



NEVADA STATE CONTRACTORS BOARD

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APPLICATION TO CHANGE OR ADD A QUALIFIED EMPLOYEE

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.
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 employee 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 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 – QUALIFIED PERSONNEL

Personnel: Supply the identifying information below only for each individual that will be added as a qualified employee to this license.

Background Disclosure Statement: A separate background disclosure statement must be completed for each individual listed below. The required form is on page 6 of this application.

FIRST NAME	MIDDLE NAME	LAST NAME	TITLE

FIRST NAME	MIDDLE NAME	LAST NAME	TITLE

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Withdrawn Date: _____ Reason: _____ Application No: _____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 – DISASSOCIATION OF QUALIFIED EMPLOYEE

The purpose of this application is:

- Add a qualified employee
- Replace the existing qualified employee

Disassociation of Qualified Employee: Check the appropriate box to indicate whether or not the current qualified employee is still associated with this licensee, or if they have terminated their employment or association.

- The qualified employee currently listed on this license is still an employee, officer, director, manager, or associate of this licensee.
 - The qualified employee currently listed on this license terminated their employee or association with this licensee effective on the following date: _____.
-

SECTION 4 – CONTRACTOR'S LICENSES

Each individual that will be added to this license as a qualifier, must provide a list of contractors licenses on which they have appeared, whether in Nevada or any other state.

Company Name	State	Lic. No.	Issue Date	Current License Status

SECTION 5 – Experience Qualifications

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

- To make technical and administrative decisions;
- Hire, superintend, promote, transfer, lay off, discipline or discharge other employees 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.

Previously Qualified and Reciprocal Applicants: The Reference Certificates and Resume of Experience will **not** be required if you:

1. Have served as a qualified employee in the same classification on another Nevada state contractor's license within the last seven (7) years; or,
2. If you meet the terms of reciprocity described in section 6.

Management Qualifier: This individual must take and pass the construction management survey examination. This exam includes topics such as general knowledge of the Nevada contractors' law, mechanics lien law, laws regarding industrial insurance, and common knowledge of business administration.



Trade Qualifier: 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 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, four (4) Reference Certificates (certificates) for each trade qualifier. 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. The certificates must verify the experience requirements as stated above. 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 page 9.

Resume of Experience: Complete the Resume of Experience form found on pages 13 for each trade qualifier. 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.

Important Notice: If for any reason your qualified employee(s) terminates his or her employment or association with this license you are required to notify the Nevada State Contractors Board, in writing, within ten (10) days, and replace that individual(s) within 30 days. Failure to do so will result in automatic suspension of the license.

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.

SECTION 6 – EXAMINATION REQUIREMENTS

Examination Requirements: A management (CMS) and trade examination will be required. The trade exam will be specific to the classification requested. A test registration form will be provided to you after the application is submitted and experience is verified. Candidate information, exam content outlines, and order forms for the "CMS" exam reference manual with are 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.

Waiver of Examination: You may be eligible for waiver of the examination(s) if you meet the following qualifications:

Nevada Licensure: If, within the last seven (7) years, you have served as a qualified employee on a license in the State of Nevada in the same classification requested.

I am applying for exam waiver based on prior qualification in the State of Nevada on license number(s) _____

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 8. 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 contractors licensing schools or services. Please direct any questions regarding your application and exam requirements to the State Contractors Board.

SECTION 7 - SIGNATURE OF QUALIFIED EMPLOYEE AND CERTIFICATION OF DUTY

➤ 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.

(TWO SPACES ARE PROVIDED IN THE EVENT YOU HAVE MORE THAN ONE QUALIFIER)

I will be acting in the following capacity:

- Management Qualifier (This is the individual that will take the construction management examination)
- Trade Qualifier (This is the individual that has demonstrated the necessary technical experience, and will take the trade examination.)
- Both Management and Trade Qualifier

(Signature)

(Print Name)

I will be acting in the following capacity:

- Management Qualifier (This is the individual that will take the construction management examination)
- Trade Qualifier (This is the individual that has demonstrated the necessary technical experience, and will take the trade examination.)
- Both Management and Trade Qualifier

(Signature)

(Print Name)



SECTION 8 - 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 9 – 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: _____





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

BUSINESS NAME: _____

NRS 624.263 and NRS 624.265 authorizes the Nevada State Contractors Board (NSCB) to conduct background investigations for all persons listed on the license application, 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.

Misrepresentation is a violation of NRS 624.3013(2) and NRS 624.3016(7) and is cause for denial of your application.

A COPY OF A VALID STATE DRIVER'S LICENSE OR VALID GOVERNMENT ISSUED PHOTO I.D. MUST ACCOMPANY THIS FORM. A separate form must be completed by each principal, member, officer, director, partner, or associate.

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		

- Have you ever, as an individual or principal of a corporation or other business entity, been convicted of, or pled guilty or no contest to a felony crime?

No Yes – You must complete a criminal disclosure statement for each incident.
- Have you ever, as an individual or principal of a corporation or other business entity, been convicted of, or pled guilty or no contest to any misdemeanor crime? (You may limit your response to misdemeanor convictions within the last 10 years, **unless** the crime involved violence against another person, fraud or theft).

No Yes – You must complete a criminal disclosure statement for each incident.
- Are there currently criminal charges pending against you?

No Yes – Attach a detailed explanation, including a copy of the complaint, and/or charging document.
- Within the last 7 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 copy of the discharge document. If discharged less than 3 years, 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.
- 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 unsatisfied?

No Yes – Attach a detailed explanation.
- 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 Yes – **If no, attach a copy of INS card and Social Security Card.**



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:

I hereby authorize the FBI, Nevada Highway Patrol, any Police Department and/or any other agency of criminal justice, to search for and release criminal history record information to the **NEVADA STATE CONTRACTORS BOARD**. 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.

I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the **NEVADA STATE CONTRACTORS BOARD**.

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 requestor 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.

I ATTEST TO THE TRUTH AND ACCURACY OF THE INFORMATION CONTAINED IN THIS BACKGROUND DISCLOSURE STATEMENT AND AUTHORIZATION FORM, AND SUBMIT THE INFORMATION UNDER PENALTY OF PERJURY, PURSUANT TO NRS 199.120.

Signature

Date:

Print Name





NEVADA STATE CONTRACTORS BOARD

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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
(print name of individual you are completing reference for)
his / her experience that I have listed below

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 of 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 3 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>

