**NEVADA STATE CONTRACTORS BOARD**
8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NV, 89113 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110
5390 KIETZKE LANE, SUITE 102, RENO, NV, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150
*www.nscb.nv.gov*

# BEFORE SUBMITTING YOUR APPLICATION, PLEASE MAKE SURE YOU HAVE THE FOLLOWING:

**(B-7 Restricted License Applicants ONLY: Refer to B-7 Restricted License Check List)**

- ❑ A check, cashier's check, or money order in the amount of $300 payable to "**Nevada State Contractors Board**" or "**NSCB"**
- ❑ ALL signatures requested within the application
- ❑ Experience Documentation (see Section 7)
- ❑ Resume detailing all current and past employment
- ❑ Background Disclosure Statement and Fingerprint Background Waiver forms for ALL persons listed on the application

  **Important: Do not submit fingerprints until requested to do so**
- ❑ Copies of driver's licenses or government-issued IDs for all persons listed on the application
- ❑ Financial Statement (see Section 11)
- ❑ Child Support Information Statement – Sole Proprietors ONLY
- ❑ For your reference, please keep a copy of your application

## ARE YOU A MEMBER OF THE MILITARY? MILITARY SPOUSE? VETERAN?

The Nevada State Contractors Board is here to help expedite the licensing process. For more information, click on the following link or scan the QR code below:

Veterans Assistance Program

## STILL HAVE QUESTIONS?

Our Online Business Assistance Program is available on our website to provide you with helpful information on applying for a license. To access this program, click on the following link or scan the QR code below:

Application 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.*

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# New B-7 Restricted License Application Checklist

SB130 provides a process for the Board to issue a restricted license to an applicant that authorizes the individual to perform certain work for which a contractor's license is required, within the scope and monetary limit of the restricted license. This bill is effective as of October 1, 2025.

The B-7 restricted license will allow the remodeling and improvement of an existing, detached, stand-alone single-family residence or single-family residential unit within a structure that does not extend more than three stories above the ground and one story below the ground. However, this restricted license does not authorize the holder to increase the existing enclosed space of the residential structure.

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**Restrictions:**

- Individuals granted a restricted license may not perform life safety trades or work exceeding $7,000 including labor and materials.
- The restricted license is valid for two years, at which time it can be renewed or the individual can apply for a non-restricted license meeting all existing requirements.

---

**Qualifications/Requirements:**

- Applicants must demonstrate at least two years of experience in a certain trade;
- Procure and maintain a surety or cash bond of $2,000 or higher as determined by the Board; and
- Complete a business counseling or similar class with a minimum number of hours as determined by the Board and complete within one year, prior to applying for the restricted license;
- A Business and Law (CMS) exam will be required.

## BEFORE SUBMITTING YOUR APPLICATION, THE FOLLOWING ARE REQUIRED:

- ❑ ALL signatures requested within the application
- ❑ Resume of Experience (Attachment B);
- ❑ Meet experience requirement by providing one (or more) of the following:
  - Four Certification of Work Experience Forms (Attachment A);
  - Alternative training in a program which is offered at an accredited college or university, apprenticeship or equivalent program accepted by the Board; or
  - Completion of any other program or obtaining any other qualification acceptable by the Board.
- ❑ Background Disclosure Statement and Fingerprint Background Waiver forms for ALL persons listed on the application
  **Important: Do not submit fingerprints until requested to do so**
- ❑ Copies of driver's licenses or government-issued IDs for all persons listed on the application
- ❑ Financial Statement (see Section 11)
- ❑ Child Support Information Statement – Sole Proprietors ONLY
- ❑ For your reference, please keep a copy of your application

Note: All other requirements outlined within the application will be required to obtain a B-7 restricted license.

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## After Submittal of Contractor's License Application

- ❑ Do **not** submit fingerprints until requested to do so.
- ❑ Processing time frame varies for all applicants. Your designated license analyst will correspond with the entity's email address listed on page one of the application packet. Please verify that the email address on page one is accurate. All NSCB emails will be generated from the @nscb.state.nv.us domain. (Be sure to check the spam inbox as well.)
- ❑ If testing is required: Candidate ID Number for the Trade Exam and/or CMS (Construction Management Survey) Exam will be mailed to the Entity's mailing address, not the individual qualifier's personal address. Candidate ID Number for each test may be mailed separately. Per NAC 624.600 (4), the qualifiers have 6 months from the date the application is submitted to complete all testing. All test results will be sent to the NSCB directly from the testing center.
- ❑ The principal(s) of the entity are responsible for all communication and prompt response for the application. To avoid withdrawal of your pending application, please be sure to have the principal(s) correspond with your license analyst in a timely manner when more documentations are required.
- ❑ Should you require any changes to your contractor's license after it has been issued, please tune in to the Licensed Contractor Assistance Program.

KEEP FOR YOUR REFERENCE

# NEVADA STATE CONTRACTORS BOARD

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## 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.
- ☐ **Please type or print in ink when completing this form.**
- ☐ **You will need to obtain a Nevada Business ID prior to completing this application**. To do so, contact the Nevada Secretary of State to complete the application for a Nevada State Business License. www.orion.nv.gov or (800) 450-8594
- ☐ **Include the nonrefundable application fee of $300.00 when submitting the completed application to the Board.**
- ☐ **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.

**FOR OFFICE USE ONLY**

Application #: _____

Organization #: _____

Receipt #: _____

### SECTION 1 – BUSINESS NAME AND ADDRESS

**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.
- 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. If unsure, check with the Board's office first or follow the name similarity guidelines.

**Fictitious Business Name (dba), if applicable:** _____

- A Fictitious Business Name is used only if you will be doing business as 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 check the business entity type that was filed with the Nevada Secretary of State's Office)

☐ **Corporation** ☐ **Limited Liability Corporation (LLC)** ☐ **Limited Partnership** ☐ **General Partnership** ☐ ***Sole Proprietor** ☐ **Joint Venture**

***Sole Proprietor**: Please complete the Child Support Information Statement (Attachment D) and have your spouse (if applicable) also complete a Background Disclosure Statement (Pages 7-8) and provide a copy of their photo ID.

**Physical Business Address:** _____
(Street Address)

_____ _____ _____
(City) (State) (Zip)

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

**Mailing Address for Business:** ☐ **Same as Above**

_____
(Street Address or P.O. Box)

_____ _____ _____
(City) (State) (Zip)

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

**Official Company Email Address:** _____
***(The Board will use this email address to correspond with you regarding this application and future licensing matters; cannot be a third party.)***

## SECTION 2 – NEVADA RESIDENT AGENT

Provide the name and address for your designated Registered Agent. The Registered Agent must be physically located in Nevada. The Registered Agent can and is authorized to receive service of process (legal documents) in the event that the applicant is not physically present to accept such documents. This section is required and cannot be left blank.

Full 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. All subclassifications under the same primary classification may be on one application. When applying for multiple subclassifications under a different primary classification, a separate application must be submitted.

**I am applying for the following License Classification OR Subclassification(s):** _____

**Please describe the type of work you intend to perform.**

## SECTION 4 – PRINCIPALS AND QUALIFIED INDIVIDUALS

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

- Corporation: All elected President, Secretary, Treasurer Officers listed with Secretary of State
- Sole Proprietor: Individual applying (owner)
- General Partnership: All partners
- Limited Partnership: All partners
- Limited Liability Company (LLC): All managers and members listed with Secretary of State
- Joint Ventures: All parties of the Joint Venture

Please be advised that all principals are responsible for any complaints received on a license.

**PRINCIPALS**

| FIRST NAME | MIDDLE NAME | LAST NAME | TITLE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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

**BACKGROUND DISCLOSURE FORM**

1. **Background Disclosures and Fingerprints:** Each person listed above and your qualified individual(s) listed under Section 7 **must** complete the background disclosure statement and fingerprint waiver form included within the application.

## SECTION 5 – ASSOCIATES

Do any persons or company (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

| FORMAT: **NAME** **% OWNED** | 2. |
|---|---|
| 1. | 3. |

## 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 – QUALIFIED INDIVIDUALS

- The **qualified individual or "qualifier"** is the person who meets the experience qualifications and examination requirements for the license. The qualified individual must be a bona fide member or employee of the licensee and perform the duties and responsibilities set out in NRS 624.260.
- If the individual currently serves as a qualified individual on another license, proof of ownership may be required.

_____ **(Initial) As Qualified Individual, I understand I am responsible for all work performed during the time I am the Qualified Individual. I also understand I am responsible for financial decisions made by the company.**

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 Statues 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. Please photocopy this page if additional qualified employees should be included.

| FIRST NAME | MIDDLE NAME | LAST NAME |
|---|---|---|
| | | |

**I will be acting in the following capacity:**

- ☐ Management Qualifier (This individual must pass the construction management examination)
- ☐ Trade Qualifier (This individual will meet the technical experience trade examination requirement)
- ☐ Both Management and Trade Qualifier

_____ _____
(Signature) (Date)

| FIRST NAME | MIDDLE NAME | LAST NAME |
|---|---|---|
| | | |

**I will be acting in the following capacity (*if Management & Trade Qualifier are separate individuals*):**

- ☐ Management Qualifier (This individual must pass the construction management examination)
- ☐ Trade Qualifier (This individual will meet the technical experience trade examination requirement)
- ☐ Both Management and Trade Qualifier

_____ _____
(Signature) (Date)

## WORK EXPERIENCE: Items 1 and 2 are required

1. You must have, within the 15 years immediately preceding the filing of this application, **a minimum of 4 years** work experience as a journeyman, foreman, supervision employee or contractor in the specific classification requested. **Work experience documentation must be provided with the application.** ***B-7 Restricted License Applicants only require two years of work experience.***
   - o **DOCUMENTED WORK EXPERIENCE**: The Board will accept the following types of documentation in support of your experience.
     - **A. Four (4) Certification of Work Experience Forms** (Certificates) **for EACH Trade Qualifier** (Attachment A). B-7 Restricted License Applicants are required to show two years of experience;
     - **B.** Certificates can be completed by current or former employers, general contractors, subcontractors, or customers. Only one certificate per company can be submitted. If you are a self-employed contractor, customers for whom you have performed work for should complete them, or property management

companies. **Relatives cannot complete the certificates, unless they were your employer.**

- Each certificate must verify the experience for the trade(s) being applied for. *Certificates that are not complete or specific regarding the actual work performed* ***will not be accepted****.*
- PLEASE NOTE*:* The aggregate time of experience (all certificates combined) must equal a minimum of 4 full years (1460 days). *Each individual certificate does not have to demonstrate 4 years' experience.*
- 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 documentation may be requested by the Board as necessary.

**C.** A current Master's Certification issued by a governmental agency in a discipline substantially similar to the requested classification;
**D.** Proof of transferable military experience and training; or
**E.** Proof of eligibility for Licensure by Endorsement (See Section 9).

2. **RESUME OF EXPERIENCE:** Complete the Resume of Experience (Attachment B)
   - Resume must correspond with requested classification

**WHEN DOCUMENTATION 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 10 years and your documentation is still on file with the NSCB.

## 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. License examination information can be found on the Board's website.
- Examination fees are separate and will be paid directly to the Board's exam provider.
- **You May Be Eligible for Waiver of the trade exam under the following conditions:**
  - **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 10 years and your test scores are still on file with the NSCB.
  - **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. (A resume is still required.)
  - **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. *Work experience documentation, as outlined in Section 7, must be provided*.

☐ **Please check this box if using NASCLA to waive trade exam and attach a copy of the receipt for the NASCLA transcript with this application.**

## SECTION 9 – LICENSURE BY ENDORSEMENT

- Under certain circumstances the Nevada State Contractors Board will waive the trade examination requirement and/or the experience certification requirement for applicants that qualify for licensure by endorsement. These waivers are granted for applicants who are licensed in states determined by Nevada to have substantially equivalent requirements.
- In order to apply for licensure by endorsement, you will need to have been actively licensed in the endorsing state for the past four (4) years and not have had any disciplinary actions, suspension, revocation or other sanctions against your license.
- Please review the State Equivalency Chart to determine if you are eligible to be relieved of the trade examination and/or experience certification requirement based on endorsement by another state.
- In order to be considered for licensure by endorsement you must submit with your application a Request for Verification of License, completed by your endorsing state (Attachment C) and a resume of experience (Attachment B).

☐ **I am requesting licensure by endorsement based on the license listed below and have attached a completed Request for Verification of Licensure form from the endorsing state.**

| COMPANY NAME | LICENSE # | STATE |
|---|---|---|
| | | |
| | | |

****The Board reserves the right to require an examination, and/or experience certifications of any applicant regardless of current or previous licensure.***

## SECTION 10 – 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.
- **B & B-2 licenses require a minimum monetary limit of $200,000.00.**
- **B-7 restricted license maximum monetary limit is $7,000.00.**

**State the specific Monetary Limit desired (value ranges are not acceptable): $** ☐☐,☐☐☐,000.00 ☐ Unlimited

## SECTION 11 – REQUIRED FINANCIAL DOCUMENTS

**NOTE: A financial statement IS REQUIRED for the applying entity, and must be included with this application at time of submittal, 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:
   - Financial statements must be for the applying entity. Sole proprietors and each general partner of a general partnership must submit personal statements.
   - All statements must be in U.S. dollars.
   - Business statements must include a classified balance sheet.
   - It is highly recommended that personal statements **include a supplemental schedule disclosing working capital.**

2. **MONETARY LIMITS OF $1,000,000 OR MORE:**
   - 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.

3. **MONETARY LIMITS OF $500,000 OR MORE, BUT LESS THAN $1,000,000:**
   - 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

4. **MONETARY LIMITS OF MORE THAN $25,000, BUT LESS THAN $500,000:**
   - A compiled financial statement prepared by an independent CPA, current within 6 months from the date the application is received; or

5. **MONETARY LIMITS OF $25,000 OR LESS:**
   *Self-prepared or compiled statements must be current to within 6 months from the date the application is received.*
   - A current financial statement prepared by an independent CPA; or
   - A current financial statement submitted using the **Business Financial Statement** on the Board's website. *If you 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.*

## SECTION 12 – 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:** 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.
- Will you be acting as a "residential contractor" performing "qualified services" as defined in NRS 624.440 and NRS 624.450?
  ☐ **NO** ☐ **YES**
- **FOR FULL A OR AB APPLICANTS ONLY:** Will you be acting as a "residential contractor" performing "qualified services" as a pool contractor?
  ☐ **NO** ☐ **YES**

3. Does the applicant, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, qualified employee, or manager associated with or employed by the applicant have any prior recovery fund claims paid or claims pending with Nevada or any other state?
   ☐ **NO** ☐ **YES - Please provide Claim #**_____

## SECTION 13 – 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**.

**First Name** _____ **Middle Name** _____ **Last Name** _____

**Business Name** _____ **License Number (if applicable)** _____

**FOR OFFICIAL USE ONLY**
Indv/Org#_____
Entered Date_____
By_____

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

| | | | | | |
|---|---|---|---|---|---|
| ☐ Army | ☐ Marine Corps | ☐ Navy | ☐ Air Force | ☐ Coast Guard | ☐ National Guard |

2. Military Occupation Specialty/Specialties:
_____

3. Date of Services (Month/Day/Year): From: ___/___/_____ To: ___/___/_____

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 (listed in Section 4) must sign this application.

**By:** _____ **Date:** _____
**(Signature of Principal)**

_____
**(Print Name of Principal)**

# 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**

**For Board Staff Only**
- ☐ Live Scan Prints
- ☐ Hard Copy Prints

**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.

**FAILURE TO ANSWER ANY QUESTIONS CORRECTLY BELOW MAY RESULT IN A FINE FOR MISREPRESENTATION.**

| FIRST NAME | | MIDDLE NAME | LAST NAME |
|---|---|---|---|
| SUFFIX | OTHER NAME USED | DATE OF BIRTH | CITY & STATE OF BIRTH |

| SEX | RACE | WEIGHT | HAIR COLOR | EYE COLOR | PERSONAL EMAIL ADDRESS (CANNOT BE A THIRD PARTY) |
|---|---|---|---|---|---|
| | | | | | |

| RESIDENCE ADDRESS (AND MAILING ADDRESS IF DIFFERENT) | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

| SOCIAL SECURITY NUMBER | OR INDIVIDUAL TAX ID NUMBER | CELL PHONE NUMBER |
|---|---|---|
| — — | 9☐☐ - ☐☐ - ☐☐☐☐ | |

## A COPY OF THE FOLLOWING MUST BE PROVIDED WITH THIS FORM:

- **A valid Driver's License or Government Issued Photo I.D.**

## FINGERPRINT AND CRIMINAL BACKGROUND CHECKS

**The NSCB 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, dismissed or currently pending*. If a criminal history is found, an investigation will be conducted and you will be requested to provide supporting documentation.**

1. 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

2. 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.

3. Do you **anticipate filing bankruptcy** within the next 6 months?

   ❑ No ❑ Yes

4. 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.

5. 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.

6. 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: _____%

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, detainments, 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: _____

(**MUST BE ORIGINAL SIGNATURE)**

Nevada Department of
**Public Safety**
# Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by **Nevada State Contractors Board** (*name of requesting agency)* that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

5. If you have a criminal history record, you should be afforded a reasonable amount to time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

_____ _____
*Initial* *Date*

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov .

7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov . The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

8. 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.

9. I hereby authorize **Nevada State Contractors Board** *(name of requesting agency)*, 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.

10. 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 Name First Name Middle

Applicant's Signature: _____

Date: _____

Agency Account #: _____

Agency Representative: _____
*PLEASE PRINT* Last Name First Name Middle

Agency Representative Signature: _____

Date: _____

# NEVADA STATE CONTRACTORS BOARD

ATTACHMENT A

5390 KIETZKE LANE, SUITE 102, RENO, NV, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150
8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NV, 89113 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1160

www.nscb.nv.gov

## CERTIFICATION OF WORK EXPERIENCE

Incomplete certificates may not be accepted

### PART 1: Trade Qualifier to complete this section:

Qualifying Individual's full legal name: _____ (FIRST) _____ (MIDDLE INITIAL) _____ (LAST) _____ (SUFFIX)

LICENSE CLASSIFICATION: _____

What was your business relationship with the employer completing PART 2?

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee ☐ Other: _____

### PART 2: Employer to complete this section (AFTER Qualifier completes Part 1):

*NOTICE: Providing a false statement in support of an applicant is cause for disciplinary action pursuant to NRS 624.3016(13)*

What position did the individual in Part 1 hold while working for you?

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee (W-2 only)

☐ Full-Time (Provide aggregate number of years and months below) ☐ Part-Time (Provide aggregate number of years and months below)

FROM: _____ (month /day /year) TO: _____ (month /day /year) = _____ YEAR(S) AND _____ MONTHS

Describe in detail the applicant's duties and responsibilities for the time period listed above. (Maximum characters 500)

Multiple certificates using identical language will not be accepted. You may be requested to provide additional information regarding the work you witnessed. Additional sheets signed under penalty of perjury may be attached.

EMPLOYER: I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein. I also understand that this information will be verified.

Signature of Certifier _____ Printed Name of Certifier _____ Date _____

Company Name or Business Affiliation _____ Position Title _____ License No(s). _____ State(s) _____

Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____ E-mail Address _____

# NEVADA STATE CONTRACTORS BOARD

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LICENSE CLASSIFICATION: _____

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☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee ☐ Other: _____

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Address _____ City _____ State _____ Zip _____

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### PART 1: Trade Qualifier to complete this section:

Qualifying Individual's full legal name: _____ (FIRST) _____ (MIDDLE INITIAL) _____ (LAST) _____ (SUFFIX)

LICENSE CLASSIFICATION: _____

What was your business relationship with the employer completing PART 2?

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee ☐ Other: _____

### PART 2: Employer to complete this section (AFTER Qualifier completes Part 1):

*NOTICE: Providing a false statement in support of an applicant is cause for disciplinary action pursuant to NRS 624.3016(13)*

What position did the individual in Part 1 hold while working for you?

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee (W-2 only)

☐ Full-Time (Provide aggregate number of years and months below) ☐ Part-Time (Provide aggregate number of years and months below)

FROM: _____ (month /day /year) TO: _____ (month /day /year) = _____ YEAR(S) AND _____ MONTHS

Describe in detail the applicant's duties and responsibilities for the time period listed above. (Maximum characters 500)

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EMPLOYER: I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein. I also understand that this information will be verified.

Signature of Certifier _____ Printed Name of Certifier _____ Date _____

Company Name or Business Affiliation _____ Position Title _____ License No(s). _____ State(s) _____

Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____ E-mail Address _____

# NEVADA STATE CONTRACTORS BOARD

ATTACHMENT A

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www.nscb.nv.gov

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Incomplete certificates may not be accepted

### PART 1: Trade Qualifier to complete this section:

Qualifying Individual's full legal name: _____ (FIRST) _____ (MIDDLE INITIAL) _____ (LAST) _____ (SUFFIX)

LICENSE CLASSIFICATION: _____

What was your business relationship with the employer completing PART 2?

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee ☐ Other: _____

### PART 2: Employer to complete this section (AFTER Qualifier completes Part 1):

*NOTICE: Providing a false statement in support of an applicant is cause for disciplinary action pursuant to NRS 624.3016(13)*

What position did the individual in Part 1 hold while working for you?

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee (W-2 only)

☐ Full-Time (Provide aggregate number of years and months below) ☐ Part-Time (Provide aggregate number of years and months below)

FROM: _____ (month /day /year) TO: _____ (month /day /year) = _____ YEAR(S) AND _____ MONTHS

Describe in detail the applicant's duties and responsibilities for the time period listed above. (Maximum characters 500)

Multiple certificates using identical language will not be accepted. You may be requested to provide additional information regarding the work you witnessed. Additional sheets signed under penalty of perjury may be attached.

EMPLOYER: I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein. I also understand that this information will be verified.

Signature of Certifier _____ Printed Name of Certifier _____ Date _____

Company Name or Business Affiliation _____ Position Title _____ License No(s). _____ State(s) _____

Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____ E-mail Address _____

# NEVADA STATE CONTRACTORS BOARD

**ATTACHMENT B**

8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NEVADA, 89113 (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

## RESUME OF EXPERIENCE

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

APPLYING COMPANY NAME: _____

---

Employer's Name: _____

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

Phone: _____ Email: _____

Position(s) held for this employer: _____
(Examples: Journeyman, Foreman, Supervisor, Contractor, Self-Employed)

Describe in detail the work performed. Details should be specific to the classification's scope of work you are applying for (attach separate page if necessary):

_____

_____

_____

_____

_____

_____

_____

**Date of Employment:**

From: _____ To: _____
(mm/dd/yy) (mm/dd/yy)

**Check One:**

☐ Full-Time
☐ Part-Time (specify aggregate total):

Year(s): _____ Month(s): _____

---

Employer's Name: _____

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

Phone: _____ Email: _____

Position(s) held for this employer: _____
(Examples: Journeyman, Foreman, Supervisor, Contractor, Self-Employed)

Describe in detail the specific type and/or scope of work performed (attach separate page if necessary):

_____

_____

_____

_____

_____

_____

_____

**Date of Employment:**

From: _____ To: _____
(mm/dd/yy) (mm/dd/yy)

**Check One:**

☐ Full-Time
☐ Part-Time (specify aggregate total):

Year(s): _____ Month(s): _____

# NEVADA STATE CONTRACTORS BOARD

**ATTACHMENT C**

5390 KIETZKE LANE, SUITE 102, RENO, NV, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150
8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NV, 89113 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110
www.nscb.nv.gov

## Request for Verification of Licensure

### APPLICANT INFORMATION

**INSTRUCTION TO APPLICANT:** Complete the Application 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. It will be in the envelope taped with "DO NOT OPEN". The contents must remain sealed when submitted with your contractors license application.

Applicant Business Name: _____

Full Legal Name of Qualifier: _____ Date of Birth: _____
*First Middle Last Suffix*

Mailing Address: _____
*Street/PO Box City State/Zip Code*

License Number: _____ State: _____

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

Signature: _____ Date: _____

**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 Issue: (code 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: _____

Date: _____

# NEVADA STATE CONTRACTORS BOARD

**ATTACHMENT D**

8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NEVADA, 89113 (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

## CHILD SUPPORT INFORMATION STATEMENT

In compliance with State and Federal law, applications applying for licensure as an Individual are required 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 statement contained herein.

_____
(Signature)

_____
(Print Name)

_____
(Social Security Number)

_____
(Date)