



# NEVADA STATE CONTRACTORS BOARD

2310 Corporate Circle, Suite 200, Henderson Nevada, 89074 (702) 486-1100 Fax (702) 4861190 Investigations (702) 4861110  
9670 Gateway Drive, Suite 100, Reno, Nevada, 89521 (775) 688-1141 Fax (775) 688-1271 Investigations (775) 688-1150  
Website: www.nscb.nv.gov

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

**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.

\*If there are multiple sub-classifications within the classification for which you are licensed, the trade qualifier must substantiate experience for the full scope of your license. Separate qualifiers for individual sub-classifications are not allowed.

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



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**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

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**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 pages 12-15.

**Resume of Experience:** Complete the Resume of Experience form found on page 16 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.

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## **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 \$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.

**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 five (5) 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 11. 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.**

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**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)





# **IMPORTANT NOTICE REGARDING THE BACKGROUND DISCLOSURE STATEMENT**

## **YOUR APPLICATION MAY BE DENIED IF YOU FAIL TO MAKE FULL AND ACCURATE DISCLOSURES.**

As part of the Nevada State Contractors Board (NSCB) application process, fingerprints are required and credit reports and criminal history records are obtained.

If you as an individual or principal of a corporation or other business entity have **EVER** been convicted of, pled guilty or no contest to the following, you are required to report the information to the NSCB:

1. Any non-violent misdemeanor, including DUI, within the past fifteen (15) years;
2. Any misdemeanor crime involving violence against another person, fraud or theft;
3. Any felony conviction.

You must also provide certified copies of the arrest report and court records for each conviction. **You may also be required to provide copies of the appropriate records reflecting the dismissal or reduction of a felony arrest.**

Your records or fingerprints will be compared to the records of the Nevada Criminal History Repository and the Federal Bureau of Investigation. **If you have EVER been arrested or convicted of a crime in any state, your prior criminal history arrest and conviction information will be reported to the NSCB.** **Please note: Even if you had your record expunged, charges reduced, dismissed, or sealed,** the conviction **may** still be reported to the NSCB and you may be asked to provide additional information to the Board.

**Failure to disclose a conviction is misrepresentation which violates NRS 624.3016(7) and NRS 624.3013(2) and is grounds for denial.** This means you could be denied a license even if the conviction is not related to the duties or qualifications of a contractor.

Just because you have been convicted of a crime does not automatically mean your application will be denied. When reviewing prior criminal convictions, the NSCB considers such additional factors as the seriousness of the crime, the time that has passed since the conviction and any evidence of rehabilitation the applicant submits. **However, if you misrepresent, omit or lie on your application, your application may be denied.** If you have any questions concerning the disclosure of arrests or convictions, please call the Investigations Department of the NSCB, at 702-486-1144 in Henderson or 775-688-7884 in Reno.

## **DISCLOSE ALL LIENS, LAW SUITS, JUDGMENTS AND CLAIMS, INCLUDING TAX CLAIMS**

- You **MUST** disclose any unpaid or unresolved liens, lawsuits, judgments and claims, including tax claims.
- You should obtain a copy of your credit report before you complete your application. That will help you to disclose all unpaid, unresolved liens or claims, all lawsuits, and all judgments. Pay particular attention to any tax claims or liens that have been made or filed against you.
- If you have entered into any repayment or credit consolidation agreements, attach copies of those agreements to your application.





**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, obtain credit reports, 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
EMAIL ADDRESS						

1. 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.
2. 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 15 years, unless the crime involved violence against another person, fraud or theft).  
 No     Yes – You must complete a criminal disclosure statement for each incident.
3. Are there currently criminal charges pending against you?  
 No     Yes – Attach a detailed explanation, including a copy of the complaint, and/or charging document.
4. 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.
5. Do you anticipate filing bankruptcy within the next 6 months?  
 No     Yes
6. 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? OR, have you entered into payment agreements regarding past due taxes or other debts?  
 No     Yes – Attach a detailed explanation.
7. Are there now any unpaid past due bills for materials, services rendered, or labor?  
 No     Yes – Attach a detailed explanation.
8. 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.
9. 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 \_\_\_\_\_
10. Are you a citizen of the United States of America?  
 No     Yes – **If no, attach a copy of INS card and Social Security Card.**

**Background Disclosure Statement & Authorization for Release of Information Page 1 of 2**



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:

1. I hereby authorize the **NEVADA STATE CONTRACTORS BOARD (hereinafter "BOARD")** to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me. 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.
2. In giving the above authorization, I understand that all information provided to the **BOARD** may be reviewed by the **BOARD** or any other employee within the **BOARD'S** organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the **BOARD** and of the criminal justice agencies in the performance of their official duties, and may not be further disseminated. **(Please initial)** \_\_\_\_\_
3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the **BOARD**.
4. 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 **BOARD** 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 and the **BOARD** 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.

**PURSUANT TO NRS 199.120, I CERTIFY THAT I HAVE CAREFULLY REVIEWED THE INFORMATION CONTAINED IN THIS DOCUMENT AND I ATTEST TO THE TRUTH AND ACCURACY OF THE INFORMATION CONTAINED IN THIS BACKGROUND DISCLOSURE STATEMENT UNDER PENALTY OF PERJURY.**

Applicant's Name: \_\_\_\_\_  
(LAST, FIRST MIDDLE) (SIGNATURE)

Address: \_\_\_\_\_

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

Submitted by: *To be Completed By Board Staff Only:*  
NEVADA STATE CONTRACTORS BOARD Date Submitted: \_\_\_\_\_  
2310 CORPORATE DRIVE, SUITE 200  
HENDERSON, NEVADA 89074

Agency's Representative: \_\_\_\_\_  
(PRINT) (SIGNATURE)



## FINGERPRINTING APPLICANTS/LICENSEES

Pursuant to the provisions of the Nevada Revised Statute (NRS) 624.265 and the Nevada Administrative Code (NAC) 624.681, all applicants are required to submit their fingerprints for the purpose of conducting a criminal background check.

Applicants may submit their fingerprints electronically via Live Scan technology, through an authorized vendor in Nevada or through the submission of hard copy fingerprint cards, completed by a law enforcement agency.

Your application package includes a Fingerprint Verification for the Live Scan technology; a list of authorized vendors and a Background authorization form which must be completed and submitted with your application. You may request hard copy fingerprint submission cards from the Board if you elect to submit manual fingerprints.

Live Scan fingerprints will take approximately 1 month for the Board to receive a report and hard copy fingerprints generally can take several months before a report is returned.

1. To have your fingerprints taken by an authorized vendor or a law enforcement agency, **you must produce proof of identity with photo identity documentation.**
2. A list of authorized vendors in the State of Nevada is available at <http://nvrepository.state.nv.us/fingerprints.shtml>
3. **Electronic Submittal** – The Live Scan vendor will collect the required fees. The vendor will stamp and date the verification form. You must bring the completed verification form and background authorization form to the NSCB. Electronic submittal is provided by Nevada vendors only.
4. **Hard copy cards** – The law enforcement agency will take your fingerprints on two (2) fingerprint cards. You will need to submit the fingerprint cards with the completed authorization form to the NSCB. You must provide a cashier's check or money order for \$48.50 made payable to the **Nevada Dept. of Public Safety. Personal Checks, Company Checks or Cash will not be accepted.**
5. For questions regarding this procedure, contact the Criminal Investigations Supervisor. For Reno, call 775-688-1150, ext. 7884. For Henderson, call 702-486-1144.





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9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89521 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150  
Website: www.nscb.nv.gov

## Verification of Fingerprints Submitted

The fingerprints of the named applicant have been taken and forwarded electronically to the Nevada Central Repository:  
All applicants are responsible for all fees related to background investigations.

Name (Last, First, Middle) \_\_\_\_\_

Date of Birth (mo/day/year) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address (street) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone-( ) \_\_\_\_\_

Cell-( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**By this signature, I authorize my fingerprints to be submitted to the Nevada Criminal History Repository and the Federal Bureau of Investigation for a criminal background report.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
For office Use Only

Date Print Submitted: \_\_\_\_\_

Processed by: \_\_\_\_\_





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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

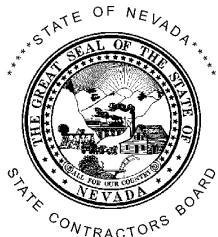
### NOTE TO APPLICANT: COMPLETE A SEPARATE FORM FOR EACH LICENSE NUMBER

**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)

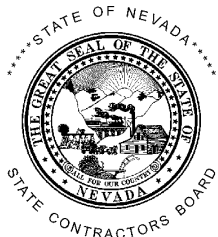
\_\_\_\_\_  
(Email)

**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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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 \_\_\_\_\_





# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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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