



# 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

## APPLICATION TO CHANGE OR ADD A QUALIFIED INDIVIDUAL

### 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 this license, put "NA" in the blank space to indicate the question has received your attention.
6. **NOTE:** This application cannot be used to change corporate officers, if a corporation, or managing members, if a limited liability company. If the loss or addition of a qualified individual has resulted in a change to your corporate officers or managing members, a separate change application will be required.

### 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 the legal business name, a separate change of name application is required.

**Legal Business Name:** \_\_\_\_\_  
 (Use Name on the License)

**License Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Facsimile No.:** \_\_\_\_\_

### SECTION 2 – ADD, CHANGE AND/OR REMOVE QUALIFIED INDIVIDUAL(S) AND CERTIFICATION OF DUTIES

**ADD (or CHANGE)** qualified individual(s) below:

**CERTIFICATION OF QUALIFIED INDIVIDUAL(S):** 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 Statutes 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.

If more than one qualified individual is being added, each person is required to print and sign their name below:

FIRST NAME	MIDDLE NAME	LAST NAME, SUFFIX	CHECKMARK ONE <b>OR</b> BOTH OF THE BELOW
			<input type="checkbox"/> <u>Management (CMS) Qualifier</u> <input type="checkbox"/> <u>Trade Qualifier</u>

\_\_\_\_\_  
**Signature of Above Qualified Individual**

\_\_\_\_\_  
**Date**

FIRST NAME	MIDDLE NAME	LAST NAME, SUFFIX	CHECKMARK ONE <b>OR</b> BOTH OF THE BELOW
			<input type="checkbox"/> <u>Management (CMS) Qualifier</u> <input type="checkbox"/> <u>Trade Qualifier</u>

\_\_\_\_\_  
**Signature of Above Qualified Individual**

\_\_\_\_\_  
**Date**



**Background Disclosure Statement:** A separate background disclosure statement must be completed for each individual being **added** above. The required form begins on page 6 of this application.

**Ownership Requirement:** A qualified individual may not qualify on behalf of another for more than one active license unless that individual owns at least 25% of each licensee for which he or she qualifies; or one licensee owns at least 25% of the other licensee. If you will be qualifying more than one active license, other than a sole proprietorship owned by you, attach proof of ownership for each license.

**REMOVE** qualified individual(s) below:

FIRST NAME	MIDDLE NAME	LAST NAME, SUFFIX	DATE OF RESIGNATION

- Will the removed qualified individual remain as a principal on this license?  
 YES  NO

**PLEASE NOTE:** If your corporate officers or members/managers have changed, the Change of Officer or Manager Application is required.

**SECTION 3 – CONTRACTORS’ LICENSES**

- If the person being added to this license has **EVER** been listed on a contractor’s license in Nevada or **ANY** other state, at any time, past or current, including licenses in the statuses of **revoked, suspended, withdrawn, inactive, cancelled, etc**, please fill in the information below.
- Indicate **N/A** in the field below if not applicable.

Company Name	State	License #	Issue Date	License Status

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

**SECTION 4 – EXPERIENCE QUALIFICATIONS**

**Qualified Individual (Qualifier):** The qualifier can be an owner, officer, member, manager or individual of the company. A license may have more than one qualified individual. Each qualifier must be a bona fide member or individual of this company, and when you are actively engaged in the contracting business, the qualified individual shall exercise authority in the following manner:

- To make technical and administrative decisions;
- Hire, superintend, promote, transfer, lay off, discipline or discharge other individuals and direct them, either by himself or through others, or effectively to recommend such action on behalf this company; and
- To devote himself or herself solely to this business, not taking any other employment that would conflict with his or her duties.

**MANAGEMENT QUALIFIED INDIVIDUAL:** This individual must take and pass the business and law (CMS) examination. This exam includes topics such as general knowledge of Nevada construction law (NRS 624), mechanics lien law, laws regarding industrial insurance, and common knowledge of business administration.

**TRADE QUALIFIED INDIVIDUAL:** This individual must have, within the 10 years immediately preceding the filing of this application, at least 4 years of experience as a journeyman, foreman, supervising employee or contractor in the specific classification requested.

**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.

**“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.

\* If there are multiple sub-classifications within the classification, 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.



**CERTIFICATION OF WORK EXPERIENCE: 4 Certification of Work Experience Forms (Certificates) for EACH Trade Qualifier must be provided. (Attachment B)**

- 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.**

**RESUME OF EXPERIENCE:** Complete the Resume of Experience, ([Attachment C](#)), for EACH Trade Qualifier. If self-employment is being relied upon to establish any portion of the experience requirement, include on the Resume of Experience form customers for whom you worked, including their complete mailing addresses and phone numbers.

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

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

➤ **IMPORTANT NOTICE:** Nevada State Contractors Board must be notified, in writing, **within ten (10) days** of the departure of your qualified individual(s). Additionally, the qualified individual must be **replaced within 30 days**. Failure to do so will result in automatic suspension of the license.

**SECTION 5 – EXAMINATION REQUIREMENTS**

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

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

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

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

**SECTION 6 – 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 D](#)).

**Provide endorsing license name, license number and state below. Attach additional pages if necessary.**



COMPANY NAME	LICENSE #	STATE

➤ **The Board reserves the right to require an examination of any applicant regardless of current or previous licensure.**

**SECTION 8 – 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 licensee must sign this application.

By: \_\_\_\_\_ Title: \_\_\_\_\_  
 (Signature)  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 (Print Name)

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

Date Received: _____	Amount: _____	Receipt #: _____	Org No.: _____
Withdrawn Date: _____	Reason: _____	Application No: _____	
Approved: _____	Denied: _____	Transaction Closed: Date: _____	Entered by: _____
QI: _____	CMS TRD; File#: _____	Type: <u>PQ 1020 3030</u>	App #: _____ Status: A D W
QI: _____	CMS TRD; File#: _____	Type: <u>PQ 1020 3030</u>	App #: _____ Status: A D W



- You **MUST** include **ANY and ALL criminal convictions** incurred as an individual or as the principal of a corporation or other business entity.
  - Failure to disclose a conviction is misrepresentation or omission which violates NRS 624.3016(7) and NRS 624.3013(2).
  - **Reportable offenses include any of the following, whether you pled guilty or no contest, AND regardless of the outcome of the case:**
    - Non-violent misdemeanor, including DUI, *within the past (15) years*
    - Misdemeanor crimes involving violence against another person, fraud or theft
    - Felony convictions or felony arrests (even if charges were reduced/dismissed).
  
- I understand the Board utilizes information from the Federal Bureau of Investigations (FBI) and the Nevada Criminal History Repository to compare with the information I disclose on this application.
  - I am aware that these records are likely to include all instances of criminal activity, including those matters that may have been sealed, expunged, had the charges reduced or dismissed.
  - I understand it is my responsibility to be honest about any such activities that have occurred in my life and I will err on the side of caution by including any and all such instances.
  
- My application **will not be 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.
  - **If you misrepresent, omit or lie on your application, your application MAY be denied.**
  - If you have any questions concerning the disclosure of arrests or convictions, please call the Investigations Department of the NSCB, at 702-486-1160 in Henderson or 775-688-7884 in Reno.
  
- FINANCIAL DISCLOSURES**
  - You **MUST** disclose any unpaid or unresolved liens, lawsuits, judgments and claims, including tax claims.
  - You are advised to obtain a copy of your credit report, Experian recommended, which will provide you with any unpaid, unresolved liens or claims, all lawsuits, and all judgments. **Pay particular attention to any tax claims or liens that have been made or filed against you.**
  - If you have entered into any repayment or credit consolidation agreements, attach copies of those agreements to your application.

**I HEREBY CERTIFY I HAVE READ THIS NOTICE.**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_





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

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

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

**For Board Staff Only**

- Live Scan Prints
- Hard Copy Prints

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.

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

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

## FINGERPRINT AND CRIMINAL BACKGROUND CHECKS

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

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

Applications are not automatically denied because of information obtained through the background disclosure and criminal history verification. When reviewing prior criminal convictions, the NSCB considers such additional factors as the seriousness of the crime, the time that has passed since the conviction and any evidence of rehabilitation the applicant submits. It is your responsibility to provide any supporting documentation requested by the Board related to any past convictions or pending criminal charges.

## FINANCIAL DISCLOSURES

- You **MUST** disclose any unpaid or unresolved liens, lawsuits, judgments and claims, including tax claims.
  - You are advised to obtain a copy of your credit report, Experian recommended, which will provide you with any unpaid, unresolved liens or claims, all lawsuits, and all judgments. **Pay particular attention to any tax claims or liens that have been made or filed against you.**
  - If you have entered into any repayment or credit consolidation agreements, attach copies of those agreements to your application, otherwise, we will assume you have not made arrangements to repay the debt.
- Within the last 3 years, have you **filed or been adjudicated Bankrupt** under your individual name, a corporate name or any other business entity name?
    - No
    - Yes – Attach a complete copy of the proceedings, including a schedule of creditors listed in the bankruptcy petition. If the bankruptcy has not been discharged, include your plan of reorganization and proof of compliance.
  - Do you **anticipate filing bankruptcy** within the next 6 months?
    - No
    - Yes
  - Have you, or any business entities of which you were a member, partner, officer, director, or associate received any **notice of liens, suits, judgments, or claims (including tax claims)** which remain unresolved or unsatisfied – OR – Are there now any **unpaid past due bills** for materials, services rendered, or labor?
    - No
    - Yes – Attach a detailed explanation.
  - Have you, or any business entities of which you were a member, partner, officer, director, associate, or qualified employee **had a contractor's license denied, suspended, revoked, or otherwise disciplined** BY NEVADA OR ANY OTHER STATE? Are there any disciplinary proceedings currently pending against you, or any license on which you have appeared IN NEVADA OR ANY OTHER STATE?
    - No
    - Yes – Attach a detailed explanation including the name of the state in which the license was held, license number, and business name.
  - Do you have a **proprietary interest** (i.e., ownership, stock, shares) in this applicant? (This question does not pertain to sole proprietors)
    - No
    - Yes – Percentage Owned: \_\_\_\_\_%
  - Are you a **citizen of the United States of America**?
    - No – Attach a copy of INS card and Social Security Card.
    - Yes



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

In consideration for processing my application for a Nevada State Contractor's License, I, the undersigned whose name and personal information voluntarily appear above, do hereby and irrevocably agree to the following:

1. I hereby authorize the **NEVADA STATE CONTRACTORS BOARD (hereinafter "BOARD")** to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agencies. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons and current and/or prior gaming and non-gaming sheriff's work cards that were issued to me.
2. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the **BOARD**.
3. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, the Nevada State Contractors Board, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the **BOARD** for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada and the **BOARD** on the basis of their disclosures. I have signed this release voluntarily and of my own free will.
4. In giving the above authorization, I understand that all information provided to the **BOARD** may be reviewed by the **BOARD** or any other employee within the **BOARD'S** organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the **BOARD** and of the criminal justice agencies in the performance of their official duties, and may not be further disseminated.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

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

Signature: \_\_\_\_\_

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







## FINGERPRINT BACKGROUND WAIVER

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

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

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

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

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

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

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

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

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

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

Submitting Agency: **NEVADA STATE CONTRACTORS BOARD**

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

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

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







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www.nscb.nv.gov

## CERTIFICATION 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**

Supervisor  Foreman  Journeyman  Contractor  Employee  Supplier

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

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

Supervisor      Foreman      Journeyman      Contractor      Employee

FULL TIME      PART TIME (aggregate total of part time)

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

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

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

**IMPORTANT:** You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate(s) you have completed

I certify that I have direct knowledge of the 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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## CERTIFICATION OF WORK EXPERIENCE

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

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

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

<b>CHECK THE BOX THAT IDENTIFIES THE LEVEL OF WORK THAT THE ABOVE INDIVIDUAL PERFORMED:</b>	
Supervisor	Foreman      Journeyman      Contractor      Employee
FULL TIME	PART TIME (aggregate total of part time)
FROM: ____ / ____ / ____ TO: ____ / ____ / ____ = ____ YEAR(S) AND ____ MONTH(S)	
MONTH   DAY   YEAR      MONTH   DAY   YEAR	
<i>(Do not claim credit for full-time work if applicant worked only part-time or if trade duties in requested classification were only one component of entire job)</i>	
<b>IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION OR TRADE AREA LISTED IN PART 1 SECTION 2. IF ADDITIONAL SPACE IS REQUIRED PROVIDE A SIGNED ATTACHMENT BY THE CERTIFIER.</b>	
<b>IMPORTANT:</b> You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate(s) you have completed	

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

	Number: _____	State: _____
(Signature of the Certifier)	(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: \_\_\_\_\_



# 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

## CERTIFICATION 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**

Supervisor  Foreman  Journeyman  Contractor  Employee  Supplier

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

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

Supervisor      Foreman      Journeyman      Contractor      Employee

FULL TIME      PART TIME (aggregate total of part time)

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

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

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

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\_\_\_\_\_, Notary Public in and for County of \_\_\_\_\_ State of \_\_\_\_\_.

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\_\_\_\_\_

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

Supervisor    Foreman    Journeyman    Contractor    Employee    Supplier

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

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

Supervisor   Foreman   Journeyman   Contractor   Employee

FULL TIME   PART TIME (aggregate total of part time)

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

MONTH   DAY   YEAR   MONTH   DAY   YEAR

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

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\_\_\_\_\_  
(Signature of the Certifier)

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

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\_\_\_\_\_, Notary Public in and for County of \_\_\_\_\_ State of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

# RESUME OF EXPERIENCE

READ INSTRUCTIONS REGARDING EXPERIENCE REQUIREMENTS AND RESUME' ON PAGE 6 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  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  Self Employed  Other, specify \_\_\_\_\_

DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED



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## 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 \_\_\_\_\_