



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.

For a complete description of each classification and sub-classification visit our web site.

Classification Requested: _____

Below, describe the type of work you wish to perform:

Be as inclusive/detailed as possible so staff can best ensure the appropriate license classification is 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.

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. See attached 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 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.

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 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:**
 - **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; or

- **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; or
- **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 5 – 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. *See Attached*.

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 of any applicant regardless of current or previous licensure.**

SECTION 6 – 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

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



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

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 _____



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.

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			
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Foreman	<input type="checkbox"/> Journeyman	<input type="checkbox"/> Contractor 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.

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

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.

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			
<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.

CHECK THE BOX THAT IDENTIFIES THE LEVEL OF WORK THAT THE ABOVE INDIVIDUAL PERFORMED:	
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Foreman
<input type="checkbox"/> Journeyman	<input type="checkbox"/> Contractor
<input type="checkbox"/> Employee	
FULL TIME 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>	
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.	
<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

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.

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			
<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.

CHECK THE BOX THAT IDENTIFIES THE LEVEL OF WORK THAT THE ABOVE INDIVIDUAL PERFORMED:				
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Foreman	<input type="checkbox"/> Journeyman	<input type="checkbox"/> Contractor	<input type="checkbox"/> Employee
FULL TIME		PART TIME (aggregate total of part-time)		
FROM: _____ / _____ / _____	TO: _____ / _____ / _____	= _____ YEAR(S)	AND _____ MONTHS	
MONTH	DAY	YEAR	MONTH	DAY
<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>				
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.				
<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

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.

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			
<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.

CHECK THE BOX THAT IDENTIFIES THE LEVEL OF WORK THAT THE ABOVE INDIVIDUAL PERFORMED:	
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Foreman
<input type="checkbox"/> Journeyman	<input type="checkbox"/> Contractor
<input type="checkbox"/> Employee	
FULL TIME 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>	
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	

RESUME OF EXPERIENCE

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 DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED
 Journeyman Foreman Supervisor Contractor Self Employed Other, specify _____

_____ _____ _____ _____

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 _____

<u>DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED</u>
_____ _____ _____ _____

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 _____

<u>DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED</u>
_____ _____ _____ _____

