OF RESPONSIBLE MANAGEMENT FORM
No Fee Required

1. VA Contractors License Number 2 7
2. Business Name
3. Trade or "Fictitious" Name
4. Federal Employer Identification Number ☐☐ - ☐☐☐☐☐☐☐
5. Street Address (PO Box not accepted)
   City, State, Zip Code
6. Mailing Address
   City, State, Zip Code
7. E-mail Address
8. Telephone & Facsimile Numbers ( ) - Telephone ( ) - Facsimile ( ) - Beeper/Cellular
9. List All Members of Responsible Management (Officers, Members, Managers, etc.)

Last Name	First Name	MI	Title	Social Security No.✳	Birth Date

10. Do any of the individuals identified in #9 hold a current or expired contractors license, certification or registration in another state?
    No ☐
    Yes ☐ If yes, complete the following table.

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

11. Have any of the individuals identified in #9 been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?
    No ☐
    Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision

12. A. Has the individuals identified in #9 ever been convicted in any jurisdiction of **any felony**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐
Yes ☐ If yes, please provide the information requested in #12.C.

B. Has the individuals identified in #9 ever been convicted in any jurisdiction of **any misdemeanor** within the last three years? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐
Yes ☐ If yes, please provide the information requested in #12.C.

C. **Please read the following instructions carefully!**
If you answered "yes" to either question #12.A. or #12.B., list the felony and/or misdemeanor conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472. *Certified copies of court records* may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

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13. During the past five years, have any of the officers identified in #9 had any outstanding/past-due debts or judgments; outstanding tax obligations; or defaults on bonds?

No ☐
Yes ☐ **IF YES, YOU MUST PROVIDE AN EXPLANATION OF THE SITUATION, INCLUDING THE BEGINNING BALANCE, CURRENT BALANCE AND PAYMENT ARRANGEMENTS. Failure to provide adequate documentation may result in a delay in the processing of your application.**

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14. 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 I will notify the Department if I am subject to any disciplinary action; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving approval of the requested change. I also certify that I understand, and have complied with, all the laws of Virginia related to contractors licensure under the provisions of Title 54.1, Chapter 11 of the *Code of Virginia*, and the *Board for Contractors Regulations*.

Responsible Management (include the signatures of all the individuals listed in #9).

Name	_____	SS #	_____	DOB	_____
Signature	_____	Title	_____	Date	_____
Name	_____	SS #	_____	DOB	_____
Signature	_____	Title	_____	Date	_____
Name	_____	SS #	_____	DOB	_____
Signature	_____	Title	_____	Date	_____
Name	_____	SS #	_____	DOB	_____
Signature	_____	Title	_____	Date	_____
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.