

NEVADA STATE CONTRACTORS' BOARD

9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150
2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NEVADA, 89074 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110
www.nscb.state.nv.us

APPLICATION FOR CONTRACTOR'S LICENSE

General Instructions

1. Read all instructions carefully. **The Board desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process complete applications only.** A complete application includes all applicable supporting documents and fees. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your license application. Incomplete applications will be returned to you.
2. **Please type or print in ink when completing this form.**
3. **Make sure this application is properly signed and notarized.**
4. **Include the required application / license fee of \$600.00. The application fee of \$300.00 is not refundable.**
5. **Leave no space blank.** If a particular question or request for information does not apply to you, put a short line in the blank space to indicate the question has received your attention.

SECTION 1 – BUSINESS NAME AND ADDRESS

Business Name: The legal business name is the name that will appear on the license and is the actual name under which the contracting business will be conducted. If you will be using a fictitious business name (doing business as), list that name also, and include a filed copy of your fictitious name certificate.

Name Similarity: To determine if another contractor is using a similar name, please visit our web site and use our search by contractor name feature. If the Board determines that a licensed contractor is using a similar business name, you will be asked to choose a different name.

Legal Business Name: _____

Address: Space is provided for two addresses, a mailing address and a physical location address. The mailing address is the address where the Board will send all mail. The physical location address is the address where your business is physically located, and may be contacted for service of process. They may be the same address, but at least one address must be a physical location, not a post office box or mail drop.

Principal Place of Business

Physical Address: _____
(Street Address)

Mailing Address: _____
(City) (State) (Zip)

(Street Address or P.O. Box) (City) (State) (Zip)

Phone No.: () _____ **Facsimile No.:** () _____

SECTION 2 – RESIDENT AGENT

Resident Agent: Nevada law requires all licensees to provide the name of a person physically located in the State of Nevada to act as the resident agent for service of process, including the street address or other physical location in the State of Nevada and, if different, the mailing address.

The selected Resident Agent must complete and sign the Certificate of Acceptance of Appointment found on page 10 of this application form. Submit the completed and signed form with your application.



SECTION 3 - PERSONNEL

Personnel: Supply the identifying information below for all elected officers, if a corporation; all partners if a partnership; the sole proprietor, if applying as an individual; or all persons who are managing members or managers, if a limited liability company; and your qualified employee(s).

Background Disclosure Statement: A separate background disclosure statement must be completed by each principal, member, officer, director, partner, or associate of this applicant, including any qualified employees. The required form is on page 11. A separate form must be completed for each person.

FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
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FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
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FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
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FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
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FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
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FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
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FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
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(Attach a separate sheet if necessary)

SECTION 4 – BUSINESS ENTITY TYPE

Business Entity: Licenses are issued to legal business entities, and are not transferable from one entity to another. It is suggested that you consult with your legal counsel and/or accountant when deciding on the business entity type.

This application is for a (check appropriate business entity):

- Sole Proprietor - If you are applying as a sole proprietor, you must complete and submit the Child Support Information Statement found on page 12.
- Corporation - Include a copy of your certificate of good standing issued by the Nevada Secretary of State.
- Limited Liability Company – Include a copy of your certificate of good standing issued by the Nevada Secretary of State; a copy of your articles of organization and operating agreement.
- General Partnership – Include a signed and dated copy of your partnership agreement.
- Joint Venture – Include a signed and dated copy of your joint venture agreement.
- Limited Partnership – Include a signed and dated copy of your partnership agreement and certificate of good standing issued by the Nevada Secretary of State.



SECTION 5 – CLASSIFICATION OF LICENSE REQUESTED

State the classification of contractor's license you are applying for. You will find a classification list on pages 13 and 14. For a complete description of each classification visit our web site.

Classification Requested: _____

Note: If you are applying for a license to engage in the repair, restoration, improvement or construction of residential pools or spas, please read the informational statement found on page 23 before submitting this application.

Explain briefly the purpose of applying for this license, the approximate size and type of projects you contemplate building, and any other information which might be helpful to the Board in reaching a decision on your application.

SECTION 6 – CONTRACTOR'S LICENSES

Each individual or business appearing on this application must provide a list of contractor licenses, regardless of the current status, on which they have appeared, whether in Nevada or any other state. An out of state verification form must be completed by the verifying state, and submitted with this application for all licenses other than those issued by the State of Nevada. The required form is on page 15 - make copies as needed. If your response to this section is "none", indicate same in the space below.

Company Name	State	Lic. No.	Issue Date	License Status

SECTION 7 - ASSOCIATES

This section is applicable only if the applicant is a corporation, limited liability company, or limited partnership. Do any persons (other than those listed in section 3) own 25% or more of: a) The stock in the corporation, b) interest in the limited liability company, or c) interest in the limited partnership.

- No Yes – If yes, list names and percentage owned.

List the names of any persons or firms other than those listed above, with whom you, or any of you, have been associated in the contracting business as partners or co-ventures in the last five years. Include the name, address, and nature of association.

(Attach a separate sheet if necessary)



SECTION 8 – MONETARY LIMIT REQUESTED

Monetary Limit: The monetary limit is the maximum contract a licensed contractor may undertake on one or more construction contracts on a single construction site or subdivision site for a single client. It is a violation of Nevada law to bid or contract in excess of the limit placed on the license by the Board.

The monetary limit is determined by consideration of the factors set forth in NRS 624.260, 624.263, and 624.265. (Copies of these statutes are available from our web site).

State the monetary limit desired: _____

SECTION 9 - FINANCIAL RESPONSIBILITY REQUIREMENTS

1. Financial Statement Requirements: You must submit a current financial statement (statement) with this application that meets the following criteria. **To ensure acceptance of your application, it is suggested that you provide a copy of the following information to your accountant.**

- All statements must be prepared by a Certified Public Accountant, or Licensed Public Accountant.
- The statement must be for the applying entity. Sole proprietorships and general partnerships may submit business and/or personal statements.
- All statements must be in U.S. dollars.
- All statements must include full disclosures.
- Business statements must include a classified balance sheet.
- Personal statements must include a supplemental schedule disclosing working capital and net worth.
- Compiled statements must be current within six (6) months from date the application is received.
- Reviewed or audited statements must be current within one (1) year from the date the application is received.
- Limits below \$1,000,000 require a financial statement that is compiled, reviewed or audited.
- Limits of \$1,000,000 or more require a financial statement that is reviewed or audited.

2. Bank Verification Form: The bank verification form found on page 16, must be completed by your bank and submitted with your application.

3. Indemnification Option: Indemnification allows the Board to consider the financial strength of an individual or entity in addition to the applicant. The indemnification is **not required**, however, provides an option to an applicant who may not otherwise qualify. The agreement must be on a form prescribed by the Board, and accompanied by a financial statement and bank verification form. Financial statements must meet the same criteria as set forth above in paragraph 2. Indemnification forms are available from our web site.

SECTION 10 – QUALIFIED EMPLOYEE

Qualified Employee: Each licensee must designate at least one person who will be the qualified employee that meets the requirements set forth on page 5.. That person can be an owner, officer, member, manager or employee of the company. You may have more than one qualified employee on this license. Each qualified employee must be a bona fide member or employee of this company, and when you are actively engaged in the contracting business, the qualified employee shall exercise authority in the following manner:

- To make technical and administrative decisions;
- Hire, superintend, promote, transfer, lay off, discipline or discharge other employees and direct them, either by himself or through others, or effectively to recommend such action on behalf this company; and
- To devote himself or herself solely to this business, not taking any other employment that would conflict with his or her duties.



Management Qualifier: This individual must take and pass the construction management survey examination. This exam includes topics such as general knowledge of the Nevada contractors' law, mechanics lien law, laws regarding industrial insurance, and common knowledge of business administration.

Trade Qualifier: This individual must have had, within the 10 years immediately preceding the filing of this application, at least 4 years of experience as a journeyman, foreman, supervising employee or contractor in the specific classification you are applying for.

Training received in a program offered at an accredited college or university or an equivalent program accepted by the Board may be used to satisfy not more than 3 years of experience.

A "journeyman" is defined as a person who is fully qualified to perform, without supervision, work in the classification applied for; or has successfully completed a program of apprenticeship that has been approved by the state apprenticeship council, or equivalent program accepted by the Board.

- **Reference Certificates:** You are required to submit with this application a minimum of four (4) Reference Certificates for each trade qualifier. The certificates should be completed by employers, other than the applying company, or if a self-employed contractor, by customers for whom the work was performed. The certificates must verify that he or she meets the experience requirements as stated above. Relatives cannot complete the certificates, unless that relative was your employer. References that are not complete or not specific regarding the actual work performed will not be accepted. Any reference determined to be false or misleading may be considered misrepresentation of a material fact, in violation of NRS 624.3013(2). The required certification forms are on pages 17 – 20.
- **Resume' of Experience:** Complete the Resume' of Experience form found on pages 21 and 22 for each trade qualifier. The resume' must support the individual's qualifications. Include name, current address, phone number and dates of employment for each employer. Describe in detail the work performed. Specify type(s) of construction projects, trades(s), craft(s), tasks and duties performed. If self-employment is being relied upon to establish any portion of the experience requirement, include on the Resume' of Experience form customers for whom you worked, including their complete mailing address and phone number.
- **Previously Qualified:** The Reference Certificates and Resume' of Experience will not be required from your qualified employee if he or she has served as a qualified employee in the same classification on another Nevada state contractor's license within the last seven (7) years.

Important Notice: If for any reason your qualified employee(s) terminates his or her employment or association with this license you are required to notify the Nevada State Contractors' Board, in writing, within ten (10) days, and replace that individual(s) within 30 days. Failure to do so will result in automatic suspension of the license.

Ownership Requirement: A qualified individual may not qualify on behalf of another for more than one active license unless that individual owns at least 25% of each licensee for which he or she qualifies; or one licensee owns at least 25% of the other licensee. If you will be qualifying more than one active license, other than a sole proprietorship owned by you, attach proof of ownership for each license.

SECTION 11 – EXAMINATION REQUIREMENTS

Examination Requirements: A management (CMS) and trade examination will be required. The trade exam will be specific to the classification applied for. The test registration form will be provided to you after the application is submitted and experience is verified. A candidate information brochure and content outline with reference list for each exam is available on our web site. The reference manual for the CMS exam can be ordered using the order form on page 24.

Waiver of Examination: You may be eligible for waiver of the examination(s) if you meet the following qualifications:

Nevada Licensure: If your qualified employee currently qualifies, or has previously qualified a contractor's license in the State of Nevada within the past seven (7) years in the same classification applied for.

I am applying for waiver based on prior qualification in the State of Nevada for license # _____

Reciprocal Agreements: Nevada has limited reciprocal agreements with the states of Arizona, California, and Utah. This agreement applies to the trade examination only. All other requirements must be met. This act of reciprocity does not include any of the plumbing or electrical trades. Technical exams will be required for those classifications deemed to fall within these trades. To be considered for reciprocity, the following is required:



- The trade qualifier must have been licensed, and in good standing in one of the participating states for at least five (5) out of the last seven (7) years.
- The trade qualifier must have taken and passed an equivalent examination in that state.
- Proof of compliance with the above stated requirements must be submitted with the application.

I am applying for waiver based on reciprocity with the state of _____. I have attached proof of compliance with the above stated requirements using the out of state license verification form found on page 15.

The Nevada State Contractors' Board reserves the right to require an examination of any applicant regardless of current or previous licensure.

The State Contractors' Board is not affiliated with and does not endorse or recommend any contractors licensing schools or services. Please direct any questions regarding your application and exam requirements to the State Contractors' Board.

SECTION 12 - SIGNATURE OF QUALIFIED EMPLOYEE AND CERTIFICATION OF DUTY

➤ I certify under penalty of perjury that I will act in the capacity of the qualified employee for this licensee and perform the duties required of me pursuant to Chapter 624 of the Nevada Revised Statutes and Nevada Administrative Code, Chapter 624. If at any time I cease to be employed by, or associated with this company, I will immediately provide written notification to the State Contractors Board.

(TWO SPACES ARE PROVIDED IN THE EVENT YOU HAVE MORE THAN ONE QUALIFIER)

I will be acting in the following capacity:

- Management Qualifier (This is the individual that will take the construction management examination)
- Trade Qualifier (This is the individual that has demonstrated the necessary technical experience, and will take the trade examination.)
- Both Management and Trade Qualifier

(Signature)

(Print Name)

Notary Required: Subscribed and sworn to before me this
_____ day of _____, _____.

Notary Public in and
for the County of _____ State of _____.

Affix a Current
Photograph

of

Qualifier

I will be acting in the following capacity:

- Management Qualifier (This is the individual that will take the construction management examination)
- Trade Qualifier (This is the individual that has demonstrated the necessary technical experience, and will take the trade examination.)
- Both Management and Trade Qualifier

(Signature)

(Print Name)

Notary Required: Subscribed and sworn to before me this
_____ day of _____, _____.

Notary Public in and
for the County of _____ State of _____.

Affix a Current
Photograph

of

Qualifier



SECTION 13 - Residential Recovery Fund

The State of Nevada has established a residential recovery fund for the benefit of Nevada homeowners who contract with a licensed contractor and, under certain conditions, are harmed by the failure of that contractor to properly perform qualified services.

The fund is created from assessments of contractors who participate in the construction, remodeling, repair or improvement to residential housing. **Assessments** are based on the monetary limit placed on the license.

Who Must Register With the Fund: Each residential contractor who will be providing "Qualified Services" must register with the Fund. **Qualified services** are defined in NRS 624.440 as "any construction, remodeling, repair or improvement performed by a residential contractor on a single family residence occupied by the owner of the residence". A **residential contractor** is defined in NRS 624.450 as a contractor who contracts with the owner of a single-family residence to perform qualified services.

Prior to issuance of a license, each applicant must either register with the fund or complete a certificate of exemption. This information will be provided to you once the application is approved.

Answer "yes" or "no" to each of the following questions. Do not leave any question unanswered.

1. Will this applicant act as a "residential contractor" performing "qualified services" as defined in NRS 624.440 and NRS 624.450?
 No Yes
2. Has the applicant, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, qualified employee, or manager associated with or employed by the applicant ever applied for or become registered in the Residential Recovery Fund under any name other than the name listed on this application?
 No Yes – If "yes", Provide Name: _____
License # _____
3. Does the applicant, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, qualified employee, or manager associated with or employed by the applicant have any claims currently pending before the Residential Recovery Fund or prior claims paid from the Residential Recovery Fund?
 No Yes – If "yes" Provide Claim # _____

SECTION 14 - LICENSE BOND REQUIREMENT

Nevada law requires a license bond for each license issued. The Board determines the amount of the bond at the time of license approval. The bond can vary in amount from \$1,000 to \$500,000 based on the type of license, monetary limit, past, present or future financial responsibility, experience, and character of the applicant.

After license approval, you will receive notification of the amount of bond required. A surety bond or a cash deposit will be required for that amount.

- Surety bonds must be executed on the form provided by the Board, and written by a surety company with an "A" or better rating.
- Cash deposits must be in the form of a Cashier's Check for the full amount of the bond. An annual administrative fee of \$100.00 will be assessed for all cash bond deposits. If you choose to post a cash deposit, you should know that following termination of the license or relief of the bond requirement, the State Contractors' Board is required to hold that cash deposit for an additional two (2) years. The requirement is based on the statute of limitations for filing claims.



SECTION 15 – CONSTRUCTION EDUCATION FUND

The 2001 Nevada Legislature created a construction education fund for the purpose of funding programs of education which relate to building construction. The fund is intended to help support construction education programs. Administrative fines collected by the Board have been “earmarked” for this fund. In addition, individuals may make voluntary contributions. If you would like to make a voluntary contribution, you may do so by submitting a separate check made out to “State of Nevada Construction Education Fund.”

- I have enclosed a voluntary contribution to the construction education fund.
 - I have chosen not to contribute to the fund at this time.
-

SECTION 16 - INDUSTRIAL INSURANCE REQUIREMENTS

Proof of compliance with the laws of the State of Nevada regarding industrial insurance will be required. Please contact the Division of Industrial Relations for a determination regarding requirements for your company. In the Las Vegas area call (702) 486-9080, and in the Reno area call (775) 687-3033.

You will be required to provide one of the following as proof of compliance:

- A certificate of liability insurance covering employees for industrial injury and occupational diseases (commonly known as “workers comp”) written through an authorized carrier for the State of Nevada;
 - A copy of your certificate of qualification as a self-insured employer issued by the Commissioner of Insurance;
 - If you are a member of an association of self-insured public or private employers, a copy of the certificate issued to the association by the Commissioner of Insurance; or
 - A signed affidavit stating you are not subject to the provisions of Nevada Revised Statute, Chapter 616A and 616D because: a) you have no employees; b) you will not be a subcontractor for a principal contractor; and c) you will not submit a bid on a job for a principal contractor or subcontractor. **This form will be provided upon approval of the application.**
-

SECTION 17 - WAIVER OF RIGHT TO NOTICE

Nevada law (NRS 241.033) states that “a public body shall not hold a closed meeting to consider the character, alleged misconduct, professional competence, or physical or mental health of any person unless it has given written notice to the person of the time and place of the meeting. The written notice must be: a) Delivered personally to that person at least five (5) working days before the meeting; or b) Sent by certified mail to the last known address of that person at least twenty-one (21) working days before the meeting. A public body must receive proof of service of the notice required by this section before such a meeting may be held.”

In practical terms, this means that after your application has been processed and is ready for action, the Board cannot act on your application for at least twenty-one (21) working days. Many applicants do not wish to have their applications delayed for this period and waive the notice requirement.

Indicate your choice by placing your INITIALS in the appropriate box:

I understand that I am entitled to the above-stated notice as provided for in NRS 241.033, and **hereby waive that notice** for the purpose of allowing the Nevada State Contractors’ Board to expedite consideration of my application. I further understand that I **am not** waiving my right to request a hearing before the Board at a later date if the Board indicates an intent to deny my application for any reason, nor am I waiving any right of appeal.

I have chosen **not** to waive my right to notice, and request a twenty-one (21) day written notice in accordance with NRS 241.033.



SECTION 18 – AFFIDAVIT AND AUTHORIZED SIGNATURE

I am authorized to sign this Affidavit and Release Authorization on behalf of the applicant described and identified in this application.

The applicant is qualified in all respects for the license for which it is applying in this application.

To the best of applicant’s knowledge, the information contained in the application and its supporting documents are free of fraud, misrepresentation, or omission of material fact. To the best of applicant’s knowledge, the information contained in the application and its supporting documents are truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant’s qualification for licensure.

Applicant will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting documents meet the same standard as set forth above.

Applicant understands that to apply for or obtain a license or to otherwise deal with the Nevada State Contractors’ Board through the use of fraud, forgery, intentional deception, misrepresentation, misstatement, or omission is cause for denial of this application.

Applicant understands that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information classified as confidential pursuant to NRS 624.110. Confidential information includes credit reports, references, financial information, and investigative memoranda.

Applicant understands that the Nevada State Contractors’ Board has the authority to conduct appropriate background investigations for the purpose of verifying all statements and facts represented in this application and supporting documentation.

Signature Requirements: A principal of the applying company must sign this application.

By: _____ Title: _____
(Signature)
_____ Date: _____
(Print Name)

This Application Must be Notarized.

Subscribed and sworn to before me this ____ day of _____, _____

Notary Public in and for County of _____ State of _____

My Commission Expires: _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: _____ Amount: _____ Pending #: _____

Withdrawn: _____

Approved: _____ Limit: _____

Bond: _____ Effective Date: _____ Surety: _____ Agent: _____

Industrial Insurance: Proof of Coverage Provided Certificate of Exemption

Issue Date: _____ License Number: _____

Recovery Fund:

Registration - Amount Received: _____ Date: _____

Certificate of Exemption

Education Fund Donation: Yes \$ _____ No

Processed By: _____





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RESIDENT AGENT CERTIFICATE OF ACCEPTANCE OF APPOINTMENT

APPLICANT: _____

The undersigned hereby certifies that on the _____ day of _____, _____, I accepted the appointment as Resident Agent of the above named applicant for a state contractor's license for the purpose of accepting service of process for the above named company.

My registered office in this state is located at:

My mailing address is:

I understand my obligation to notify the State Contractors' Board, in writing, of any change of address.

DATED this _____ day of _____, _____

(Signature of Resident Agent)





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CHILD SUPPORT INFORMATION STATEMENT (TO BE COMPLETED BY SOLE PROPRIETORSHIP APPLICANTS ONLY)

In compliance with State and Federal law, applicants applying for licensure as a sole proprietorship are required to complete and submit this Child Support Information Statement with their application for contractor's license.

Please mark the appropriate response and provide all other information requested on the form.

- I am not subject to a Court Order for the support of a child.
- I am subject to a Court Order for the support of one or more children and I am in compliance with that Order; or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the Order for the repayment of the amount owed pursuant to that Order.
- I am subject to a Court Order for the support of one or more children and I am not in compliance with the Order or a plan approved by the District Attorney or other public agency enforcing the Order for the repayment of the amount owed pursuant to that Order. **Note:** If you have marked this response you should contact the District Attorney or other public agency enforcing the order to determine the actions that you may take to satisfy the Order.

I certify, under penalty of perjury to the truth and accuracy of all statements contained herein.

(Signature)

(Print Name)

(Social Security Number)

DATED this _____ day of _____, _____



LICENSE CLASSIFICATIONS (A SEPARATE APPLICATION IS REQUIRED FOR EACH PRIMARY CLASSIFICATION)

PRIMARY CLASSIFICATION A - GENERAL ENGINEERING

SUBCLASSIFICATIONS

A1 AIRPORTS
 A2 HIGHWAYS
 A3 DAMS AND RESERVOIRS
 A4 BRIDGES
 A5 DIAMOND AND CORE DRILLING
 A6 DRILLING OF OIL, GAS AND EXPLORATORY WELLS
 A7 EXCAVATING AND GRADING
 A8 SEALING AND STRIPING OF ASPHALTIC SURFACES
 A9 PIERS AND FOUNDATIONS
 A10 COMMERCIAL AND RESIDENTIAL POOLS
 A10A RESIDENTIAL POOLS
 A10B RESIDENTIAL SPAS
 A10C REPAIR OF POOLS AND SPAS
 A10D POOLS AND SPAS OF FIBERGLASS
 A10E MAINTENANCE AND REPAIR OF POOLS AND SPAS

A11 RECYCLING ASPHALT
 A12 EXCAVATING, GRADING, TRENCHING AND SURFACING
 A13 WRECKING BUILDINGS
 A14 STEEL ERECTION AND INDUSTRIAL MACHINERY
 A15 SEWERS, DRAINS AND PIPES
 A16 PAVING OF STREETS, DRIVEWAYS AND PARKING LOTS
 A17 LINES TO TRANSMIT ELECTRICITY
 A18 FARM IRRIGATION
 A19 PIPELINE AND CONDUITS
 A19A WATER
 A19B GAS
 A20 INDUSTRIAL PIPING
 A21 FENCING AND GUARDRAILS
 A22 UNCLASSIFIED
 A23 REMOVAL OF ASBESTOS

PRIMARY CLASSIFICATION AB - GENERAL ENGINEERING AND GENERAL BUILDING

PRIMARY CLASSIFICATION B - GENERAL BUILDING

SUBCLASSIFICATIONS

B1 PREMANUFACTURED HOUSING
 B2 RESIDENTIAL AND SMALL COMMERCIAL
 B3 SPECULATIVE BUILDING

B4 SERVICE STATIONS
 B5 PREFABRICATED STEEL STRUCTURES

PRIMARY CLASSIFICATION C1 - PLUMBING AND HEATING

SUBCLASSIFICATIONS

C1A BOILERS
 C1B FIRE SPRINKLERS
 C1C INSULATION OF PIPES AND DUCTS
 C1D PLUMBING
 C1E SHEET METAL
 C1F HEATING COOLING AND CIRCULATING AIR

C1G LANDSCAPE IRRIGATION
 C1H PIPES AND VENTS FOR GAS
 C1I WATER HEATERS
 C1J SOLAR WATER AND SPACE HEATING
 C1K CHILLED-WATER PIPING

PRIMARY CLASSIFICATION C2 - ELECTRICAL

SUBCLASSIFICATIONS

C2A ELECTRICAL WIRING
 C2B INTEGRATED CEILING
 C2C FIRE DETECTION
 C2D AMPLIFYING SYSTEMS

C2E SIGNAL SYSTEMS
 C2F LINES TO TRANSMIT ELECTRICITY
 C2G RESIDENTIAL WIRING

PRIMARY CLASSIFICATION C3 - CARPENTRY

SUBCLASSIFICATIONS

C3A CARPENTRY, REMODELING AND REPAIRS
 C3B WOOD FLOORING
 C3C CABINETS AND MILLWORK
 C3D INSULATION
 C3E SIDING
 C3F WEATHERSTRIPPING AND CAULKING

C3G ACOUSTICAL TILE
 C3H FINISHING COUNTERS
 C3I OVERHEAD DOORS
 C3J DRYWALL
 C3K DECKING FOR ROOFS
 C3L WOOD TRUSS
 C3M STUDS OF SHEET METAL

PRIMARY CLASSIFICATION C4 - PAINTING AND DECORATING

SUBCLASSIFICATIONS

C4A PAINTING
 C4B WALLCOVERING
 C4C TAPING AND FINISHING
 C4D SANDBLASTING

C4E DRYWALL
 C4F SHEET METAL STUDS
 C4G ACOUSTICAL TILE
 C4H URETHANE COATINGS

PRIMARY CLASSIFICATION C5 - CONCRETE

SUBCLASSIFICATIONS

C5A CONCRETE POURING

C5B CONCRETE CUTTING

PRIMARY CLASSIFICATION C6 - ERECTING SIGNS

SUBCLASSIFICATIONS

C6A OUTDOOR ADVERTISING
 C6B ELECTRICAL SIGNS

C6C SHEET METAL
 C6D PAINTED SIGNS

PRIMARY CLASSIFICATION C7 - ELEVATION AND CONVEYANCE

SUBCLASSIFICATIONS

C7A ELEVATOR AND DUMBWAITER
 C7B ESCALATOR AND CONVEYOR

C7C PNEUMATIC TUBE
 C7D MOVING WALKWAY

PRIMARY CLASSIFICATION C8 - GLASS AND GLAZING

SUBCLASSIFICATIONS

C8A GLAZING
 C8B WINDOW WALL
 C8C STORE FRONTS

C8D ENCLOSURES FOR SHOWERS, TUBS, & TOILET PARTITIONS
 C8E AUTOMATIC DOORS

PRIMARY CLASSIFICATION C9 - MOVEMENT OF BUILDINGS

PRIMARY CLASSIFICATION C10 - LANDSCAPE CONTRACTING

SUBCLASSIFICATIONS

C10A LANDSCAPING
 C10B LANDSCAPE IRRIGATION

C10C HYDROSEEDING AND CONTROL OF SOIL EROSION

PRIMARY CLASSIFICATION C11 - SPRAYING MIXTURES CONTAINING CEMENT

PRIMARY CLASSIFICATION C13 - USING SHEET METAL

PRIMARY CLASSIFICATION C14 - STEEL REINFORCING AND ERECTION

SUBCLASSIFICATIONS

C14A REINFORCING STEEL
 C14B STRUCTURAL STEEL
 C14C ORNAMENTAL METAL
 C14D CURTAIN WALLS
 C14E METAL DOORS AND FRAMES
 C14F METAL WINDOWS AND FRAMES

C14G STORE FRONTS
 C14H PREFABRICATED STEEL STRUCTURES
 C14I AWNINGS
 C14J LOUVERS
 C14K RIGGING AND CRANES



PRIMARY CLASSIFICATION C15 - ROOFING AND SIDING

SUBCLASSIFICATIONS

C15A..... ROOFING
C15B..... SIDING

C15C..... INSULATION
C15D..... WATERPROOFING

PRIMARY CLASSIFICATION C16 - FINISHING FLOORS

SUBCLASSIFICATIONS

C16A..... COVERING FLOORS
C16B..... FINISHING COUNTERTOPS
C16C..... PLASTIC TILE AND WALLBOARD

C16D..... CARPET LAYING
C16E..... URETHANE COATINGS

PRIMARY CLASSIFICATION C17 - LATHING AND PLASTERING

SUBCLASSIFICATIONS

C17A..... LATHING
C17B..... PLASTERING
C17C..... DRYWALL

C17D..... ACOUSTICAL TILE
C17E..... COATINGS OF STUCCO AND CEMENT
C17F..... STUDS OF SHEET METAL

PRIMARY CLASSIFICATION C18 - MASONRY

PRIMARY CLASSIFICATION C19 - INSTALLING TERRAZZO AND MARBLE

SUBCLASSIFICATIONS

C19A..... TERRAZZO
C19B..... MARBLE

C19C..... ARTIFICIAL OR CULTURED MARBLE

PRIMARY CLASSIFICATIONS C20 - TILING

SUBCLASSIFICATIONS

C20A..... PLASTIC TILE AND WALLBOARD

C20B..... SWIMMING POOL TILE AND COPING

PRIMARY CLASSIFICATION C21 - REFRIGERATION AND AIR CONDITIONING

SUBCLASSIFICATIONS

C21A..... REFRIGERATION
C21B..... AIR CONDITIONING
C21C..... SHEET METAL
C21D..... MAINTENANCE

C21E..... SOLAR AIR CONDITIONING
C21F..... CHILLED WATER
C21G..... PIPING FOR HOT WATER

PRIMARY CLASSIFICATION C23 - DRILLING WELLS AND INSTALLING PUMPS, PRESSURE TANKS & STORAGE TANKS

PRIMARY CLASSIFICATION C24 - ERECTING SCAFFOLDS AND BLEACHERS

PRIMARY CLASSIFICATION C25 - FENCING AND EQUIPPING PLAYGROUNDS

PRIMARY CLASSIFICATION C26 - INSTITUTIONAL CONTRACTING

SUBCLASSIFICATIONS

C26A..... KITCHEN AND LABORATORY EQUIPMENT
C26B..... BUILDING ACCESSORIES AND SPECIALTIES

C26C..... FLOORS OF GYMNASIUMS

PRIMARY CLASSIFICATION C27 - INDIVIDUAL SEWERAGE

PRIMARY CLASSIFICATION C28 - FABRICATING TANKS

SUBCLASSIFICATIONS

C28A..... FABRICATING TANKS

C28B..... SANDBLASTING AND COATINGS

PRIMARY CLASSIFICATION C30 - INSTALLING EQUIPMENT TO TREAT WATER

PRIMARY CLASSIFICATION C31 - WRECKING

PRIMARY CLASSIFICATION C32 - SETTING REFRACTORIES

PRIMARY CLASSIFICATION C33 - INSTALLING INDUSTRIAL MACHINERY

PRIMARY CLASSIFICATION C34 - INSTALLING BOWLING ALLEYS

PRIMARY CLASSIFICATION C35 - INSTALLING VAULTS AND SAFES

PRIMARY CLASSIFICATIONS C36 - INSTALLING URETHANE

SUBCLASSIFICATIONS

C36A..... URETHANE INSULATION
C36B..... URETHANE ROOF DECKS

C36C..... URETHANE COATINGS

PRIMARY CLASSIFICATION C37 - SOLAR CONTRACTING

SUBCLASSIFICATIONS

C37A..... WATER HEATING
C37B..... SPACE HEATING

C37C..... AIR CONDITIONING
C37D..... HEATING OF POOLS

PRIMARY CLASSIFICATION C38 - INSTALLING EQUIPMENT USED WITH LIQUEFIED PETROLEUM AND NATURAL GAS

SUBCLASSIFICATIONS

C38A..... PIPES AND VENTS
C38B..... GAS APPLIANCES AND EQUIPMENT

C38C..... HEATING AND VENTILATING

PRIMARY CLASSIFICATION C39 - INSTALLING HEATERS

PRIMARY CLASSIFICATION C40 - SPECIALTIES NOT AUTHORIZED BY OTHER CLASSIFICATIONS

PRIMARY CLASSIFICATION C41 - FIRE PROTECTION

SUBCLASSIFICATIONS

C41A..... AUTOMATIC FIRE SPRINKLERS
C41B..... FIXED FIRE EXTINGUISHING SYSTEMS

C41C..... FIRE ALARMS

PRIMARY CLASSIFICATION C42 - CONSTRUCTING, ALTERING, OR IMPROVING COMMUNITY ANTENNA TELEVISION SYSTEMS

E-1 OWNER/BUILDER NOT TO EXCEED THREE STORIES

E-2 OWNER/BUILDER EXCEEDING THREE STORIES

A COMPLETE DESCRIPTION OF EACH CLASSIFICATION CAN BE FOUND ON OUR WEB SITE: www.nscb.state.nv.us





NEVADA STATE CONTRACTORS' BOARD

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www.nscb.state.nv.us

OUT - OF - STATE LICENSE VERIFICATION FORM

Applicant Name _____
Company Name _____
Street Address _____
City _____
State _____ Zip _____

INSTRUCTION TO APPLICANT

Insert your name and address and complete the top portion of this request. Give the form to the appropriate agency. The verifying agency will mail the completed verification to you at the address you have listed. Include the completed form with your application.

I am requesting licensure in the State of Nevada as a _____.

I am/have been licensed in the State of _____ issued under the company name of _____ My Social Security # is _____.

I authorize you to release, to the State of Nevada, all information pertaining to license number: _____.

Print Name of Applicant

Signature of Applicant

NOTE TO APPLICANT: COMPLETE A SEPARATE FORM FOR EACH LICENSE NUMBER

TO VERIFYING STATE: Please furnish the information requested. Sign and verify the document. Place the completed form in an envelope, seal the envelope, and provide it to the applicant either in person or by mail.

Company Name _____

Type of License (Classification) _____

Original Date of Issue _____ License Number _____

Amount of Limit (If any) _____ Amount of Bond (If any) _____

Any record of suspensions, revocations, other disciplinary actions, or current Complaints? _____, If yes, please provide a copy of the action.

Current Status of License: _____ If not Active, Reason: _____

Name of Qualifying Individual & Title _____

Licensed by: Waiver of Exam (Basis of Waiver): _____

Successful Completion of Exam - Specify Type: _____

Endorsement from the State of: _____

Other Personnel Listed & Titles _____

AGENCY SEAL

SIGNATURE _____ TITLE _____





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BANK VERIFICATION FORM

Name of Licensee/Applicant: _____

Date: _____

Items 1 through 3 of the following report are to be completed by the applicant. Items 4 through 10 are to be completed by the verifying bank. If the answer to any item is "none," please indicate same in the appropriate space. After completion by your bank, submit this form with your application.

ITEMS NUMBERED ONE (1) THROUGH THREE (3) TO BE COMPLETED BY THE APPLICANT

1. Name and address of bank: _____

2. Signatures of account holder(s):

Signature Print Name

Signature Print Name

3. Information to be verified:

Type of Account	Account Name	Account Number	Current Balance

ITEMS NUMBERED FOUR (4) THROUGH TEN (10) TO BE COMPLETED BY VERIFYING BANK

4. Classification of Account: Individual Corporation Partnership
 Limited Partnership Limited Liability Company

5. Deposit accounts of applicants:

Account Name	Type	Account Number	Current Balance	Six (6) Month Average	Date Opened

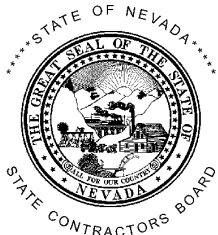
6. Outstanding Loans:

Loan #	Date of Loan	Original Amount	Current Balance	Installments Monthly/Quarterly	Secured by	# of late payments
				\$ Per		
				\$ Per		
				\$ Per		

7. Additional information, which may be of assistance in determination of credit worthiness: (Please include information on loans paid in full.)

8. Bank Stamp: _____ 9. Name and Title: _____ 10: Date: _____





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REFERENCE CERTIFICATE

TO THE CERTIFIER: You must have direct knowledge of this individual's experience, and be able to certify that he or she has demonstrated a level of knowledge and skill expected of a journeyman or better. Journeyman is defined as a person who is fully qualified to perform, without supervision, work in the classification for which he or she is applying, or has successfully completed a program of apprenticeship approved by the state apprenticeship council, or an equivalent program accepted by the Board. **All portions of this form must be completed.**

I certify that I have personally known _____, and that I have direct knowledge of his / her experience that I have listed below
(print name of individual you are completing reference for)

DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED BY THIS INDIVIDUAL AT THE LEVEL OF JOURNEYMAN OR BETTER. LIST SPECIFIC TRADES AND DUTIES.

The above-stated work was performed from _____ / _____ / _____ to _____ / _____ / _____

Full-time Part-time (If part-time specify aggregate total _____ yrs _____ mos.)

Check the box that identifies the level that this individual worked at while performing the trade(s) or craft(s) listed above.

Journeyman Foreman Supervisor Contractor

Check the box that identifies your business relationship to this individual, at the time the experience was gained by them.

Employer Union Representative Building Inspector Engineer Architect Contractor
 Fellow Employee Other, specify relationship _____

IMPORTANT: You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate(s) you have completed.

I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein.

(Signature of the Certifier) Number: _____ State: _____
(If you are a licensed/registered contractor, enter your license/registration number and state)

(Print name) _____
(Company or business you are affiliated with)

(Address – City – State – Zip)

(_____) _____ (_____) _____
(Daytime Telephone Number) (Fax Number)

This Certificate Must be Notarized
Subscribed and sworn to before me this _____ day of _____, _____

Notary Public in and for County of _____ State of _____





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(Address – City – State – Zip)

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(Daytime Telephone Number) (Fax Number)

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Notary Public in and for County of _____ State of _____





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 Fellow Employee Other, specify relationship _____

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(Signature of the Certifier) Number: _____ State: _____
(If you are a licensed/registered contractor, enter your license/registration number and state)

(Print name) (Company or business you are affiliated with)

(Address - City - State - Zip)

(_____) _____ (_____) _____
(Daytime Telephone Number) (Fax Number)

This Certificate Must be Notarized
Subscribed and sworn to before me this ____ day of _____, _____

Notary Public in and for County of _____ State of _____



RESUME' OF EXPERIENCE

READ INSTRUCTIONS REGARDING EXPERIENCE REQUIREMENTS AND RESUME' ON PAGE 4 BEFORE COMPLETING THIS FORM.
(USE ADDITIONAL FORMS AS NEEDED.)

EXPERIENCE RECORD OF: _____
(Print name of qualified individual)

Employer's Name: _____

Address: _____ Phone No. (____) _____
_____ Fax No. (____) _____

Date of Employment: From ____/____/____ To: ____/____/____

Full-time Part-time (If part-time specify aggregate total _____ Yrs. _____ Mos.)

Check all job positions held for this employer

Journeyman Foreman Supervisor Contractor Self Employed Other, specify _____

DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED

Employer's Name: _____

Address: _____ Phone No. (____) _____
_____ Fax No. (____) _____

Date of Employment: From ____/____/____ To: ____/____/____

Full-time Part-time (If part-time specify aggregate total _____ Yrs. _____ Mos.)

Check all job positions held for this employer

Journeyman Foreman Supervisor Contractor Other, specify _____

DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED

Employer's Name: _____

Address: _____ Phone No. (____) _____
_____ Fax No. (____) _____

Date of Employment: From ____/____/____ To: ____/____/____

Full-time Part-time (If part-time specify aggregate total _____ Yrs. _____ Mos.)

Check all job positions held for this employer

Journeyman Foreman Supervisor Contractor Other, specify _____

DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED



INFORMATIONAL STATEMENT FOR RESIDENTIAL POOLS AND SPAS APPLICANTS

Applicants who plan to engage in work for the repair, restoration, improvement or construction of a residential pool or spa are subject to certain provisions of Nevada Revised Statutes (NRS) Chapter 597.713 through 597.719, Nevada Administrative Code (NAC) 624.695 through 624.697, as well as the provisions of NRS 624 and NAC 624 governing contractors. Moreover, the 2001 Nevada Legislature enacted Senate Bill 216, effective July 1, 2001 relating to residential pools and spas. **Please Note:** The following is a partial list provided as a courtesy and does not relieve the contractor from complying with all provisions of the law.

◆ **CONTRACT REQUIREMENTS:**

Contracts must comply with the provisions of NRS 597.713 to 597.719 and NAC 624.695 to 624.697, regarding specific information required in the contract; limitation on the amount of down payment or advance deposit required; payment schedules, lien release information; agreement regarding payment of subcontractors and suppliers; and disclosures required to be provided to the homeowner.

◆ **SUPERVISORY REQUIREMENTS:**

The work performed must be supervised and controlled directly by the qualified employee or qualified officer of the contractor. Senate Bill 216 Effective July 1, 2001.

◆ **ADDITIONAL BONDING REQUIREMENTS:**

Payment and Performance Bond: Before commencing work you will be required to obtain a performance bond in an amount equal to not less than 50 percent of the amount of the contract, conditioned upon the faithful performance of the contract in accordance with the plans, specifications, and conditions set forth in the contract. The performance bond must be solely for the protection of the owner of the property to be improved. You will also be required to post a payment bond in an amount equal to not less than 50 percent of the contract. The payment bond must be solely for the protection of persons supplying labor or materials to the contractor, or any of his subcontractors, in carrying out the provisions of the contract.

Consumer Protection Bond: You may be required to post a bond for the protection of consumers in an amount fixed by the Board.

All bonds must be provided by a surety company whose long-term obligations are rated "A: or better by a nationally recognized rating agency.

◆ **PROVISION OF PAYMENT SCHEDULES:**

The schedule of payments must show amount of each payment as a sum in dollars and cents. The schedule of payment must not provide for the contractor to receive, nor may the contractor actually receive, payments in excess of 100 percent of the value of the work performed on the project at any time, excluding finance charges, except for an initial down payment as authorized by subsection 1 of NRS 597.716 or the regulations adopted by the board.

◆ **PROVISION REGARDING FINANCING:**

"...a contractor who engages in the repair, restoration, improvement or construction of a residential pool or spa shall not act as, or carry out the duties of, an officer, director, employee or owner of a bonding company, finance company, or any other corporation or business entity who cosigns, underwrites, obtains a deed of trust for, issues, sells, purchases or acquires a loan to finance the repair, restoration, improvement or construction of a residential pool or spa..." Senate Bill 216 Effective July 1, 2001.



NEW LICENSE APPLICATION - APPLICANT CHECKLIST

This checklist is provided as a courtesy in an effort to assist you in submitting a complete application. Please review this checklist to ensure that your application is complete. The Nevada State Contractors' Board (Board) desires to provide courteous and timely service to all applicants. To maximize its efficiency and level of service, **the Board will process complete applications only.**

- Required application/licensee fee of \$600.00.
- Responses have been made to all questions in each section of the application and all supporting documentation is included.
- Section 1 – Provide all required information and, if applicable, attach a filed copy of your fictitious business name certificate.
- Section 2 – Attach the completed Resident Agent Certificate of Acceptance of Appointment form found on Page 10.
- Section 3 – List all personnel per the instructions based on the entity making application. Attach a completed Background Disclosure Statement for each individual listed.
- Section 4 – Mark the appropriate entity type and attach the requested information.
- Sections 5 - Designate the classification requested and provide a brief description of work to be performed.
- Section 6 – List all contractor licenses, providing all requested information and completed “Out of State Verification Forms”.
- Section 7 – Complete all applicable sections.
- Section 8 – State the monetary limit desired.
- Section 9 - Attach the required financial statement and completed Bank Verification Form based on the established criteria.
- Section 10 – Attach the completed Reference Certificates and Resume' of Experience for the qualified employee(s). If qualifying more than one active license, other than a sole proprietorship owned by you, attach the necessary proof of ownership.
- Section 11 – Indicate if you are applying for waiver of the examination based on prior licensure in the State of Nevada or licensure in a reciprocating state.
- Section 12 – A notarized signature and photograph of the qualified employee(s) is required.
- Section 13 – Answer all questions, and provide requested information if applicable.
- Section 16 – Initial the appropriate box indicating your desire regarding the right of notice.
- Section 17 – A principal of the applying company must sign this application, and that signature must be notarized.

You are reminded that the Board will only accept complete applications for processing. Please ensure that your application is complete and all supporting documentation is included. The Board will not act as your agent in gathering information or supporting documents.

