



# 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, STE. 200, HENDERSON, NEVADA, 89074, (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110  
www.nscb.nv.gov

## APPLICATION TO ACTIVATE AN INACTIVE STATUS LICENSE

This application must be made within five (5) years from the date that the inactive status was granted. If it has been more than five (5) years, you must reapply. If subsequent to receiving an inactive status, your license was suspended, revoked, or otherwise disciplined, you may not be eligible to reinstate this license.

You cannot engage in any work or activities that require a contractor's license until this application has been approved, and the license has been returned to active status.

**If there has been a change in your business entity, for example, you have formed a partnership or a corporation, or if a partner has been added to or deleted from your business, you will be required to apply for a new license.**

### General Instructions

- 1. Please type or print in ink when completing this form.**
- 2. Make sure the application is properly signed.**
- 3. Read all instructions carefully, and include all required supporting documentation.** The Board desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process complete applications only. **Incomplete applications will be returned to you.**
- 4. Leave no space blank.** If a particular question or request for information does not apply to you, put a short line in the blank space to indicate the question has received your attention.
- 5. Attach any additional supporting applications that may be necessary.**
- 6. Renewal Fees:** Please contact an office of the Board for a determination of the appropriate Renewal fee.

Legal Business Name: \_\_\_\_\_  
(Use name as it currently appears on the records of the NSCB)

Principal Place of Business (Is this a new address  Yes  No)

Physical Address: \_\_\_\_\_  
Street Address City County State Zip Code

Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box City County State Zip Code

License Number: \_\_\_\_\_ Phone: \_\_\_\_\_  
(A separate application is required for each license)

Facsimile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### SECTION 2 – RESIDENT AGENT

**Resident Agent:** You must provide the name of a person physically located in the State of Nevada for service of process, including the street address or other physical location in the State of Nevada and, if different, the mailing address.

**Name of Resident Agent:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

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

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### SECTION 3 – PERSONNEL

This form cannot be used to change the personnel of the license. If there has been a change in personnel you must complete and attach the appropriate application(s) when submitting this form.

**Corporation:** If there has been a change in corporate officers, a change of officer application will be required.

**Limited Liability Company:** If there has been a change in the managers and/or members, a change of member/manager application will be required.

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### SECTION 4 – GENERAL QUESTIONS

**ALL OF THE FOLLOWING QUESTIONS PERTAIN TO THE LICENSEE AS WELL AS EACH MEMBER OF THE PERSONNEL. EACH QUESTION MUST BE ANSWERED. ANY AFFIRMATIVE ANSWER REQUIRES SUPPORTING DOCUMENTATION.**

1. Are there now any unpaid past due bills for either materials, services rendered, or labor for work performed in Nevada or any other state?  
 No             Yes - If "yes" attach a detailed explanation.
  2. Are there any judgments, suits or claims (including tax claims) pending or recorded against you, which remain unsatisfied?  
 No             Yes – If "yes" attach a detailed explanation.
  3. Are there currently any liens or stop notices for labor or materials filed on any of your work in Nevada or any other state?  
 No             Yes – If "yes" attach a detailed explanation.
  4. Since your license has been inactive, have you filed or been adjudicated bankrupt under your individual name, a corporate name or any other business entity name?  
 No             Yes – If "yes" attach a complete copy of the petition, including the schedule of creditors listed in the bankruptcy petition.
  5. Since your license has been inactive, have you pled "guilty" or "no contest" to, or been convicted of a crime?  
 No             Yes – If "yes" attach a detailed explanation, including copies of the original complaint information or indictment and final judgement or conviction for any/and all arrests.
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### SECTION 5 - BOND REQUIREMENT

If you were required to maintain a bond at the time inactive status was granted, you must provide a bond when this application is approved in that same amount. You may provide a surety bond (form available from our web site [www.nscb.nv.gov](http://www.nscb.nv.gov)) executed by a surety company and counter signed by a Nevada agent, or a cash deposit (cashier's check or money order) for the full amount of the bond.

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### SECTION 6 – REGISTRATION WITH THE NEVADA SECRETARY OF STATE

**Nevada Business ID:** \_\_\_\_\_

All businesses are required to have a Nevada State Business License which has a unique Nevada Business ID. Contact the Nevada Secretary of State to obtain a Nevada State Business License. They can be reached at (702) 486-2880 or [www.sos.state.nv.us](http://www.sos.state.nv.us).

### CORPORATIONS; LIMITED LIABILITY COMPANIES; AND LIMITED PARTNERSHIPS

You are required to attach a certificate of good standing issued by the Nevada Secretary of State.

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### SECTION 7 – CHILD SUPPORT INFORMATION STATEMENT

**SOLE PROPRIETORSHIPS:** You are required by Federal and State law to complete the Child Support Information Statement questionnaire by marking the appropriate response to one of the following statements:

- 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.



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## SECTION 8 – FINANCIAL STATEMENT REQUIREMENTS

1. **Financial Statement Requirements:** You must submit a current financial statement (statement) with this application that meets the following criteria.
  - Financial statements must be for the applying entity. Sole proprietorships and each general partner of a general partnership must submit their personal statement.
  - All statements must be in U.S. dollars.
  - Business statements must include a classified balance sheet.
  - Personal statements that have been prepared by a Certified Public Accountant must include a supplemental schedule disclosing working capital and net worth.

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

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

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

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

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

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

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

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

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

2. **Bank Verification Form:** The bank verification form found on page 6, must be completed by your bank and submitted with your application.
3. **Indemnification Option:** Indemnification allows the Board to consider the financial strength of an individual or entity in addition to the applicant. The indemnification is **not required**, however, provides an option to an applicant who may not otherwise qualify. The agreement must be on a form prescribed by the Board, and accompanied by a financial statement and bank verification form. Financial statements must meet the same criteria as set forth above. Indemnification forms are available on the Board's website.



**SECTION 9 - PROOF OF INDUSTRIAL INSURANCE (Commonly known as worker's compensation):**

You must include one of the following as proof of compliance with the laws of the State of Nevada regarding industrial insurance. Mark the appropriate box, and attach the required certificate or policy.

- A copy of your current worker's compensation policy issued by an agent authorized to write worker's compensation Insurance in the State of Nevada.
- A copy of your current certificate of qualification as a self-insured employer issued by the commissioner of insurance.
- If you are a member of an association of self-insured public or private employers, a copy of the current certificate issued to the association by the commissioner of insurance; or If applicable, you may sign the affidavit of exemption that follows:

**AFFIDAVIT OF EXEMPTION FROM INDUSTRIAL INSURANCE REQUIREMENT**

I do hereby swear under penalty of perjury that **all of** the assertions of this affidavit are true and correct.

- I / we are not subject to the provisions of chapters 616A to 616D, inclusive or 617 of NRS;
- I / we do not have any employees;
- I / we do not intend to be a subcontractor for a principal contractor; and
- I / we do not intend to submit a bid on a job for a principal contractor or subcontractor.

I further certify that I have contacted the Industrial Insurance Regulation Division of the State of Nevada regarding my insurance requirements. I also understand my obligation to comply with the laws of the State of Nevada regarding industrial insurance at all time.

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

\_\_\_\_\_  
(Print Name)

**SECTION 10 – RESIDENTIAL RECOVERY FUND**

All licensees must complete the following questionnaire.

**Residential Contractor Defined:** NRS 624.450 defines residential contractor as a contractor who is licensed pursuant to NRS 624 and who contracts with the owner of a single family residence to perform qualified services.

**Qualified Services Defined:** NRS 624.440 defines qualified services as any construction, remodeling, repair or improvement performed by a residential contractor on a single family residence occupied by the owner of the residence.

**Assessments** are based on your license limit as follows:

- If your license limit is \$1,000,000 or less you are required to pay a biennial assessment of \$80.00.
- If your license limit is more than \$1,000,000 but not unlimited you are required to pay a biennial assessment of \$200.00.
- If you license limit is "unlimited" you are required to pay a biennial assessment of \$400.00.

1. Will this licensee perform "qualified services" as defined in NRS 624.440?

- No     Yes

2. Has this licensee, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, qualified employee, or manager associated with or employed by the applicant ever applied for or become registered in the Residential Recovery Fund under any name other than the name listed on this application?

- No     Yes – Provide Name: \_\_\_\_\_ License #: \_\_\_\_\_

3. Does this licensee, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, qualified employee, or manager associated with or employed by the applicant have any claims currently pending before the Residential Recovery Fund or prior claims paid from the Residential Recovery Fund?

- No     Yes – Provide case # \_\_\_\_\_

4. Is this licensee exempt from registration with the Residential Recovery Fund?

- No     Yes

**SECTION 11 - QUALIFIED INDIVIDUAL(S)**

**PLEASE NOTE: THIS FORM CANNOT BE USED TO CHANGE YOUR QUALIFIED PERSON. IF THE ORIGINAL QUALIFIED INDIVIDUAL(S) ARE NO LONGER ASSOCIATED WITH THIS LICENSE, YOU MUST FILE A COMPLETED CHANGE OF QUALIFIER APPLICATION WITH THIS FORM.**

All persons who qualified this license, in either the management and/or trade capacity, while the license was active must recommence their duties as the qualified individual. Each qualified Individual to this license must sign the statement below.

I certify under penalty of perjury that I will act in the capacity of the qualified individual for this licensee, and perform the duties required of me pursuant to Chapter 624 of the Nevada Revised Statutes and Nevada Administrative Code.

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

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

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

**SECTION 12 - AFFIDAVIT AND AUTHORIZED SIGNATURE**

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

To the best of the licensee's / 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 the licensee's / applicant's knowledge, the information contained in the application and its supporting documents are truthful, correct, and complete; and, disclose all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

The licensee / 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.

The licensee / 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.

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

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

By: \_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS SPACE			
Date Received: _____	Lic. No.# _____	Withdrawn: _____	Approved: _____
Bond #: _____	Effective Date: _____	Surety: _____	Agent: _____
Industrial Insurance: Proof of Coverage Provided _____		Certificate of Exemption _____	
Recovery Fund:			
Participant – Amount Received _____	Receipt # _____	Certificate of Exemption date _____	
Processed By: _____			



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## BANK VERIFICATION FORM

Name of Licensee/Applicant: \_\_\_\_\_

Items 1 through 3 of the following report are to be completed by the applicant. Items 4 through 10 are to be completed by the verifying bank. After completion by you and your bank, submit this form with your application.

1. Name and address of bank: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Signatures of account holder(s):

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

3. Information to be verified:

Type of Account	Account Name	Account Number

**TO VERIFYING BANK: Please furnish the information requested below.**

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

5. Deposit accounts of applicants:

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

\*Required Information

6. Verification of Lines of Credit:

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

7. Additional information that may be of assistance in determination of credit worthiness:  
\_\_\_\_\_  
\_\_\_\_\_

8. Affix Bank Stamp or Business Card of Bank Representative here

9. Name and Title of Bank Representative

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

10: Date: \_\_\_\_\_

