



NEVADA STATE CONTRACTORS BOARD

2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NEVADA, 89074 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110
9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89521 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150
Website: www.nscb.state.nv.us

IMPORTANT NOTICE

Dear Applicant:

Many applications are rejected because they are incomplete or do not include the required supporting documents.

An incomplete application can needlessly delay you receiving your license. Delays can last several weeks or even months and possibly result in the application being voided and application fee forfeited.

Spending a few extra minutes now may save you weeks or months later!

Before you submit your application:

- ✓ Carefully read the application package and follow the specific instruction contained throughout the form.
- ✓ Make sure the application is properly signed.
- ✓ Include the non refundable \$300.00 application fee. **(A \$600.00 biennial license fee will be required after your application is approved, before your license can be issued).**
- ✓ Fill out all applicable information.
- ✓ Attach required supporting documentation.
- ✓ Make sure the required Reference Certificates substantiate a minimum four years of experience in the classification for which you are applying.

You may save a copy of this form for your records. You must submit printed and signed documents to the Board to apply.

(Saving this form requires Adobe Acrobat Reader Version 8 or greater)



IMPORTANT NOTICE REGARDING CONVICTIONS PLEASE READ CAREFULLY

Failure to accurately report a conviction is the number one reason an application is denied.

As part of the Nevada State Contractors Board (NSCB) application process, we may obtain records or criminal history and you may be fingerprinted to identify prior criminal activity or to establish your identity.

Your records or fingerprints will be compared to the records of the Nevada Criminal History Repository and the Federal Bureau of Investigation. **If you have ever been arrested or convicted of a crime in any state, your prior criminal history arrest and conviction information will be reported to the NSCB.** This includes DUI's and other traffic violations resulting in a misdemeanor or felony conviction. **Even if you had your record expunged, charges reduced, dismissed, or sealed,** the arrest may still be reported to the NSCB.

If you as an individual or principal of a corporation or other business entity have been convicted of, pled guilty or no contest to:

1. Any non-violent misdemeanor within the past ten years;
2. Any misdemeanor crime involving violence against another person, fraud or theft;
3. Any felony crime

You are required to report the information to the NSCB. You must also provide certified copies of the arrest report and court records for each conviction. **You may also be required to provide copies of the appropriate records reflecting the dismissal or reduction of a felony arrest.**

Failure to disclose a conviction is misrepresentation or the omission of a material fact, in violation of NRS 624.3016(7) and NRS 624.3013(2) and is grounds for denial. This means you could be denied a license even if the conviction is not related to the duties or qualifications of a contractor. If your application is denied, you may reapply for a license after you have fully disclosed your prior criminal history background and submitted the appropriate documentation to the NSCB. Full and complete early disclosure of prior criminal arrest and convictions will assist in the processing of your application.

Just because you have been convicted of a crime does not automatically mean your application will be denied. When reviewing prior criminal convictions, the NSCB considers such additional factors as the seriousness of the crime, the time that has passed since the conviction and any evidence of rehabilitation the applicant submits. **However, if you misrepresent or lie on the application by failing to disclose any prior misdemeanor or felony convictions, your application is subject to denial.**

If you have any questions regarding the need to disclose any prior arrest or conviction, you may contact a representative of the Special Investigations Unit of the NSCB, at 702-486-1144 in Henderson or 775-688-7884 in Reno.





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Website: www.nscb.state.nv.us

APPLICATION FOR CONTRACTOR'S LICENSE

- ◆ 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.
- ◆ Please type or print in ink when completing this form.
- ◆ Make sure this application is properly signed.
- ◆ Include the nonrefundable application fee of \$300.00. *(A \$600.00 biennial license fee will be required after approval of your application, before your license can be issued.)*
- ◆ Leave no space blank. If a particular question or request for information does not apply to you, put "N/A" 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 the NSCB website @ www.nscb.state.nv.us and search by contractor name. If the Board determines that a licensed contractor is using a similar business name, you will be requested 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)

(City) _____ (State) _____ (Zip)

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

Phone No.: (____) _____ **Facsimile No.:** (____) _____ **Email Address:** _____

SECTION 2 - RESIDENT AGENT

Corporations, Limited Liability Companies, and Limited Partnerships: Provide the name and address of your resident agent.

Name: _____

Address: _____, Nevada, _____
(Street Address) _____ (City) _____ (Zip)



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; persons who members and/or managers, if a limited liability company; and your qualified employee(s).

Limited Liability Companies: If any of your members are legal entities, or if your LLC has elected officers, please include an organizational chart identifying the individuals associated with the member entities.

Background Disclosure Statement: A separate background disclosure statement must be completed by each principal, member, officer, director, partner, or a associate of this applicant, including any qualified employees, accompanied by a copy of either a valid state driver's license or valid government issued photo I.D. card (Sole Proprietors must include spouse).

Fingerprints: Each principal, member, officer, director, partner, or a associate of this applicant, including any qualified employees are required to submit their fingerprints for the purpose of conducting a criminal background check.

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.

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 18, and Background Disclosure Statement for spouse if applicable.
- Corporation - Include a copy of your certificate of good standing issued by the Nevada Secretary of State, and the name and address of your resident agent. The Nevada Secretary of State can be contacted at (775) 684-5708 or www.sos.state.nv.us.
- Limited Liability Company – Include a copy of your certificate of good standing issued by the Nevada Secretary of State, and the name and address of your resident agent.
- Limited Partnership – Include a copy of your certificate of good standing issued by the Nevada Secretary of State, and the name and address of your resident agent.
- General Partnership – Tax ID number _____.
- Joint Venture – Tax ID number _____.

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 19 and 20. For a complete description of each classification visit the Board’s website.

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 concerning contract and bond requirements found on our website.

Explain briefly the purpose of applying for this license, the approximate size and type of projects you contemplate building.

SECTION 6 – CONTRACTOR’S LICENSES

List all contractor licenses, regardless of the current status, held by this applicant, or any individual appearing on this application. Include licenses held in Nevada and any other state.

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 section3) 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.

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 website).

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.
- Financial statements must be for the applying entity. Sole proprietorships and each general partner of a general partnership must submit their personal statement.
 - All statements must be in U.S. dollars.
 - All statements must include full disclosures.
 - Business statements must include a classified balance sheet.
 - Personal statements that have been prepared by a Certified Public Accountant must include a supplemental schedule disclosing working capital and net worth.

For License Monetary Limits of \$10,000 or less you must provide one of the following:

- A current financial statement prepared by an independent certified public accountant; or
- A current financial statement submitted on a form prescribed by the Board (available on the Board's website www.nscb.state.nv.us, click on contractor forms); or
- A current financial statement (Balance Sheet) prepared using accounting software in accordance with generally accepted accounting principles and accompanied by an affidavit that verifies the accuracy of the financial statement.

*To prevent a delay in the processing of your application, if you are unfamiliar with preparing your own financial statement, you are encouraged to seek the advice of an Accountant.

Note: Self-prepared or compiled statements must be current to within six months from the date the application is received.

For License Monetary Limits more than \$10,000 but less than \$50,000 you must provide one of the following:

- A compiled financial statement prepared by an independent certified public accountant, current within 6 months from the date the application is received; or
- A reviewed or audited by an independent certified public accountant, current within one (1) year from the date the application is received.

For License Monetary Limits of \$50,000 or more but less than \$250,000 you must provide one of the following:

- A compiled financial statement with full disclosures, prepared by an independent certified public accountant, current within 6 months from the date the application is received; or
- A reviewed or audited by an independent certified public accountant, current within one (1) year from the date the application is received.

For License Monetary Limits of \$250,000 or more: you must provide a financial statement that is prepared and **reviewed or audited** by an independent certified public accountant, current within one (1) year from the date the application is received.

- 2. Bank Verification Form:** The bank verification form found on page 22, 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. Indemnification forms are available on the Board's website.

SECTION 10 – EXPERIENCE QUALIFICATIONS

Qualified Employee (Qualifier): The qualifier can be an owner, officer, member, manager or employee of the company. You may have more than one qualified employee. Each qualifier 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 of 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.

Previously Qualified and Reciprocal Applicants: The Reference Certificates and Resume of Experience will **not** be required if you:

1. Have served as a qualified employee in the same classification on another Nevada state contractor's license within the last five (5) years; or,
2. If you meet the terms of reciprocity described in section 11.

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, 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 requested.

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.

*If there are multiple sub-classifications within the classification for which you are requesting, the trade qualifier must substantiate experience for the full scope of your license. Separate qualifiers for individual sub-classifications are not allowed.

Reference Certificates: You are required to submit with this application, four (4) Reference Certificates (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 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 23 – 26.

Resume of Experience: Complete the Resume of Experience form found on page 27 for each trade qualifier. 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.

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 requested. A test registration form will be provided to you after the application is submitted and experience is verified. Candidate information, exam content outlines, and order forms for the "CMS" exam reference manual are available on the Board's website.

Exam Fees: Examination fees are due when you register to take your exam(s) and are payable to PSI. The fee is \$85.00 for each exam. If you schedule the CMS and one trade exam at the same time, the fee for both exams is \$130.00.

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

Nevada Licensure: If, within the last five (5) years, you have served as a qualified employee on a license in the State of Nevada in the same classification for which you have applied.

I am applying for exam waiver based on prior qualification in the State of Nevada on license number(s) _____



Reciprocal Agreements: Nevada has limited reciprocal agreements with the states of Arizona, California, and Utah. This agreement applies to the trade examination only. This act of reciprocity does not include any of the plumbing, electrical, or fire protection 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 held a license which has been active 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 17. If applying for a general building license indicate whether or not you construct buildings which exceed three (3) stories in height. Yes No

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)

(Date)

(Print Name)

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)

(Date)

(Print Name)



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. 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 prior claims paid or claims pending with 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 payable to the State Contractors Board for the full amount of the bond. A biennial administrative fee of \$200.00 will be assessed for all cash bond deposits. If you choose to post a cash deposit, please note that following termination of the license or relief of the bond requirement, the NSCB is required to hold the 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 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, please submit 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 Nevada laws regarding industrial insurance is 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) 684-7270.

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 marking 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. Applicant has read and understands the Notice Regarding Convictions located on page 2 of this application form.

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

By: _____ Title: _____
(Signature)

_____ Date: _____
(Print Name)

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: _____	Application Fee Paid: _____	Receipt #: _____	File No. _____
Withdrawn: Date: _____	Reason: _____	Approved: _____	App. No. _____
Limit: _____	Bond Amount: _____	CPB Amount: _____	Org ID. _____
Bond #: _____	Effective Date: _____	Surety: _____	Agent: _____
Industrial Insurance: <input type="checkbox"/> Proof of Coverage Provided	<input type="checkbox"/> Certificate of Exemption	Entered by: _____	
Recovery Fund: <input type="checkbox"/> Participant	<input type="checkbox"/> Certificate of Exemption Date _____	Date: _____	
License Fee Paid: _____	Receipt #: _____	Date Paid: _____	
Issue Date: _____	License Number: _____	FS Review Year: _____	
Indemnitor: _____	Effective: _____	QI: _____	CMS TRD
Name Change: _____	Entity Type Change: _____	QI: _____	CMS TRD





NEVADA STATE CONTRACTORS BOARD APPLICANT BACKGROUND DISCLOSURE STATEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

BUSINESS NAME: _____

NRS 624.263 and NRS 624.265 authorizes the Nevada State Contractors Board (NSCB) to conduct background investigations and obtain credit reports for all persons listed on the license application, and to request fingerprints for submission to the Nevada Highway Patrol (NHP) and the FBI for a determination of identity, fugitive status or prior criminal history.

Misrepresentation is a violation of NRS 624.3013(2) and NRS 624.3016(7) and is cause for denial of your application.

A COPY OF A VALID STATE DRIVER'S LICENSE OR VALID GOVERNMENT ISSUED PHOTO I.D. MUST ACCOMPANY THIS FORM. A separate form must be completed by each principal, member, officer, director, partner, or associate.

FIRST NAME	MIDDLE NAME		LAST NAME			
TITLE	DATE OF BIRTH		PLACE OF BIRTH		SOCIAL SECURITY NUMBER	
OTHER NAME USED, (IF APPLICABLE) SEX	SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
RESIDENCE ADDRESS (AND MAILING ADDRESS IF DIFFERENT)			CITY		STATE	ZIP

1. Have you ever, as an individual or principal of a corporation or other business entity, been convicted of, or pled guilty or no contest to a felony crime?
 No Yes – You must complete a criminal disclosure statement for each incident.
2. Have you ever, as an individual or principal of a corporation or other business entity, been convicted of, or pled guilty or no contest to any misdemeanor crime? (You may limit your response to misdemeanor convictions within the last 10 years, **unless** the crime involved violence against another person, fraud or theft).
 No Yes – You must complete a criminal disclosure statement for each incident.
3. Are there currently criminal charges pending against you?
 No Yes – Attach a detailed explanation, including a copy of the complaint, and/or charging document.
4. Within the last 7 years, have you filed or been adjudicated Bankrupt under your individual name, a corporate name or any other business entity name?
 No Yes – Attach a copy of the discharge document. If discharged less than 3 years, attach a complete copy of the proceedings, including a schedule of creditors listed in the bankruptcy petition. If the bankruptcy has not been discharged, include your plan of reorganization and proof of compliance.
5. Have you, or any business entities of which you were a member, partner, officer, director, or associate received any notice of liens, suits, judgments, or claims (including tax claims) which remain unsatisfied?
 No Yes – Attach a detailed explanation.
6. Are there now any unpaid past due bills for materials, services rendered, or labor?
 No Yes – Attach a detailed explanation.
7. Have you, or any business entities of which you were a member, partner, officer, director, associate, or qualified employee had a contractor's license denied, suspended, revoked, or otherwise disciplined **BY NEVADA OR ANY OTHER STATE? Are there any disciplinary proceedings currently pending against you, or any license on which you have appeared IN NEVADA OR ANY OTHER STATE?**
 No Yes – attach a detailed explanation including the name of the state in which the license was held, license number, and business name.
8. Do you have a proprietary interest (i.e., ownership, stock, shares) in this applicant? (This question does not pertain to sole proprietors)
 No Yes – Percentage Owned _____
9. Are you a citizen of the United States of America?
 No Yes – **If no, attach a copy of INS card and Social Security Card.**



In Consideration for processing my application for a Nevada State Contractor's License, I, the undersigned whose name and personal information voluntarily appear above, do hereby and irrevocably agree to the following:

I hereby authorize the FBI, Nevada Highway Patrol, any Police Department and/or any other agency of criminal justice, to search for and release criminal history record information to the **NEVADA STATE CONTRACTORS BOARD**. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agencies. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons and current and/or prior gaming and non-gaming sheriff's work cards that were issued to me.

I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the **NEVADA STATE CONTRACTORS BOARD**.

I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, the Nevada State Contractors Board, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the requestor for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

I ATTEST TO THE TRUTH AND ACCURACY OF THE INFORMATION CONTAINED IN THIS BACKGROUND DISCLOSURE STATEMENT AND AUTHORIZATION FORM, AND SUBMIT THE INFORMATION UNDER PENALTY OF PERJURY, PURSUANT TO NRS 199.120.

Signature Date: _____

Print Name



FINGERPRINTING APPLICANTS/LICENSEES

Pursuant to the provisions of the Nevada Revised Statute (NRS) 624.265 and the Nevada Administrative Code (NAC) 624.681, all applicants are required to submit their fingerprints for the purpose of conducting a criminal background check.

Applicants may submit their fingerprints electronically via Live Scan technology, through an authorized vendor in Nevada or through the submission of hard copy fingerprint cards, completed by a law enforcement agency.

Your application package includes a Fingerprint Verification for the Live Scan technology; a list of authorized vendors and a Background authorization form which must be completed and submitted with your application. You may request hard copy fingerprint submission cards from the Board if you elect to submit manual fingerprints.

Live Scan fingerprints will take approximately 1 month for the Board to receive a report and hard copy fingerprints generally can take several months before a report is returned.

1. To have your fingerprints taken by an authorized vendor or a law enforcement agency, **you must produce proof of identity with photo identity documentation.**
2. A list of Live Scan authorized vendors in the State of Nevada is provided.
3. **Electronic Submittal** – The Live Scan vendor will collect the required fees. The vendor will stamp and date the verification form. You must bring the completed verification form and background authorization form to the NSCB. Electronic submittal is provided by Nevada vendors only.
4. **Hard copy cards** – The law enforcement agency will take your fingerprints on two (2) fingerprint cards. You will need to submit the fingerprint cards with the completed authorization form to the NSCB. You must provide a cashier's check or money order for \$51.25 made payable to the **Nevada Dept. of Public Safety. Personal Checks, Company Checks or Cash will not be accepted.**
5. For questions regarding this procedure, contact the Criminal Investigations Supervisor. For Reno, call 775-688-7884. For Henderson, call 702-486-1144.



LIVE SCAN LOCATIONS

Las Vegas Metropolitan Police Dept.
5880 S. Cameron
Las Vegas, NV
(702) 809-4304 (702) 856-6335

PSI

3210 E. Tropicana Ave.
Las Vegas, NV
Mon – Sat 10am – 4pm
(800) 733-9267

Fingerprinting Pros
2620 S. Maryland Pkwy, Suite 17
Las Vegas NV
(702) 734-2665

Burton Studios
3375 Pepper Lane, Suite 101
Las Vegas NV
(702) 456-9190

B & D Fingerprinting Studios
1750 N. Buffalo Dr., #104-442
Las Vegas NV
(702) 485-5256

Fingerprinting Express
209 E. Plumb Lane
Reno NV
(775) 322-5587

ELFS NV Inc.
Mobile fingerprinting by appt only
(702) 856-6335 or (702) 809-4304

Washoe County Sheriff
911 Parr Blvd.
Reno, NV
(775) 328-3032

TAM of Nevada
2550 S. Rainbow E-14
Las Vegas NV
(702) 873-8192

Carson City Sheriff
901 E. Musser St.
Carson City, NV
(775) 887-2500

TAM of Nevada
557 E. Sahara Ave., Suite 223
Las Vegas NV
(702) 369-0399

PSI
Airport Plaza Office Building
1755 E. Plumb Lane, Suite 108
Reno, NV
Tues – Sat 9am – 1pm
(800) 733-9267

Silver State Mobile Fingerprint Services
(702) 332-1016 (Please call for location information)



Verification of Fingerprints Submitted

The fingerprints of the named applicant have been taken and forwarded electronically to the Nevada Central Repository:

NRS 624.265 ORI NV920470Z ACCOUNT #880598

Name (Last, First, Middle) _____

Date of Birth (mo/day/year) _____

Social Security Number _____

Home Address (street) _____

City _____

State _____

Zip _____

Telephone- _____

Cell- _____ E-mail _____

By this signature, I authorize my fingerprints to be submitted to the Nevada Criminal History Repository and the Federal Bureau of Investigation for a criminal background report.

Signature

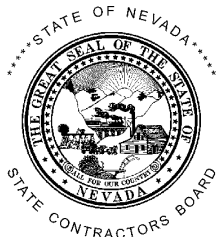
Date

For office Use Only

Date Print Submitted: _____

Processed by: _____





NEVADA STATE CONTRACTORS BOARD

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www.nscb.state.nv.us

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

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

A10F..... WATER AND GAS LINES FOR RESIDENTIAL 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..... PIPES AND VENTS FOR GAS
 C1H..... WATER HEATERS
 C1I..... CHILLED WATER PIPING
 C1J..... SYSTEMS TO REPLENISH BREATHING AIR FOR FIREFIGHTERS
 C1K..... INDUSTRIAL PIPING

PRIMARY CLASSIFICATION C2 - ELECTRICAL

SUBCLASSIFICATIONS

C2A..... ELECTRICAL WIRING
 C2B..... INTEGRATED CEILINGS
 C2C..... FIRE DETECTION
 C2D..... LOW VOLTAGE

C2E..... LINES TO TRANSMIT ELECTRICITY
 C2F..... RESIDENTIAL WIRING
 C2G..... PHOTOVOLTAICS

PRIMARY CLASSIFICATION C3 - CARPENTRY

SUBCLASSIFICATIONS

C3A..... CARPENTRY, REMODELING AND REPAIRS
 C3B..... FINISH CARPENTRY
 C3C..... INSULATION & WEATHER STRIPPING

C3D..... OVERHEAD DOORS
 C3E..... DRYWALL

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 CONTRACTING

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

PRIMARY CLASSIFICATION C9 - MOVEMENT OF BUILDINGS

PRIMARY CLASSIFICATION C10 - LANDSCAPE CONTRACTING

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 WALL
 C14E..... METAL DOORS AND WINDOWS

C14F..... STORE FRONTS
 C14G..... PREFABRICATED STEEL STRUCTURES
 C14H..... AWNINGS AND LOUVRES
 C14I..... 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 C33 - INSTALLING INDUSTRIAL MACHINERY

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

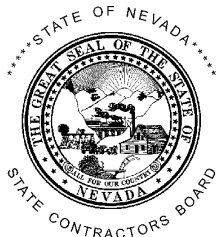
PRIMARY CLASSIFICATION C42 - CONSTRUCTING, ALTERING, OR IMPROVING COMMUNITY ANTENNA TELEVISION SYSTEMS

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





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www.nscb.state.nv.us

OUT - OF - STATE LICENSE VERIFICATION FORM THIS FORM MUST BE COMPLETED WHEN APPLYING FOR EXAM WAIVER BASED ON RECIPROCITY WITH ARIZONA, CALIFORNIA, OR UTAH

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

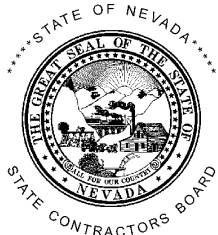
NOTE TO APPLICANT: COMPLETE A SEPARATE FORM FOR EACH LICENSE NUMBER

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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www.nscb.state.nv.us

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 you and your bank, submit this form with your application.

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

TO VERIFYING BANK: Please furnish the information requested below.

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

*Required Information

6. Verification of Lines of Credit:

Line of Credit Account #	Type of Credit Line	Approved Amount	Current Balance	Available Amount	Payments Required	Secured by
					\$ Per	
					\$ Per	
					\$ Per	

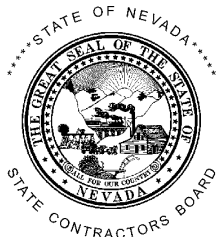
7. Additional information that may be of assistance in determination of credit worthiness: (Please include information on loans paid in full.)

8. Affix Bank Stamp or Business Card of Bank Representative

9. Name and Title:

10: Date: _____





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www.nscb.state.nv.us

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.
PLEASE TYPE OR PRINT IN INK**

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
 Supervisor 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)

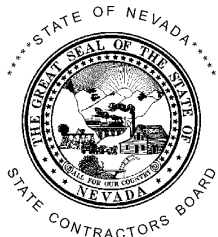
(_____) _____
(Daytime Telephone Number)

(_____) _____
(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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REFERENCE CERTIFICATE

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(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.
PLEASE TYPE OR PRINT IN INK**

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
 Supervisor 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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www.nscb.state.nv.us

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
(print name of individual you are completing reference for)
his / her experience that I have listed below

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

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
 Supervisor 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)

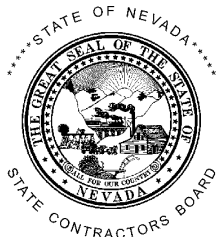
(Address – City – State – Zip)

(_____) _____ (_____) _____
(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 _____





NEVADA STATE CONTRACTORS BOARD

9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89521 (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

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.
PLEASE TYPE OR PRINT IN INK**

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
 Supervisor 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 _____



RESUME OF EXPERIENCE

Red Bordered Fields are Required

READ INSTRUCTIONS REGARDING EXPERIENCE REQUIREMENTS AND RESUME ON PAGE 6 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

