



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
Website: www.nscb.nv.gov

APPLICATION FOR PERMANENT RAISE IN LIMIT

General Instructions

1. Please type or print in ink when completing this form.
2. Make sure the application is properly signed by a principal.
3. **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 this application. Incomplete applications will be returned to you.
4. **Complete each section, answer all questions, and attach any required supporting documentation.**
5. Include required fee of \$250.00.

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.

License Number: This form can be used for more than one license only if the licenses are held by the same business entity.

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

License Number(s): _____ **Email Address:** _____

Phone No.: _____ **Facsimile No.:** _____
Area Code + Telephone Number Area Code + Telephone Number

SECTION 2 – MONETARY LIMIT REQUESTED

The Monetary Limit is the maximum contract a licensed contractor may undertake on one or more construction contracts on a single construction site or subdivision site for a single client. It is determined by consideration of the factors set forth in NRS 624.260, 624.262, 624.263, and 624.265. Please note: Staff reference these statutes to assess your financial responsibility with regard to the monetary limit you are requesting.

State the specific Monetary Limit desired (value ranges are not acceptable): _____

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Withdrawn Date: _____ Reason: _____ Application No.: _____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



SECTION 3 – FINANCIAL RESPONSIBILITY REQUIREMENTS

NOTE: A financial statement IS REQUIRED regardless of the size/amount of the monetary limit.

1. **FINANCIAL STATEMENT REQUIREMENTS:** Your financial statement will need to be prepared based on the Monetary Limit you are requesting. It is important that you read through the specific requirements below, and seek the assistance of a Certified Public Accountant (CPA) when necessary. All financial statements must meet the following criteria:
 - Financial statements must be for the applying entity. Sole proprietors and each general partner of a general partnership must submit personal statements.
 - All statements must be in U.S. dollars.
 - Business statements must include a classified balance sheet.
 - It is highly recommended that personal statements **include a supplemental schedule disclosing working capital.**

- MONETARY LIMITS OF \$10,000 OR LESS:**
Self-prepared or compiled statements must be current to within 6 months from the date the application is received.
 - A current financial statement prepared by an independent CPA; or
 - A current financial statement submitted using the [Board's form online](#); or
 - If completing this form online, please note that not all fields within this form are self-populated/automated. It is the applicant's responsibility to ensure all requested information is provided and correctly calculated.
 - A current financial statement (Balance Sheet) prepared using accounting software in accordance with generally accepted accounting principals
 - When using this option, you **must** sign and include with your application the Board's [affidavit](#) verifying the accuracy of the financial statement.
 - **IF PREPARING YOUR OWN STATEMENT** – If you are preparing your own financial statement and are not familiar with the financial terms, documents, or general small business requirements, please visit the **Nevada Business Development Center online at: <http://nsbdc.org/> or call (800) 240-7094.** This site contains important information for small business owners and allows you to request individual counseling services, which may be helpful in completing the requested information within this licensing application.

- MONETARY LIMITS OF MORE THAN \$10,000, BUT LESS THAN \$50,000:**
 - A compiled financial statement prepared by an independent CPA, current within 6 months from the date the application is received; or
 - A reviewed or audited financial statement, prepared by an independent CPA, current within 1 year from the date the application is received.

- MONETARY LIMITS OF \$50,000 OR MORE, BUT LESS THAN \$250,000:**
 - A compiled financial statement with full disclosures, prepared by an independent certified public accountant, current within 6 months from the date the application is received; or
 - 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.

- MONETARY LIMITS OF \$250,000 OR MORE:**
 - A financial statement that is prepared and **reviewed or audited** by an independent certified public accountant, current within 1 year from the date the application is received.

2. **REQUIRED BANK VERIFICATION FORM – ALL APPLICANTS:** The bank verification form can be found [online](#) or in hard copy on the next page of this 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, it 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 4 - GENERAL QUESTIONS

Answer all questions and attach any supplemental information required. Your answer to each question applies to the licensee, as well as all individuals, officers, associates, members, or managers.

- 1. Are there any pending bankruptcy proceedings under your individual name, a corporate name, or any other business entity name in which you have an interest?
 No Yes – If yes, attach a copy of the creditor list and plan of reorganization.
- 2. Are there now any unpaid past due bills for either materials, services rendered, or labor?
 No Yes – If yes, attach a detailed explanation.
- 3. Have you, or any of 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 unsatisfied?
 No Yes – If yes, attach a detailed explanation.
- 4. Are there any liens or stop notices for labor or materials filed on any of your work anywhere?
 No Yes – If yes, attach a detailed explanation.

SECTION 5 - 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, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualification for licensure.

The licensee / applicant will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting documents meets 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: _____





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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: _____

