



## NEVADA STATE CONTRACTORS BOARD

2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NEVADA, 89074 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110  
5390 KIETZKE LANE, SUITE 102, RENO, NEVADA, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150  
[www.nscb.nv.gov](http://www.nscb.nv.gov)

### **\*\*MUST READ\*\* PRIOR TO FILLING OUT LICENSING APPLICATION**

The Nevada State Contractor's Board (NSCB or Board) is pleased to see your interest in becoming a licensed contractor in the State of Nevada and is prepared to assist you in completing the enclosed application. To best facilitate this process, it is important to understand what is required of you and how to eliminate potential roadblocks for the approval of your application. Additional details of the information below are included within the application itself. **The Board reserves the right to request additional documentation or information relative to the sections within this application, as necessary.**

#### **HAVE YOU FILED YOUR BUSINESS WITH THE NEVADA SECRETARY OF STATE'S OFFICE?**

- **YES:** Yes, I have a Nevada Business ID. Proceed with reading and completing this application.
- **NO:** Contact the Nevada Secretary of State to complete the application process for a Nevada State Business License, at which time you will be issued a **Nevada Business ID, which must be provided in this license application.** Secretary of State contact information: [www.nvsilverflume.gov/startBusiness](http://www.nvsilverflume.gov/startBusiness) or (800) 450-8594.

#### **\*\*FREE\*\* APPLICATION ASSISTANCE – Business Assistance Program**

**\*\* NSCB is not affiliated with and does not endorse or recommend any contractor licensing schools or services.** Applicants are responsible for all information contained within the application and should be cautious when using a third party agency to complete the required information.

We understand the contents and requests for information in the license application may be complex, which is why the Board offers a FREE Business Assistance Program to walk you through the instructions of key sections of the application and provide you information on other state requirements.

RENO – 3<sup>rd</sup> Friday of every month from 9:00 a.m. to 11:00 a.m.  
HENDERSON – 4<sup>th</sup> Friday of every month from 9:00 a.m. to 11:00 a.m.

#### **IMPORTANT REQUIREMENTS TO KNOW BEFORE YOU APPLY**

- ✓ **Application Requirement:** A separate application is required for EACH primary classification.
- ✓ **Processing Fee:** A \$300 non-refundable fee is required upon submission of a completed application.
- ✓ **Financial Responsibility:** You will be required to provide a financial statement and bank verification form as described in Section 11. Financial responsibility will be evaluated based on NRS 624.220 and NRS 624.260 to 624.265.
- ✓ **Documented Work Experience:** You will be required to prove a minimum of 4 years of experience as a journeyman, foreman, supervising employee or contractor in the classification requested. The experience must have been gained during the immediately preceding 10 years (*see section 7 for documentation requirements*).
- ✓ **Examination Fees:** An exam fee will be required and will be paid to the exam provider at the time the exam is scheduled.

#### **Requirements after Approval of the Application, but Before the License is Issued:**

- ✓ **2 Year License Fee:** \$600 biennial license fee.
- ✓ **Industrial Insurance:** Proof of Industrial Insurance.
- ✓ **Residential Recovery Fund Assessment:** Contractors who perform work on residential properties will be required to pay into the Residential Recovery Fund. The fee is based on the monetary limit of the license.
- ✓ **Bond Requirement:** A cash or surety bond in an amount determined by the Board.





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www.nscb.nv.gov

## 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 ONLY process complete applications that include 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 by a principal listed in Section 4 of this application.
- Include the nonrefundable application fee of \$300.00.
- Leave no space blank. If a particular question or request for information does not apply to you, write "N/A" in the blank space to indicate the question has received your attention.

### SECTION 1 – BUSINESS NAME AND ADDRESS

**If the Board determines another licensee or applicant is using a similar business name, you will be requested to choose a different name, which may require you to file additional paperwork.**

Legal Business Name: \_\_\_\_\_

- The Legal Business Name must match the name provided to the Secretary of State's office for your Nevada State Business License.

Fictitious Business Name (dba), if applicable: \_\_\_\_\_

- A Fictitious Business Name is used only if you will be doing business as (dba) a name other than your legal business name.
- A filed copy of your fictitious name certificate must be included.

Nevada Business ID: **NV**

- Your Nevada Business ID **begins with "NV"** and can be found on your Nevada State Business License.

Business Entity Type: \_\_\_\_\_

- Please write the business entity type that was filed with the Nevada Secretary of State's Office.
  - o Options include: Corporation; Limited Liability Company (LLC); General Partnership; Limited Partnership; Sole Proprietor; or Joint Venture.
- If a Sole Proprietor, please complete the Child Support Information Statement (Attachment F) and have your spouse (if applicable) complete a background disclosure statement (Attachment A, Pages 1-2).

Physical Business Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

Mailing Address for Business (where mail from the Board will be sent to):

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

Phone No.: (\_\_\_\_) \_\_\_\_\_ Facsimile No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

- At least one address must be a physical location, not a post office box or mail drop.**



**SECTION 2 – NEVADA RESIDENT AGENT**

Provide the name and address for your designated Registered Agent who must be physically located in Nevada who can and is authorized to receive service of process on behalf of the applicant.

Name: \_\_\_\_\_

Address: \_\_\_\_\_, NV \_\_\_\_\_  
(Street Address) (City) (Zip)

**SECTION 3 – LICENSE CLASSIFICATION**

The **License Classification** determines the scope of work you will be allowed to perform as a licensed contractor. A list of all classifications can be found on the Board's [website](#) or by referencing Nevada Administrative Code 624.140-624.585.

I am applying for the following License Classification(s): \_\_\_\_\_

Please describe the type of work you intend to perform. Be as inclusive/detailed as possible so staff can best ensure the appropriate license classification is being requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4 – PRINCIPALS AND QUALIFIED EMPLOYEES**

Based on the business entity type, the information below needs to be completed for the following persons:

- Corporation: All elected officers and designated qualified employee(s)
- Sole Proprietor: Individual applying (owner) and designated qualified employee(s)
- General Partnership: All partners and designated qualified employee(s)
- Limited Partnership: All general partners and designated qualified employee(s)
- Limited Liability Company (LLC): All managers/members with managing authority and designated qualified employee(s)
- Joint Ventures: All parties and designated qualified employee(s)

**REQUIRED BACKGROUND DISCLOSURES & FINGERPRINTS:** Each person listed below including your qualified employees are required to complete a background disclosure statement and fingerprint waiver form ([Attachment A](#)).

**PRINCIPALS AND QUALIFIED EMPLOYEES**

FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE

**(ATTACH A SEPARATE SHEET IF NECESSARY)**



**SECTION 5 – ASSOCIATES**

┌ This section is applicable only if the applicant is a corporation, limited liability company, or limited partnership. If you are not one of these business entities, please skip to Section 6.

- ┌ Do any persons (other than those listed in Section 4) 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    NAME \_\_\_\_\_ % OWNED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6 – PAST OR CURRENT CONTRACTOR’S LICENSES**

┌ If you or anyone appearing on this application have **EVER** been listed on a contractor’s license in Nevada or **ANY** other state at any time – past or current – please fill in the information below for all licenses obtained.

┌ Past licenses include ANY licenses that are revoked, suspended, withdrawn, inactive, cancelled, etc.

┌ Indicate **N/A** in the field below if you have not.

Company Name	State	License #	Issue Date	License Status

**(ATTACH A SEPARATE SHEET IF NECESSARY)**

**SECTION 7 – IDENTIFYING YOUR MANAGEMENT & TRADE QUALIFIER**

┌ In order to receive a contractor’s license, you must demonstrate that an individual(s) in your business is (are) qualified to oversee the day-to-day business transactions and actual work being performed. This section is intended to provide you information on the qualifications of such individuals and the experience requirements that they must meet. PLEASE READ THROUGH THIS ENTIRE SECTION BEFORE PROCEEDING.

- **You may have 1 individual who serves as BOTH the Management and Trade Qualifier, or you may have 1 individual for EACH the Management and Trade Qualifier roles as noted below. The Board refers to these positions as QUALIFIED INDIVIDUALS.**
  - Pursuant to NRS 624.260, the qualifier can be an owner, officer, member, manager or employee of the company. Each qualifier must be a bona fide member or employee of this company, and actively engaged in the contracting business. The qualified employee(s) shall exercise the following authority:
    - 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
    - Devote him/herself solely to this business, not taking any other employment that would conflict with his or her duties.
  - A Qualifier 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.**
- **MANAGEMENT QUALIFIED INDIVIDUAL:** This individual must take and pass the business and law (CMS) examination. This exam includes topics such as general knowledge of Nevada construction law (NRS 624), mechanics lien law, laws regarding industrial insurance, and common knowledge of business administration.
- **TRADE QUALIFIED INDIVIDUAL:** 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.



- **If Applying for Multiple Sub-Classifications:** The Trade Qualifier must substantiate experience for the full scope of the license under which the sub-classifications are listed. Separate qualifiers for individual sub-classifications are not allowed.
- **Education and Military Training Credits for Experience:** Training received in a program offered at an accredited college, university or equivalent program accepted by the Board may be used to satisfy up to, but not more than 3 years of experience. Proof of transferable military training may also be used to satisfy the work experience requirement.
- **“Journeyman”:** 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.

**DOCUMENTED WORK EXPERIENCE:** The Board will accept the following types of documentation in support of your experience.

1. **Four (4) Certification of Work Experience Forms (Certificates)** for EACH Trade Qualifier. [Attachment B](#) is the certification form.
  - Certificates should be completed by employers, other than the applying company. If you are a self-employed contractor, customers for whom you have performed work for should complete them. **Relatives cannot complete the certificates, unless they were your employer.**
  - The certificates must verify the experience requirements as stated above. **Certificates that are not complete or not specific regarding the actual work performed will not be accepted.**
  - **PLEASE NOTE:** Each individual certificate does not have to demonstrate 4 years’ experience, but the aggregate time of experience listed (all certificates combined) must equal a minimum of 4 full years (1460 days).
  - Any certificate determined to be false or misleading may be considered misrepresentation or omission of a material fact, in violation of NRS 624.3013(2).
  - ***Additional certificates may be requested as necessary; or***
2. A **current masters certification** issued by a governmental agency in a discipline substantially similar to the requested classification; **or,**
3. Proof of transferrable **military experience and training.**

**RESUME OF EXPERIENCE:** Complete the Resume of Experience, ([Attachment C](#)), for EACH Trade Qualifier. 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 addresses and phone numbers.

**WHEN CERTIFICATION OF WORK EXPERIENCE & RESUME ARE NOT REQUIRED:**

- If the qualifier has served as a qualified employee in the same classification on another Nevada state contractor’s license within the last 5 years; or
- If you qualify for waiver of experience certification by endorsement based on your licensure in one of the states listed on the State Equivalency Chart, [available online.](#)

**SECTION 8 – EXAMINATION REQUIREMENTS**

**Examination Requirements:** A Business and Law (CMS) and trade examination will be required. The trade exam will be specific to the classification requested. You will receive an Examination Eligibility form after the application is submitted and experience is verified. [Candidate information bulletin, exam content outlines, and order forms for the “CMS” exam and trade exam\(s\) reference manuals are available on the Board’s website.](#)

**Examination Requirements fees (payable to PSI):** \$140 when the CMS and one Trade Exam are scheduled at the same time – OR – \$95 per each exam.

**You May Be Eligible for Waiver of the trade exam if:**

- **Current/Recent Nevada Qualified Employee:** If you have served as a qualified employee on a license in the State of Nevada in the same classification requested in good standing within the last 5 years.
- **B or B-2 Exam Waiver:** Applicants for a full “B” General Building or “B-2” Residential and Small Commercial license may be considered for waiver of the trade exam if you have passed the National Association of State Contractor Licensing Agencies (NASCLA) Accredited General Building Exam. You will need to purchase and electronically send your transcript to the Board.
- **Trade Exam Waiver by Endorsement** – You may qualify for waiver of the trade exam by endorsement if you are licensed in one of the states listed on the State Equivalency Chart, [available online.](#)





## SECTION 11 – REQUIRED FINANCIAL DOCUMENTS

**NOTE: A financial statement IS REQUIRED regardless of the size/amount of the monetary limit.**

1. **FINANCIAL STATEMENT REQUIREMENTS:** Your financial statement will need to be prepared based on the Monetary Limit you are requesting. It is important that you read through the specific requirements below, and seek the assistance of a Certified Public Accountant (CPA) when necessary. All financial statements must meet the following criteria:

- o Financial statements must be for the applying entity. Sole proprietors and each general partner of a general partnership must submit personal statements.
- o All statements must be in U.S. dollars.
- o Business statements must include a classified balance sheet.
- o It is highly recommended that personal statements **include a supplemental schedule disclosing working capital.**

┌ **MONETARY LIMITS OF \$250,000 OR MORE:**

- o A financial statement that is prepared and **reviewed or audited** by an independent certified public accountant, current within 1 year from the date the application is received.

┌ **MONETARY LIMITS OF \$50,000 OR MORE, BUT LESS THAN \$250,000:**

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

┌ **MONETARY LIMITS OF MORE THAN \$10,000, BUT LESS THAN \$50,000:**

- o A compiled financial statement prepared by an independent CPA, current within 6 months from the date the application is received; or
- o A reviewed or audited financial statement, prepared by an independent CPA, current within 1 year from the date the application is received.

┌ **MONETARY LIMITS OF \$10,000 OR LESS:**

Self-prepared or compiled statements must be current to within 6 months from the date the application is received.

- o A current financial statement prepared by an independent CPA; or
- o A current financial statement submitted using the [Board's form online](#); or
  - If completing this form online, please note that not all fields within this form are self-populated/automated. It is the applicant's responsibility to ensure all requested information is provided and correctly calculated.
- o A current financial statement (Balance Sheet) prepared using accounting software in accordance with generally accepted accounting principals
  - When using this option, you **must** sign and include with your application the Board's [Business Financial Statement Affidavit for Accounting Software](#), verifying the accuracy of the financial statement.
- o **IF PREPARING YOUR OWN STATEMENT** – If you are preparing your own financial statement and are not familiar with the financial terms, documents, or general small business requirements, please visit the **Nevada Business Development Center online at: <http://nsbdc.org/> or call (800) 240-7094**. This site contains important information for small business owners and allows you to request individual counseling services, which may be helpful in completing the requested information within this licensing application.

2. **REQUIRED BANK VERIFICATION FORM:** The bank verification form can be found [online](#) or in hard copy. ([Attachment E](#))

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, it provides an option to an applicant who may not otherwise qualify.

- o 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 12 – 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 determined by consideration of the factors set forth in NRS 624.260, 624.262, 624.263, and 624.265. **Please note:** Staff references these statutes to assess your financial responsibility with regard to the monetary limit you are requesting.

State the **specific Monetary Limit desired (value ranges are not acceptable):** \$ \_\_\_\_\_

**Please note, the financial statement requirements for your requested limit is listed above and must be included with your application.**



**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 from contractors who participate in the construction, remodeling, repair or improvement of residential housing. **Assessments** are based on the monetary limit placed on the license.
- ┌ **WHO MUST REGISTER FOR 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.**

**PLEASE ANSWER THE FOLLOWING QUESTIONS – DO NOT LEAVE ANY QUESTION BLANK**

- ┌ Will you be acting as a “residential contractor” performing “qualified services” as defined in NRS 624.440 and NRS 624.450?  
 **NO**     **YES**
- ┌ 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 recovery fund claims paid or claims pending with Nevada or any other state?  
 **NO**     **YES - Please provide Claim # \_\_\_\_\_**

**SECTION 14 – VETERAN OWNED BUSINESS INFORMATION**

The following information is being requested for use by the Nevada Interagency Council on Veterans Affairs which collects data related to veteran owned businesses. Include a copy of this form with your application.

If a United States Veteran, or Service Member, owns at least 51% of this company, please provide the following information for that individual.

Please print:

First Name	Middle Name	Last Name	<b>FOR OFFICE USE ONLY</b>  Indv/Org# _____ Entered Date: _____ By _____
Business Name		License Number (if applicable)	

1. Branch of Service, including reserves: Check all that apply.

<input type="checkbox"/> Army	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> National Guard
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2. Military Occupation Specialty/Specialties: \_\_\_\_\_

3. Date of Services: From:     /    /     To:     /    /      
Mo Day Year
Mo Day Year

4. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?  
 Yes     No

5. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?  
 Yes     No

6. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?  
 Yes     No

***Thank you for your service to our country!***





**SECTION 15 - CONSTRUCTION EDUCATION FUND**

The Nevada Legislature created a Construction Education Fund for the purpose of supporting programs of education which relate to building construction. 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 "NSCB" and indicate the fee should be for the Construction Education Fund.

**SECTION 16 - 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 (must be listed in Section 4) must sign this application.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE**

Date Received: \_\_\_\_\_ Application Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ App. No. \_\_\_\_\_

Withdrawn: Date: \_\_\_\_\_ Reason: \_\_\_\_\_ Approved: \_\_\_\_\_ Org ID. \_\_\_\_\_

Limit: \_\_\_\_\_ Bond Amount: \_\_\_\_\_ CPB Amount: \_\_\_\_\_ Analyst \_\_\_\_\_

Bond #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Surety: \_\_\_\_\_ Agent: \_\_\_\_\_ Entered by: \_\_\_\_\_

Industrial Insurance:  Proof of Coverage Provided  Certificate of Exemption Date: \_\_\_\_\_

Recovery Fund:  Participant  Certificate of Exemption Date \_\_\_\_\_

License Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Issue Date: \_\_\_\_\_ License Number: \_\_\_\_\_ FS Review Year: \_\_\_\_\_

Indemnitor: \_\_\_\_\_ Effective: \_\_\_\_\_

Name Change: \_\_\_\_\_ Entity Type Change: \_\_\_\_\_

QI: \_\_\_\_\_ CMS TRD; Org#: \_\_\_\_\_ Type: PQ New Broaden Status: A D W

QI: \_\_\_\_\_ CMS TRD; Org#: \_\_\_\_\_ Type: PQ New Broaden Status: A D W





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

**A separate form MUST be completed by EACH Person including the Qualified Individual**

**BUSINESS NAME:** \_\_\_\_\_

NRS 624.263 and NRS 624.265 authorizes the Nevada State Contractors Board (NSCB) to conduct background investigations, obtain credit reports, 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.

**For Board Staff Only**

- Live Scan Prints
- Hard Copy Prints

**\*\*\*A COPY OF A VALID DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO I.D. MUST ACCOMPANY THIS FORM.\*\*\***

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

### **FINGERPRINT AND CRIMINAL BACKGROUND CHECKS**

The Board will conduct a background check using information from the Federal Bureau of Investigations (FBI) and the Nevada Criminal History Repository. These records are likely to include all instances of criminal activity, including those matters that may have been sealed, expunged, had the charges reduced or dismissed. If a criminal history is found, an investigation will be conducted and you will be requested to provide supporting documentation.

- Have you ever been convicted of, or pled guilty or no contest to any crime, or, are any criminal charges pending against you?  
 No     Yes

Applications are not automatically denied because of information obtained through the background disclosure and criminal history verification. 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. It is your responsibility to provide any supporting documentation requested by the Board related to any past convictions or pending criminal charges.

### **FINANCIAL DISCLOSURES**

- You **MUST** disclose any unpaid or unresolved liens, lawsuits, judgments and claims, including tax claims.
  - You are advised to obtain a copy of your credit report, Experian recommended, which will provide you with any unpaid, unresolved liens or claims, all lawsuits, and all judgments. **Pay particular attention to any tax claims or liens that have been made or filed against you.**
  - If you have entered into any repayment or credit consolidation agreements, attach copies of those agreements to your application, otherwise, we will assume you have not made arrangements to repay the debt.
- Within the last 3 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 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.
  - Do you **anticipate filing bankruptcy** within the next 6 months?  
 No     Yes
  - 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 unresolved or unsatisfied – OR – Are there now any **unpaid past due bills** for materials, services rendered, or labor?  
 No     Yes – Attach a detailed explanation.
  - 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.
  - 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: \_\_\_\_\_ %
  - Are you a **citizen of the United States of America**?  
 No – Attach a copy of INS card and Social Security Card.     Yes

In order to comply with the requirements of Nevada's Department of Public Safety, fingerprint cards and LiveScan fingerprints cannot be accepted until **after** you submit your application and completed Fingerprint Background Waiver form(s) to the Board. Once these forms has been submitted to the Nevada State Contractors Board you may proceed with obtaining the required fingerprints.

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:

1. I hereby authorize the **NEVADA STATE CONTRACTORS BOARD (hereinafter "BOARD")** to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me. 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.
2. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the **BOARD**.
3. 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 **BOARD** 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 and the **BOARD** on the basis of their disclosures. I have signed this release voluntarily and of my own free will.
4. In giving the above authorization, I understand that all information provided to the **BOARD** may be reviewed by the **BOARD** or any other employee within the **BOARD'S** organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the **BOARD** and of the criminal justice agencies in the performance of their official duties, and may not be further disseminated.

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.

**PURSUANT TO NRS 199.120, I CERTIFY THAT I HAVE CAREFULLY REVIEWED THE INFORMATION CONTAINED IN THIS DOCUMENT AND I ATTEST TO THE TRUTH AND ACCURACY OF THE INFORMATION CONTAINED IN THIS BACKGROUND DISCLOSURE STATEMENT UNDER PENALTY OF PERJURY.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



## FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by the **Nevada State Contractors Board** that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

### 16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize (enter name of requesting agency **Nevada State Contractors Board**, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records 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 agency. 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.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency 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.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submitting Agency: **NEVADA STATE CONTRACTORS BOARD**

Address: **5390 KIETZKE LANE, SUITE 102, RENO, NV 89511 / 2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NV 89074**

Agency representative: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# NEVADA STATE CONTRACTORS BOARD

5390 KIETZKE LANE, SUITE 102, 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.nv.gov

## CERTIFICATE OF WORK EXPERIENCE

**\*PART 1: QUALIFYING INDIVIDUAL (APPLICANT) INFORMATION:** The qualifying individual must complete part 1 in its entirety before the certifier completes part 2.

<b>APPLICANTS FULL LEGAL NAME:</b>			
First: _____	Middle: _____	Last: _____	Suffix: _____
<b>CLASSIFICATION OF LICENSE REQUESTED</b> (code and description):			
<b>CHECK THE BOX THAT IDENTIFIES YOUR BUSINESS RELATIONSHIP TO THE CERTIFIER AT THE TIME EXPERIENCE WAS GAINED</b>			
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Foreman	<input type="checkbox"/> Journeyman	<input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Supplier

**\*PART 2: WORK EXPERIENCE AND CERTIFICATION STATEMENT:** The certifier must complete Part 2 in its entirety after the qualifying individual (applicant) has completed Part 1.

<b>CHECK THE BOX THAT IDENTIFIES THE LEVEL OF WORK THAT THE ABOVE INDIVIDUAL PERFORMED:</b>	
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Foreman <input type="checkbox"/> Journeyman <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (aggregate total of part-time)	
FROM: _____ / _____ / _____ TO: _____ / _____ / _____ = _____ YEAR(S) AND _____ MONTHS MONTH DAY YEAR MONTH DAY YEAR	
<i>(Do not claim credit for full-time work if applicant worked only part-time or if trade duties in requested classification were only one component of entire job)</i>	
<b>IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION OR TRADE AREA LISTED IN PART 1 SECTION 2. IF ADDITIONAL SPACE IS REQUIRED PROVIDE A SIGNED ATTACHMENT BY THE CERTIFIER.</b>	
<i>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>	

I certify that I have direct knowledge of the stated individual's work experience during the time period outlined above. I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein and understand that these statements are subject to verification.

\_\_\_\_\_  
\*Signature of Certifier

\_\_\_\_\_  
\*Printed Name of Certifier

\_\_\_\_\_  
Company or Business affiliation

\_\_\_\_\_  
License No. State

\_\_\_\_\_  
\*Address \*City \*State \*Zip

(\_\_\_\_\_) \_\_\_\_\_  
\*Daytime Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
\*Email Address

\*Required Fields



# NEVADA STATE CONTRACTORS BOARD

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**APPLICANTS FULL LEGAL NAME:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

**CLASSIFICATION OF LICENSE REQUESTED** (code and description):

\_\_\_\_\_

**CHECK THE BOX THAT IDENTIFIES YOUR BUSINESS RELATIONSHIP TO THE CERTIFIER AT THE TIME EXPERIENCE WAS GAINED**

Supervisor    Foreman    Journeyman    Contractor    Employee    Supplier

**\*PART 2: WORK EXPERIENCE AND CERTIFICATION STATEMENT:** The certifier must complete Part 2 in its entirety after the qualifying individual (applicant) has completed Part 1.

**CHECK THE BOX THAT IDENTIFIES THE LEVEL OF WORK THAT THE ABOVE INDIVIDUAL PERFORMED:**

Supervisor    Foreman    Journeyman    Contractor    Employee

FULL TIME    PART TIME (aggregate total of part-time)

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_ YEAR(S) AND \_\_\_\_\_ MONTHS  
MONTH   DAY   YEAR   MONTH   DAY   YEAR

*(Do not claim credit for full-time work if applicant worked only part-time or if trade duties in requested classification were only one component of entire job)*

**IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION OR TRADE AREA LISTED IN PART 1 SECTION 2. IF ADDITIONAL SPACE IS REQUIRED PROVIDE A SIGNED ATTACHMENT BY THE CERTIFIER.**

**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 that I have direct knowledge of the stated individual's work experience during the time period outlined above. I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein and understand that these statements are subject to verification.

\_\_\_\_\_  
\*Signature of Certifier

\_\_\_\_\_  
\*Printed Name of Certifier

\_\_\_\_\_  
Company or Business affiliation

\_\_\_\_\_  
License No.                      State

\_\_\_\_\_  
\*Address                                      \*City                                      \*State                                      \*Zip

(\_\_\_\_\_) \_\_\_\_\_  
\*Daytime Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
\*Email Address

\*Required Fields



# NEVADA STATE CONTRACTORS BOARD

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**APPLICANTS FULL LEGAL NAME:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

**CLASSIFICATION OF LICENSE REQUESTED** (code and description):

\_\_\_\_\_

**CHECK THE BOX THAT IDENTIFIES YOUR BUSINESS RELATIONSHIP TO THE CERTIFIER AT THE TIME EXPERIENCE WAS GAINED**

Supervisor     Foreman     Journeyman     Contractor     Employee     Supplier

**\*PART 2: WORK EXPERIENCE AND CERTIFICATION STATEMENT:** The certifier must complete Part 2 in its entirety after the qualifying individual (applicant) has completed Part 1.

**CHECK THE BOX THAT IDENTIFIES THE LEVEL OF WORK THAT THE ABOVE INDIVIDUAL PERFORMED:**

Supervisor     Foreman     Journeyman     Contractor     Employee

FULL TIME     PART TIME (aggregate total of part-time)

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_ YEAR(S) AND \_\_\_\_\_ MONTHS

          MONTH    DAY    YEAR                    MONTH    DAY    YEAR

*(Do not claim credit for full-time work if applicant worked only part-time or if trade duties in requested classification were only one component of entire job)*

**IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION OR TRADE AREA LISTED IN PART 1 SECTION 2. IF ADDITIONAL SPACE IS REQUIRED PROVIDE A SIGNED ATTACHMENT BY THE CERTIFIER.**

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\_\_\_\_\_  
\*Signature of Certifier

\_\_\_\_\_  
\*Printed Name of Certifier

\_\_\_\_\_  
Company or Business affiliation

\_\_\_\_\_  
License No.

\_\_\_\_\_  
State

\_\_\_\_\_  
\*Address

\_\_\_\_\_  
\*City

\_\_\_\_\_  
\*State

\_\_\_\_\_  
\*Zip

(\_\_\_\_\_) \_\_\_\_\_  
\*Daytime Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
\*Email Address

\*Required Fields



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<b>APPLICANTS FULL LEGAL NAME:</b>			
First: _____	Middle: _____	Last: _____	Suffix: _____
<b>CLASSIFICATION OF LICENSE REQUESTED</b> (code and description):			
<b>CHECK THE BOX THAT IDENTIFIES YOUR BUSINESS RELATIONSHIP TO THE CERTIFIER AT THE TIME EXPERIENCE WAS GAINED</b>			
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Foreman	<input type="checkbox"/> Journeyman	<input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Supplier

**\*PART 2: WORK EXPERIENCE AND CERTIFICATION STATEMENT:** The certifier must complete Part 2 in its entirety after the qualifying individual (applicant) has completed Part 1.

<b>CHECK THE BOX THAT IDENTIFIES THE LEVEL OF WORK THAT THE ABOVE INDIVIDUAL PERFORMED:</b>	
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Foreman <input type="checkbox"/> Journeyman <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME (aggregate total of part-time)
FROM: _____ / _____ / _____ TO: _____ / _____ / _____ = _____ YEAR(S) AND _____ MONTHS <small>MONTH DAY YEAR MONTH DAY YEAR</small>	
<i>(Do not claim credit for full-time work if applicant worked only part-time or if trade duties in requested classification were only one component of entire job)</i>	
<b>IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION OR TRADE AREA LISTED IN PART 1 SECTION 2. IF ADDITIONAL SPACE IS REQUIRED PROVIDE A SIGNED ATTACHMENT BY THE CERTIFIER.</b>	
<b>IMPORTANT:</b> 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 that I have direct knowledge of the stated individual's work experience during the time period outlined above. I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein and understand that these statements are subject to verification.

\_\_\_\_\_  
 \*Signature of Certifier

\_\_\_\_\_  
 \*Printed Name of Certifier

\_\_\_\_\_  
 Company or Business affiliation

\_\_\_\_\_  
 License No. State

\_\_\_\_\_  
 \*Address \*City

\_\_\_\_\_  
 \*State \*Zip

(\_\_\_\_\_) \_\_\_\_\_  
 \*Daytime Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
 Fax Number

\_\_\_\_\_  
 \*Email Address

\*Required Fields



# RESUME OF EXPERIENCE

(READ INSTRUCTIONS REGARDING EXPERIENCE REQUIREMENTS AND RESUME ON PAGE 2 BEFORE COMPLETING THIS FORM. USE ADDITIONAL FORMS AS NEEDED)

**EXPERIENCE RECORD OF:** \_\_\_\_\_  
(Print name of qualified individual)

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Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ Email Address. \_\_\_\_\_  
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

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Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ Email Address. \_\_\_\_\_  
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

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Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ Email Address. \_\_\_\_\_  
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

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# NEVADA STATE CONTRACTORS BOARD

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www.nscb.nv.gov

## Request for Verification of Licensure

### APPLICANT INFORMATION

**INSTRUCTION TO APPLICANT:** Complete the Applicant Information 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.

Applicant Business Name \_\_\_\_\_

Full Legal Name of Qualifier \_\_\_\_\_  
*First Middle Last Date of Birth*

Mailing Address \_\_\_\_\_  
*Street/P O Box City State/Zip*

License Number \_\_\_\_\_ State \_\_\_\_\_

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

Signature \_\_\_\_\_

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

### LICENSE INFORMATION

**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.

Business Name \_\_\_\_\_

Name of Qualified Person \_\_\_\_\_ Date Added to License \_\_\_\_\_

Classification of License Issued: (code and description) \_\_\_\_\_

License Number \_\_\_\_\_ Current Status \_\_\_\_\_

Original Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Continuously Licensed?  Yes  No. If no, please explain \_\_\_\_\_

Licensed by:  Exam. Type \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_\_

Endorsement from the State of: \_\_\_\_\_

Waiver. Please state basis of waiver: \_\_\_\_\_

Experience Required for Licensure \_\_\_\_\_

Is there a record of disciplinary action or pending disciplinary action against this license?

No  Yes. If yes, please attach a copy of the action.

Name of Verifying Official \_\_\_\_\_  
*Print Name Signature*

Title \_\_\_\_\_

{Agency Seal}

Agency \_\_\_\_\_

Date \_\_\_\_\_





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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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date