



NEVADA STATE CONTRACTORS BOARD

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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 PLACE LICENSE ON INACTIVE STATUS

In accordance with Nevada Revised Statutes (NRS) 624.282, a contractor may apply to the Nevada State Contractors Board to have his license placed on inactive status. The board may grant the application if the license is in good standing and the licensee has met all requirements for the issuance or renewal of a contractor's license as of the date of the application.

If the application is granted, the licensee shall not engage in any work or activities that require a contractor's license in this State unless the license is returned to active status. Bidding or contracting while your license is inactive is a violation of Nevada law and can result in disciplinary action including administrative fines, suspension, revocation and / or criminal charges.

The Board will not refund any portion of the renewal fee that was paid before the license was placed on inactive status.

An inactive license must be renewed by the expiration date. The renewal fee for an inactive license will be one half of the renewal fee for an active license. If not renewed, the license will be cancelled.

Please Note: In order to return an inactive license to active status you will be required to make application, pay all applicable fees and assessments, provide a current financial statement, and comply with any other requirements of an active licensee.

The license can be retained on inactive status for a period of eight (8) years. If not returned to active status within that time, the license becomes void.

The granting of an inactive status license does not deprive the Board of jurisdiction to proceed with any investigation of, or action or disciplinary proceeding against the license.

GENERAL INSTRUCTIONS

1. **Type or print in ink when completing this form.**
2. **Complete all portions of the application and include any required supplemental information.** The Board desires to provide courteous and timely service to all applicants. To maximize its efficiency and level of service, the Board will process complete applications only. **Incomplete applications will be returned to you.**
3. **Make sure the application is properly signed.**
4. **Attach the current license wall certificate and pocket card.**
5. **Include completed renewal application & required fee if submitted at time of renewal.**

License Number: _____
(A separate application is required for each license you wish to inactivate)

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

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

Physical Address: _____
Street Address City County State Zip Code

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

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

Email Address: _____



1. Have you attached your wall certificate and pocket card?
 No Yes If they are not available, provide a detailed explanation why they cannot be returned on the line below:

 2. Are there now any unpaid past due bills for either material, services rendered, or labor for work performed in the State of Nevada?
 No Yes - attach a detailed explanation.
 3. Are there any liens or stop notices for labor or materials filed on any of your work in the State of Nevada?
 No Yes - attach a detailed explanation.
 4. Are there any bids, contracts, or incomplete projects pending in the State of Nevada at this time?
 No Yes - attach list.
 5. I understand it is my responsibility to maintain the Nevada Secretary of State filing. (This applies to sole proprietor, corporations, limited liability companies and limited partnerships.)
 No Yes
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Note: Make sure this application is properly signed:

- Sole Proprietorship** - Must **PERSONALLY** sign this application.
 - General Partnership** - **EACH PARTNER** must sign this application.
 - Limited Partnership** - **EACH GENERAL PARTNER** must sign this application.
 - Corporation** - An **OFFICER** of the corporation must sign this application.
 - Limited Liability Company** - A **MEMBER OR MANAGER** must sign this application.
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I certify under penalty of perjury to the truth and accuracy of the statements contained herein and all information submitted in connection with this application.

<p>By: _____ (Signature) _____ (Print Name)</p>	<p>Title: _____</p>
<p>By: _____ (Signature) _____ (Print Name)</p>	<p>Title: _____</p>