



# NEVADA STATE CONTRACTORS BOARD

9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA 89521 (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.state.nv.us

## 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.
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 on this form, 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):** \_\_\_\_\_

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

### SECTION 2 – MONETARY LIMIT REQUESTED

**Monetary Limit:** 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 a violation of Nevada law to bid or contract in excess of the limit placed on the license by the Board.

The monetary limit is determined by consideration of the factors set forth in NRS 624.260, 624.263, and 624.265. (Copies of these statutes are available from our web site).

State the monetary limit desired: \_\_\_\_\_

#### **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Withdrawn Date: \_\_\_\_\_ Reason: \_\_\_\_\_ Application No.: \_\_\_\_\_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**

1. **Financial Statement Requirements:** You must submit a current financial statement (statement) with this application that meets the following criteria.

- Financial statements must be for the applying entity. Sole proprietorships and each general partner of a general partnership must submit their personal statement.
- All statements must be in U.S. dollars.
- All statements must include full disclosures.
- Business statements must include a classified balance sheet.
- Personal statements that have been prepared by a Certified Public Accountant must include a supplemental schedule disclosing working capital and net worth.

**For License Monetary Limits below \$1,000,000 you must provide one of the following:**

- a. A current financial statement prepared by an independent certified public accountant; or
- b. A current financial statement submitted on a form prescribed by the Board (available on the Board's website [www.nscb.state.nv.us](http://www.nscb.state.nv.us), click on contractor forms); or,
- c. A current financial statement (Balance Sheet) prepared using accounting software in accordance with generally accepted accounting principles and accompanied by an affidavit that verifies the accuracy of the financial statement.

\*To prevent a delay in the processing of your application, if you are unfamiliar with preparing your own financial statement, you are encouraged to seek the advice of an Accountant.

Note: Self-prepared or compiled statements must be current to within six months from the date the application is received.

**For License Monetary Limits \$1,000,000 or more:** you must provide a financial statement that is prepared and reviewed or audited by a certified public accountant, current within one (1) year.

2. **Bank Verification Form:** The bank verification form found on page 4, must be completed by your bank and submitted with your 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, 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.

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### **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.



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**SECTION 6 - 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 placing your initials in the appropriate box:

I understand that I am entitled to the above-stated notice as provided for in 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.

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**SECTION 7 - 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/Application: \_\_\_\_\_

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

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. If the answer to any item is "none," please indicate same in the appropriate space. After completion by your bank, submit this form with your application.

### ITEMS NUMBERED ONE (1) THROUGH (3) TO BE COMPLETED BY THE APPLICANT

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	Current Balance

### ITEMS NUMBERED FOUR (4) THROUGH TEN (10) TO BE COMPLETED BY VERIFYING BANK

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

6. Verification of Lines of Credit:

Line of Credit Account #	Type of Credit Line	Approved Amount	Current Balance	Available Amount	Payments Required	Secured by
					\$ Per	
					\$ Per	
					\$ Per	

7. Additional information that may be of assistance in determination of credit worthiness: (Please include information on loans paid in full.)  
\_\_\_\_\_  
\_\_\_\_\_

8. Bank Stamp: \_\_\_\_\_

9. Name and Title: \_\_\_\_\_  
\_\_\_\_\_

10. Date: \_\_\_\_\_

