



# 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.nv.gov

## 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:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**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.



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### **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 page 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.

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### **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 \$95.00 for each exam. If you schedule the CMS and one trade exam at the same time, the fee for both exams is \$140.00.

**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.**

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**SECTION 5 – 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: \_\_\_\_\_

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**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: \_\_\_\_\_



**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](http://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

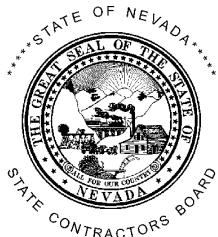
### NOTE TO APPLICANT: COMPLETE A SEPARATE FORM FOR EACH LICENSE NUMBER

**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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www.nscb.nv.gov

## 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.  
PLEASE TYPE OR PRINT IN INK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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  
 Supervisor     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)

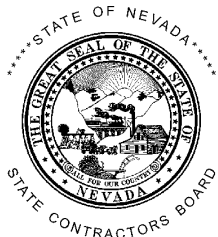
(\_\_\_\_\_) \_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Email)

**This Certificate Must be Notarized**  
Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for County of \_\_\_\_\_ State of \_\_\_\_\_





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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. PLEASE TYPE OR PRINT IN INK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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  
 Supervisor  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) (Email)

**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

Red Bordered Fields are Required

READ INSTRUCTIONS REGARDING EXPERIENCE REQUIREMENTS AND RESUME ON PAGE 6 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. (\_\_\_\_) \_\_\_\_\_ Email Address. \_\_\_\_\_

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 \_\_\_\_\_

DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED

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Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ Email Address. \_\_\_\_\_

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 \_\_\_\_\_

DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED

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Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ Email Address. \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

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DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED

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