



NEVADA STATE CONTRACTORS BOARD

2310 Corporate Circle, Suite 200, Henderson, Nevada, 89074 (702) 486-1100 Investigations (702) 486-1110
9670 Gateway Drive, Suite 100, Reno, Nevada, 89521 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150
Web Site: www.nscb.state.nv.us

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.
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: _____

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.

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 – 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 of a material fact, in violation of NRS 624.3013(2). The required certification forms are on pages 7 - 10.
- **Resume of Experience:** Complete the Resume of Experience form found on pages 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 will **not** be required if you meet the terms of reciprocity described in section 4.

SECTION 4 – EXAMINATION REQUIREMENTS

Examination Requirements: A trade exam specific to the classification applied for will be required. The test registration form will be provided to you after the application is submitted and experience is verified. Candidate Information Brochures and exam content outlines with reference list for each exam is available on the Board’s website.

Exam Fees: Examination fees are due when you register to take your exam(s) and are payable to PSI. The fee is \$85.00 for each exam. If you schedule the CMS and one trade exam at the same time, the fee for both exams is \$130.00.

Reciprocal Agreements: Nevada has limited reciprocal agreements with the states of Arizona, California, and Utah. This agreement applies to the trade examination only. This act of reciprocity does not include any of the plumbing, electrical, or fire protection trades. Technical exams will be required for those classifications deemed to fall within these trades. To be considered for reciprocity, the following is required:

- The trade qualifier must have held a license in one of the participating states that has been active and in good standing for at least five (5) out of the last seven (7) years.
- The trade qualifier must have taken and passed an equivalent examination in that state.
- Proof of compliance with the above stated requirements must be submitted with the application.

I am applying for waiver based on reciprocity with the state of _____. I have attached proof of compliance with the above stated requirements using the out of state license verification form found on page 6. If applying for a general building license indicate whether or not you construct buildings which exceed three (3) stories in height. Yes No

The Nevada State Contractors’ Board reserves the right to require an examination of any applicant regardless of current or previous Licensure.

The State Contractors’ Board is not affiliated with and does not endorse or recommend any of the contractors licensing schools or services. Please direct any questions regarding your application and exam requirements to the State Contractors’ Board.



SECTION 5 - WAIVER OF RIGHT TO NOTICE

Nevada law (NRS 241.033) states that “a public body shall not hold a closed meeting to consider the character, alleged misconduct, professional competence, or physical or mental health of any person unless it has given written notice to the person of the time and place of the meeting. The written notice must be: a) Delivered personally to that person at least five (5) working days before the meeting; or b) Sent by certified mail to the last known address of that person at least twenty-one (21) working days before the meeting. A public body must receive proof of service of the notice required by this section before such a meeting may be held.”

In practical terms, this means that after your application has been processed and is ready for action, the Board cannot act on your application for at least twenty-one (21) working days. Many applicants do not wish to have their applications delayed for this period and waive the notice requirement.

Indicate your choice by marking the appropriate box:

I understand that I am entitled to the above-stated notice as provided by NRS 241.033, and **hereby waive that notice** for the purpose of allowing the Nevada State Contractors’ Board to expedite consideration of my application. I further understand that I **am not** waiving my right to request a hearing before the Board at a later date if the Board indicates an intent to deny my application for any reason, nor am I waiving any right of appeal.

I have chosen **not** to waive my right to notice, and request a twenty-one (21) day written notice in accordance with NRS 241.033.

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: _____



LICENSE CLASSIFICATIONS (A SEPARATE APPLICATION IS REQUIRED FOR EACH PRIMARY CLASSIFICATION)

PRIMARY CLASSIFICATION A - GENERAL ENGINEERING

SUBCLASSIFICATIONS

A1..... AIRPORTS
 A2..... HIGHWAYS
 A3..... DAMS AND RESERVOIRS
 A4..... BRIDGES
 A5..... DIAMOND AND CORE DRILLING
 A6..... DRILLING OF OIL, GAS AND EXPLORATORY WELLS
 A7..... EXCAVATING AND GRADING
 A8..... SEALING AND STRIPING OF ASPHALTIC SURFACES
 A9..... PIERS AND FOUNDATIONS
 A10..... COMMERCIAL AND RESIDENTIAL POOLS
 A10A..... RESIDENTIAL POOLS
 A10B..... RESIDENTIAL SPAS
 A10C..... REPAIR OF POOLS AND SPAS
 A10D..... POOLS AND SPAS OF FIBERGLASS
 A10E..... MAINTENANCE AND REPAIR OF POOLS AND SPAS

A10F..... WATER AND GAS LINES FOR RESIDENTIAL POOLS AND SPAS
 A11..... RECYCLING ASPHALT
 A12..... EXCAVATING, GRADING, TRENCHING AND SURFACING
 A13..... WRECKING BUILDINGS
 A14..... STEEL ERECTION AND INDUSTRIAL MACHINERY
 A15..... SEWERS, DRAINS AND PIPES
 A16..... PAVING OF STREETS, DRIVEWAYS AND PARKING LOTS
 A17..... LINES TO TRANSMIT ELECTRICITY
 A18..... FARM IRRIGATION
 A19..... PIPELINE AND CONDUITS
 A19A..... WATER
 A19B..... GAS
 A20..... INDUSTRIAL PIPING
 A21..... FENCING AND GUARDRAILS
 A22..... UNCLASSIFIED
 A23..... REMOVAL OF ASBESTOS

PRIMARY CLASSIFICATION AB - GENERAL ENGINEERING AND GENERAL BUILDING

PRIMARY CLASSIFICATION B - GENERAL BUILDING

SUBCLASSIFICATIONS

B1..... PREMANUFACTURED HOUSING
 B2..... RESIDENTIAL AND SMALL COMMERCIAL
 B3..... SPECULATIVE BUILDING

B4..... SERVICE STATIONS
 B5..... PREFABRICATED STEEL STRUCTURES

PRIMARY CLASSIFICATION C1 - PLUMBING AND HEATING

SUBCLASSIFICATIONS

C1A..... BOILERS
 C1B..... FIRE SPRINKLERS
 C1C..... INSULATION OF PIPES AND DUCTS
 C1D..... PLUMBING
 C1E..... SHEET METAL
 C1F..... HEATING COOLING AND CIRCULATING AIR

C1G..... PIPES AND VENTS FOR GAS
 C1H..... WATER HEATERS
 C1I..... CHILLED WATER PIPING
 C1J..... SYSTEMS TO REPLENISH BREATHING AIR FOR FIREFIGHTERS
 C1K..... INDUSTRIAL PIPING

PRIMARY CLASSIFICATION C2 - ELECTRICAL

SUBCLASSIFICATIONS

C2A..... ELECTRICAL WIRING
 C2B..... INTEGRATED CEILINGS
 C2C..... FIRE DETECTION
 C2D..... LOW VOLTAGE

C2E..... LINES TO TRANSMIT ELECTRICITY
 C2F..... RESIDENTIAL WIRING
 C2G..... PHOTOVOLTAICS

PRIMARY CLASSIFICATION C3 - CARPENTRY

SUBCLASSIFICATIONS

C3A..... CARPENTRY, REMODELING AND REPAIRS
 C3B..... FINISH CARPENTRY
 C3C..... INSULATION & WEATHER STRIPPING

C3D..... OVERHEAD DOORS
 C3E..... DRYWALL

PRIMARY CLASSIFICATION C4 - PAINTING AND DECORATING

SUBCLASSIFICATIONS

C4A..... PAINTING
 C4B..... WALLCOVERING
 C4C..... TAPING AND FINISHING
 C4D..... SANDBLASTING

C4E..... DRYWALL
 C4F..... SHEET METAL STUDS
 C4G..... ACOUSTICAL TILE
 C4H..... URETHANE COATINGS

PRIMARY CLASSIFICATION C5 - CONCRETE CONTRACTING

PRIMARY CLASSIFICATION C6 - ERECTING SIGNS

SUBCLASSIFICATIONS

C6A..... OUTDOOR ADVERTISING
 C6B..... ELECTRICAL SIGNS

C6C..... SHEET METAL
 C6D..... PAINTED SIGNS

PRIMARY CLASSIFICATION C7 - ELEVATION AND CONVEYANCE

SUBCLASSIFICATIONS

C7A..... ELEVATOR AND DUMBWAITER
 C7B..... ESCALATOR AND CONVEYOR

C7C..... PNEUMATIC TUBE
 C7D..... MOVING WALKWAY

PRIMARY CLASSIFICATION C8 - GLASS AND GLAZING

PRIMARY CLASSIFICATION C9 - MOVEMENT OF BUILDINGS

PRIMARY CLASSIFICATION C10 - LANDSCAPE CONTRACTING

PRIMARY CLASSIFICATION C11 - SPRAYING MIXTURES CONTAINING CEMENT

PRIMARY CLASSIFICATION C13 - USING SHEET METAL

PRIMARY CLASSIFICATION C14 - STEEL REINFORCING AND ERECTION

SUBCLASSIFICATIONS

C14A..... REINFORCING STEEL
 C14B..... STRUCTURAL STEEL
 C14C..... ORNAMENTAL METAL
 C14D..... CURTAIN WALL
 C14E..... METAL DOORS AND WINDOWS

C14F..... STORE FRONTS
 C14G..... PREFABRICATED STEEL STRUCTURES
 C14H..... AWNINGS AND LOUVRES
 C14I..... RIGGING AND CRANES



PRIMARY CLASSIFICATION C15 - ROOFING AND SIDING

SUBCLASSIFICATIONS

C15A ROOFING
C15B SIDING

C15C INSULATION
C15D WATERPROOFING

PRIMARY CLASSIFICATION C16 - FINISHING FLOORS

SUBCLASSIFICATIONS

C16A COVERING FLOORS
C16B FINISHING COUNTERTOPS
C16C PLASTIC TILE AND WALLBOARD

C16D CARPET LAYING
C16E URETHANE COATINGS

PRIMARY CLASSIFICATION C17 - LATHING AND PLASTERING

SUBCLASSIFICATIONS

C17A LATHING
C17B PLASTERING
C17C DRYWALL

C17D ACOUSTICAL TILE
C17E COATINGS OF STUCCO AND CEMENT
C17F STUDS OF SHEET METAL

PRIMARY CLASSIFICATION C18 - MASONRY

PRIMARY CLASSIFICATION C19 - INSTALLING TERRAZZO AND MARBLE

SUBCLASSIFICATIONS

C19A TERRAZZO
C19B MARBLE

C19C ARTIFICIAL OR CULTURED MARBLE

PRIMARY CLASSIFICATIONS C20 - TILING

SUBCLASSIFICATIONS

C20A PLASTIC TILE AND WALLBOARD

C20B SWIMMING POOL TILE AND COPING

PRIMARY CLASSIFICATION C21 - REFRIGERATION AND AIR CONDITIONING

SUBCLASSIFICATIONS

C21A REFRIGERATION
C21B AIR CONDITIONING
C21C SHEET METAL
C21D MAINTENANCE

C21E SOLAR AIR CONDITIONING
C21F CHILLED AND HOT WATER SYSTEMS
C21G INDUSTRIAL PIPING

PRIMARY CLASSIFICATION C23 - DRILLING WELLS AND INSTALLING PUMPS, PRESSURE TANKS & STORAGE TANKS

PRIMARY CLASSIFICATION C24 - ERECTING SCAFFOLDS AND BLEACHERS

PRIMARY CLASSIFICATION C25 - FENCING AND EQUIPPING PLAYGROUNDS

PRIMARY CLASSIFICATION C26 - INSTITUTIONAL CONTRACTING

SUBCLASSIFICATIONS

C26A KITCHEN AND LABORATORY EQUIPMENT
C26B BUILDING ACCESSORIES AND SPECIALTIES

C26C FLOORS OF GYMNASIUMS

PRIMARY CLASSIFICATION C27 - INDIVIDUAL SEWERAGE

PRIMARY CLASSIFICATION C28 - FABRICATING TANKS

SUBCLASSIFICATIONS

C28A FABRICATING TANKS

C28B SANDBLASTING AND COATINGS

PRIMARY CLASSIFICATION C30 - INSTALLING EQUIPMENT TO TREAT WATER

PRIMARY CLASSIFICATION C31 - WRECKING

PRIMARY CLASSIFICATION C33 - INSTALLING INDUSTRIAL MACHINERY

PRIMARY CLASSIFICATIONS C36 - INSTALLING URETHANE

SUBCLASSIFICATIONS

C36A URETHANE INSULATION
C36B URETHANE ROOF DECKS

C36C URETHANE COATINGS

PRIMARY CLASSIFICATION C37 - SOLAR CONTRACTING

SUBCLASSIFICATIONS

C37A WATER HEATING
C37B SPACE HEATING

C37C AIR CONDITIONING
C37D HEATING OF POOLS

PRIMARY CLASSIFICATION C38 - INSTALLING EQUIPMENT USED WITH LIQUEFIED PETROLEUM AND NATURAL GAS

SUBCLASSIFICATIONS

C38A PIPES AND VENTS
C38B GAS APPLIANCES AND EQUIPMENT

C38C HEATING AND VENTILATING

PRIMARY CLASSIFICATION C39 - INSTALLING HEATERS

PRIMARY CLASSIFICATION C40 - SPECIALTIES NOT AUTHORIZED BY OTHER CLASSIFICATIONS

PRIMARY CLASSIFICATION C41 - FIRE PROTECTION

SUBCLASSIFICATIONS

C41A AUTOMATIC FIRE SPRINKLERS
C41B FIXED FIRE EXTINGUISHING SYSTEMS

C41C FIRE ALARMS

PRIMARY CLASSIFICATION C42 - CONSTRUCTING, ALTERING, OR IMPROVING COMMUNITY ANTENNA TELEVISION SYSTEMS

E-1 OWNER/BUILDER NOT TO EXCEED THREE STORIES

E-2 OWNER/BUILDER EXCEEDING THREE STORIES

A COMPLETE DESCRIPTION OF EACH CLASSIFICATION CAN BE FOUND ON OUR WEB SITE: www.nscb.state.nv.us





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OUT - OF - STATE LICENSE VERIFICATION THIS FORM MUST BE COMPLETED WHEN APPLYING FOR EXAM WAIVER BASED ON RECIPROCITY WITH ARIZONA, CALIFORNIA, OR UTAH

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

INSTRUCTION TO APPLICANT FOR VERIFICATION
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

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 for 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.**

I certify that I have personally known _____, and that I have direct knowledge of his / her experience that I have listed below
(print name of individual you are completing reference for)

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

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

Full-time Part-time (If part-time specify aggregate total _____ yrs _____ mos.)

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
 Fellow Employee 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 under penalty of perjury to the truth and accuracy of the statements and information contained herein.

(Signature of the Certifier) Number: _____ State: _____
(If you are a licensed/registered contractor, enter your license/registration number and state)

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

(Address - City - State - Zip)

(_____) (_____) _____
(Daytime Telephone Number) (Fax Number)

This Certificate Must be Notarized.
Subscribed and sworn to before me this ____ day of _____, _____

Notary Public in and for County of _____ State of _____



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. (____) _____

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 _____

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

Employer's Name: _____

Address: _____ Phone No. (____) _____
_____ Fax No. (____) _____

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. (____) _____

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>