



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

BROADENING OF CLASSIFICATION APPLICATION

General Instructions

1. Please type or print in ink when completing this form.
2. Make sure this application is properly signed by a principal.
3. Include the required application fee of \$250.00.
4. **Read all instructions carefully.** The Board desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process complete applications only. A complete application includes all applicable supporting documents and fees. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your license application. Incomplete applications will be returned to you.
5. **Leave no space blank.** If a particular question or request for information does not apply to you, put "NA" in the blank space to indicate the question has received your attention.

SECTION 1 – BUSINESS NAME; LICENSE NUMBER

Business Name: Use the legal business name as it appears on your license. If there has been a change in your legal business name, a separate change of name application is required.

Legal Business Name: _____
(Use Name as Set Forth on the License)

License Number: _____ **Email Address:** _____

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

SECTION 2 – CLASSIFICATION REQUESTED

This application can only be used to broaden your license within the existing category. For example, if you currently hold a C4-a (Painting) license, you can broaden to include any other subcategories within the C4 classification. This application cannot be used to obtain a license in a different category or to change or replace your qualified employee.

You will find a classification list on pages 4 and 5. For a complete description of each classification and sub-classification visit our web site.

Classification Requested: _____

- If there are multiple sub-classifications within the classification for which you are requesting to broaden, the trade qualifier must substantiate experience for the full scope of work for which you are applying. Separate qualifiers for individual sub-classifications are not allowed.
- Reference certificates must substantiate a minimum of four (4) years experience in the classification for which the application is being submitted.
- Supporting documentation must be included for the classification for which the application is being submitted.

SECTION 3 – QUALIFICATION REQUIREMENTS

It will be necessary to demonstrate at least 4 years of experience, within the 10 years immediately preceding the filing of this application, as a journeyman, foreman, supervising employee or contractor in the specific classification requested.

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



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

- **Reference Certificates:** You are required to submit with this application a minimum of four (4) Reference Certificates verifying that you meet the experience requirements as stated above for the category desired. The certificates should be completed by employers, other than the applying company, or if a self-employed contractor, by customers for whom the work was performed. Relatives cannot complete the certificates, unless that relative was your employer. References that are not complete or not specific regarding the actual work performed will not be accepted. Any reference determined to be false or misleading may be considered misrepresentation or omission of a material fact, in violation of NRS 624.3013(2). The required certification forms are on pages 6-9.
- **Resume of Experience:** Complete the Resume of Experience form found on page 11. Include name, current address, phone number and dates of employment for each employer. Describe in detail the work performed. Specify type(s) of construction projects, trades(s), craft(s), tasks and duties performed. If self-employment is being relied upon to establish any portion of the experience requirement, include on the Resume of Experience form customers for whom you worked, including their complete mailing address and phone number.

Reciprocal Applicants: The Reference Certificates and Resume of Experience may not be required if you meet the terms of reciprocity described in section 4.

SECTION 4 – EXAMINATION REQUIREMENTS

- Examination Requirements:** A management (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 Fees:** \$140 when the CMS and one Trade Exam are scheduled at the same time – OR – \$95 per each exam. Contact PSI Exams at (800) 733-9267 for additional examination details and information.
- You May Be Eligible for Waiver of An Exam If:**
 1. **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.
 2. **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 they have passed the National Association of State Contractor Licensing Agencies (NASCLA) Accredited Exam administered by PSI.
 - Trade Qualifiers must submit a copy of their transcript from NASCLA along with 4 Reference Certificates and a completed Resume of Experience.
 - If you are applying for the "B" General Building license, you will be required to submit 4 Reference Certificates and a completed Resume of Experience that demonstrate experience in complete construction of high rise structures.
 3. **Reciprocity Exam Waiver** – Please fill out the form located on page 4.
- The Board reserves the right to require an examination of any applicant regardless of current or previous licensure.**

I am requesting NSCB waive the exam requirements based on my prior licensure in the States of Arizona, California, Nevada, and/or Utah:

COMPANY NAME	LICENSE #	STATE



SECTION 5 – 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 to apply for or obtain a license or to otherwise deal with the Nevada State Contractors' Board through the use of fraud, forgery, intentional deception, misrepresentation, misstatement, or omission is cause for denial of this application.

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

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

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

By: _____
(Signature)

Title: _____

(Print Name)

Date: _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: _____ Amount: _____ Receipt #: _____ File No.: _____

Withdrawn: Date: _____ Reason: _____ Application No: _____

Approved: _____ Denied: _____

Transaction Closed: Date: _____ Entered by: _____

QI: _____ CMS TRD; File#: _____ Type: PQ 1020 3030 App #: _____ Status: A D W

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RECIPROCITY EXAM WAIVER

This form may be completed if licensure currently exists with Arizona, California, or Utah.

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

INSTRUCTION TO APPLICANT

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

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

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

I authorize you to release, to the State of Nevada, any and all information pertaining to my licensure in your state for license number.

Print Name of Applicant

Signature of Applicant

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

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

Company Name _____

Type of License (Classification) _____

Original Date of Issue _____ License Number _____

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

Any record of suspensions, revocations, other disciplinary actions, or current Complaints? _____, If yes, please provide

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

Name of Qualifying Individual & Title _____

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

Successful Completion of Exam - Specify Type: _____

Endorsement from What State: _____

Other Personnel Listed & Titles _____

AGENCY SEAL

SIGNATURE _____ TITLE _____





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REFERENCE CERTIFICATE

Name of Qualifying Individual: _____

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

All portions of this form must be completed.

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

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

Full-time Part-time (If part-time specify total # of years _____ and/or months _____)

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

Journeyman Foreman Supervisor Contractor

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

Employer Union Representative Building Inspector Engineer Architect Contractor

Supervisor Other, specify relationship _____

IMPORTANT: You may be requested to provide documentation to verify all experience to which you are attesting.

For your records, it is suggested that you keep a copy of the certificate(s) you have completed.

I certify that I have direct knowledge of the work covering the period outlined above. I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein.

 (Signature of the Certifier) Number: _____ State: _____
 (Contractor's license number and state, if applicable)

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

 (Address) (City) (State) (Zip)

(_____) _____
 (Daytime Telephone Number) (Fax Number) (Email Address)

This Certificate Must Be Notarized

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

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

My Commission Expires: _____





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All portions of this form must be completed.

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PLEASE TYPE OR PRINT IN INK

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(Contractor's license number and state, if applicable)

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

(Address) (City) (State) (Zip)

(_____) _____
(Daytime Telephone Number) (Fax Number) (Email Address)

This Certificate Must Be Notarized

Subscribed and sworn to before me this _____ day of _____,
_____, Notary Public in and for County of _____ State of _____.

My Commission Expires: _____

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)

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

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

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

