



## NEVADA STATE CONTRACTORS BOARD

2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NEVADA, 89074 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110  
5390 KIETZKE LANE, SUITE 102, RENO, NEVADA, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150  
Website: [www.nscb.nv.gov](http://www.nscb.nv.gov)

### **\*\*MUST READ\*\* PRIOR TO FILLING OUT LICENSING APPLICATION**

The Nevada State Contractor's Board (NSCB or Board) is pleased to see your interest in becoming a licensed contractor in the State of Nevada and is prepared to assist you in completing the enclosed application. To best facilitate this process, it is important to understand what is required of you and how to eliminate potential roadblocks for the approval of your application. Additional details of the information below are included within the application itself. **The Board reserves the right to request additional documentation or information relative to the sections within this application, as necessary.**

#### **HAVE YOU FILED YOUR BUSINESS WITH THE NEVADA SECRETARY OF STATE'S OFFICE?**

- **YES:** Yes, I have a Nevada Business ID. Proceed with reading and completing this application.
- **NO:** Contact the Nevada Secretary of State to complete the application process for a Nevada State Business License, at which time you will be issued a **Nevada Business ID, which must be provided in this license application.** Secretary of State contact information: [www.nvsilverflume.gov/startBusiness](http://www.nvsilverflume.gov/startBusiness) or (800) 450-8594.

#### **\*\*FREE\*\* APPLICATION ASSISTANCE – Business Assistance Program**

**\*\* NSCB is not affiliated with and does not endorse or recommend any contractor licensing schools or services.**

Applicants are responsible for all information contained within the application and should be cautious when using a third party agency to complete the required information.

We understand the contents and requests for information in the license application may be complex, which is why the Board offers a FREE Business Assistance Program to walk you through the instructions of key sections of the application and provide you information on other state requirements.

RENO – 3<sup>rd</sup> Friday of every month from 9:00 a.m. to 11:00 a.m.

HENDERSON – 4<sup>th</sup> Friday of every month from 9:00 a.m. to 11:00 a.m.

#### **IMPORTANT REQUIREMENTS TO KNOW (Fees & Information) BEFORE YOU APPLY**

- A separate licensing application must be completed for **EACH** primary classification.
- A **\$300 non-refundable application fee** is required upon submission of a completed application.
- Once your application is approved, a **\$600 biennial license fee** (every 2 years) will be required before your license will be issued.
- Contractors who perform work on residential properties will be required to pay into the **Residential Recovery Fund**, which is based on the monetary limit of the license.
- Examination fees (payable to PSI):** \$140 when the CMS and one Trade Exam are scheduled at the same time – OR – \$95 per each exam. Contact PSI Exams at (800) 733-9267 for additional examination details and information.
- Bonding requirements**, which are generally based on the monetary limit of your license, but may be set at the discretion of the Board, will be an additional cost to the applicant.
- All applicants are required to submit the **Fingerprint Waiver Form** for the purpose of conducting a criminal background check. Information will be provided to you following submission of your application on how to submit your fingerprints to the Board. A criminal history is not grounds for automatic denial, but will be considered in the Board's determination.
  - **IMPORTANT!! – Failure to disclose ANY and ALL criminal convictions may be grounds for denial.** It is imperative you include all relative information, as the Board obtains comprehensive records from the FBI and Nevada Criminal History Repository and uses them to compare and assess the applicant's disclosure on the application. **Do not misrepresent the facts.**
- You will be asked to demonstrate your **financial responsibility**. Depending on the monetary limit you request, you may be required to have a Certified Public Accountant (CPA) prepare your financial statements. (Reference NRS 624.220 and NRS 624.260 to 624.265 for specific financial responsibility requirements.)
- You must complete **4 Reference Certificates** substantiating at least **4 years of the last 10 years of experience in the classification** for which you are applying. Please note the time calculated is not averaged and anything less than 4 full years is not acceptable.

**It is the responsibility of the applicant to review ALL information contained within this application *before* submitting it to the Board.**





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## APPLICATION FOR CONTRACTOR'S LICENSE

- 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 ONLY process complete applications that include 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.
- Please type or print in ink when completing this form.
- Make sure this application is properly signed by the registered principal listed in Section 4 of this application.
- Write a  $\checkmark$  mark inside all  in the application to ensure vital instructions were read.
- Include the nonrefundable application fee of \$300.00. (A \$600.00 biennial license fee will be required after approval of your application, before your license can be issued.)
- Leave no space blank. If a particular question or request for information does not apply to you, write "N/A" in the blank space to indicate the question has received your attention.

### SECTION 1 – BUSINESS NAME AND ADDRESS

**If the Board determines another licensee or applicant is using a similar business name, you will be requested to choose a different name, which may require you to file additional paperwork.**

Legal Business Name: \_\_\_\_\_

- The Legal Business Name must match the name provided to the Secretary of State's office for your Nevada State Business License.

Fictitious Business Name (dba), if applicable: \_\_\_\_\_

- A Fictitious Business Name is used only if you will be doing business as (dba) a name other than your legal business name.
- A filed copy of your fictitious name certificate must be included.

Nevada Business ID: **NV**

- Your Nevada Business ID **begins with "NV"** and can be found on your Nevada State Business License.

Business Entity Type: \_\_\_\_\_

- Please write the business entity type that was filed with the Nevada Secretary of State's Office.
  - o Options include: Corporation; Limited Liability Company (LLC); General Partnership; Limited Partnership; Sole Proprietor; or Joint Venture.
- If a Sole Proprietor, please complete the Child Support Information Statement on page 4 and have your spouse (if applicable) complete a background disclosure statement on pages 12-14.

Physical Business Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

Mailing Address for Business (where mail from the Board will be sent to):

\_\_\_\_\_  
(Street Address or P.O. Box) (City) (State) (Zip)

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

- At least one address must be a physical location, not a post office box or mail drop.



**SECTION 2 – RESIDENT AGENT**

- Provide the name and address for the Registered Agent that was filed with the Secretary of State’s office. This person must be physically located in Nevada who can and are authorized to receive service of process on the applicant.

Name: \_\_\_\_\_

Address: \_\_\_\_\_, NV \_\_\_\_\_  
(Street Address) (City) (Zip)

**SECTION 3 – LICENSE CLASSIFICATION**

- The **License Classification** determines the scope of work you will be allowed to perform as a licensed contractor. A list of all classifications can be found on the Board’s [website](#) or by referencing Nevada Administrative Code 624.140-624.585.

I am applying for the following License Classification(s): \_\_\_\_\_

Please describe the type of work you intend to perform. Be as inclusive/detailed as possible so staff can best ensure the appropriate license classification is being requested.

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

**SECTION 4 – PRINCIPALS AND QUALIFIED EMPLOYEES**

- Based on the business entity type, the information below needs to be completed for the requested principal:**  
Corporation: All elected officers      Limited Liability Company (LLC): All managers/members with managing authority  
General Partnership: All partners      Limited Partnership: All general partners  
Sole Proprietor: Individual applying (owner) Joint Ventures: All parties
- REQUIRED BACKGROUND DISCLOSURES & FINGERPRINTS:** Each principal, member, officer, director, partner, or associate of this applicant, including any qualified employees is required to submit their fingerprints for the purpose of conducting a criminal background check.

**PRINCIPALS**

FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE

**QUALIFIED EMPLOYEE(S) (See Section 7 for Reference Information)**

FIRST NAME	MIDDLE NAME	LAST NAME	TITLE
FIRST NAME	MIDDLE NAME	LAST NAME	TITLE

**(ATTACH A SEPARATE SHEET IF NECESSARY)**





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## CHILD SUPPORT INFORMATION STATEMENT

**(TO BE COMPLETED BY SOLE PROPRIETORSHIP APPLICANTS ONLY)**

In compliance with State and Federal law, applicants applying for licensure as a sole proprietorship are required to complete and submit this Child Support Information Statement with their application for contractor's license.

Please mark the appropriate response and provide all other information requested on the form.

- I am not subject to a Court Order for the support of a child.
- I am subject to a Court Order for the support of one or more children and I am in compliance with that Order; or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the Order for the repayment of the amount owed pursuant to that Order.
- I am subject to a Court Order for the support of one or more children and I am not in compliance with the Order or a plan approved by the District Attorney or other public agency enforcing the Order for the repayment of the amount owed pursuant to that Order. **Note:** If you have marked this response you should contact the District Attorney or other public agency enforcing the order to determine the actions that you may take to satisfy the Order.

I certify, under penalty of perjury to the truth and accuracy of all statements contained herein.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Social Security Number)

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_





- **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.
  - **If Applying for Multiple Sub-Classifications:** The Trade Qualifier must substantiate experience for the full scope of the license under which the sub-classifications are listed. Separate qualifiers for individual sub-classifications are not allowed.
- **Training Credits for Experience:** Training received in a program offered at an accredited college, university or equivalent program accepted by the Board may be used to satisfy up to, but not more than 3 years of experience.
- **“Journeyman”:** A “journeyman” is 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 **MUST provide 4 Reference Certificates for EACH Trade Qualifier,** which are included on pages 17-20.
  - Certificates should be completed by employers, other than the applying company. If you are a self-employed contractor, customers for whom you have performed work for should complete them. **Relatives cannot complete the certificates, unless they were your employer.**
  - The certificates must verify the experience requirements as stated above. **References that are not complete or not specific regarding the actual work performed will not be accepted.**
  - **PLEASE NOTE:** Each individual reference does not have to demonstrate 4 years’ experience, but the aggregate time of experience listed (all references combined) must equal a minimum of 4 full years (1460 days).
  - Any reference determined to be false or misleading may be considered misrepresentation or omission of a material fact, in violation of NRS 624.3013(2).
  - ***Additional references may be requested as necessary.***
- **RESUME OF EXPERIENCE:** Complete the Resume of Experience, which is included on page 21, for EACH Trade Qualifier. 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 addresses and phone numbers.
- **WHEN REFERENCES & RESUME ARE NOT REQUIRED:**
  - If the qualifier has served as a qualified employee in the same classification on another Nevada state contractor’s license within the last 5 years; or
  - If you meet the terms of reciprocity as described below.
- **RECIPROCITY AGREEMENTS:** Nevada has limited reciprocal agreements with the states of **Arizona, California, and Utah.** This agreement applies to the trade examination only.
  - 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 that has been active and in good standing for at least 5 out of the last 7 years in one of the participating states.
    - The Trade Qualifier must have taken and passed an equivalent examination in that state.
    - If you are applying for the “B” General Building license, you will be required to submit 4 Reference Certificates and a completed Resume of Experience that demonstrate experience in complete construction of high rise structures.
  - **If you believe you qualify for Reciprocity, please complete the form located on page 16 of this application.**

## SECTION 8 – EXAMINATION REQUIREMENTS

- **Examination Requirements:** A management (CMS) and trade examination will be required. The trade exam will be specific to the classification requested. You will receive an Examination Eligibility form after the application is submitted and experience is verified. Candidate information bulletin, exam content outlines, and order forms for the “CMS” exam and trade exam(s) reference manuals are available on the Board’s website.
- **Examination Fees:** \$140 when the CMS and one Trade Exam are scheduled at the same time – OR – \$95 per each exam. Contact PSI Exams at (800) 733-9267 for additional examination details and information.
- **You May Be Eligible for Waiver of An Exam If:**
  1. **Current/Recent Nevada Qualified Employee:** If you have served as a qualified employee on a license in the State of Nevada in the same classification requested in good standing within the last 5 years.
  2. **B or B-2 Exam Waiver:** Applicants for a full “B” General Building or “B-2” Residential and Small Commercial license may be considered for waiver of the trade exam if they have passed the National Association of State Contractor Licensing Agencies (NASCLA) Accredited Exam administered by PSI.
    - Trade Qualifiers must submit a copy of their transcript from NASCLA along with 4 Reference Certificates and a completed Resume of Experience.

- If you are applying for the "B" General Building license, you will be required to submit 4 Reference Certificates and a completed Resume of Experience that demonstrate experience in complete construction of high rise structures.
3. **Reciprocity Exam Waiver** – Please fill out the form located on page 15.

**The Board reserves the right to require an examination of any applicant regardless of current or previous licensure.**

**I am requesting NSCB waive the exam requirements based on my prior licensure in the States of Arizona, California, Nevada, and/or Utah:**

COMPANY NAME	LICENSE #	STATE

**SECTION 9 - 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.

**I will be acting in the following capacity:**

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

**I will be acting in the following capacity (if Management & Trade Qualifier are separate individuals):**

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)





## SECTION 10 – 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 determined by consideration of the factors set forth in NRS 624.260, 624.262, 624.263, and 624.265. **Please note:** Staff references these statutes to assess your financial responsibility with regard to the monetary limit you are requesting.

State the **specific Monetary Limit desired (value ranges are not acceptable):** \$ \_\_\_\_\_

## SECTION 11 – FINANCIAL RESPONSIBILITY REQUIREMENTS

**NOTE: A financial statement IS REQUIRED regardless of the size/amount of the monetary limit.**

1. **FINANCIAL STATEMENT REQUIREMENTS:** Your financial statement will need to be prepared based on the Monetary Limit you are requesting. It is important that you read through the specific requirements below, and seek the assistance of a Certified Public Accountant (CPA) when necessary. All financial statements must meet the following criteria:
    - o Financial statements must be for the applying entity. Sole proprietors and each general partner of a general partnership must submit personal statements.
    - o All statements must be in U.S. dollars.
    - o Business statements must include a classified balance sheet.
    - o It is highly recommended that personal statements **include a supplemental schedule disclosing working capital.**
  - MONETARY LIMITS OF \$10,000 OR LESS:**  
Self-prepared or compiled statements must be current to within 6 months from the date the application is received.
    - o A current financial statement prepared by an independent CPA; or
    - o A current financial statement submitted using the [Board's form online](#); or
      - If completing this form online, please note that not all fields within this form are self-populated/automated. It is the applicant's responsibility to ensure all requested information is provided and correctly calculated.
    - o A current financial statement (Balance Sheet) prepared using accounting software in accordance with generally accepted accounting principals
      - When using this option, you **must** sign and include with your application the Board's [Business Financial Statement Affidavit for Accounting Software](#), verifying the accuracy of the financial statement.
    - o **IF PREPARING YOUR OWN STATEMENT** – If you are preparing your own financial statement and are not familiar with the financial terms, documents, or general small business requirements, please visit the **Nevada Business Development Center online at: <http://nsbdc.org/> or call (800) 240-7094.** This site contains important information for small business owners and allows you to request individual counseling services, which may be helpful in completing the requested information within this licensing application.
  - MONETARY LIMITS OF MORE THAN \$10,000, BUT LESS THAN \$50,000:**
    - o A compiled financial statement prepared by an independent CPA, current within 6 months from the date the application is received; or
    - o A reviewed or audited financial statement, prepared by an independent CPA, current within 1 year from the date the application is received.
  - MONETARY LIMITS OF \$50,000 OR MORE, BUT LESS THAN \$250,000:**
    - o A compiled financial statement with full disclosures, prepared by an independent certified public accountant, current within 6 months from the date the application is received; or
    - o A reviewed or audited financial statement, prepared by an independent certified public accountant, current within one (1) year from the date the application is received.
  - MONETARY LIMITS OF \$250,000 OR MORE:**
    - o A financial statement that is prepared and **reviewed or audited** by an independent certified public accountant, current within 1 year from the date the application is received.
2. **REQUIRED BANK VERIFICATION FORM – ALL APPLICANTS:** The bank verification form can be found [online](#) or in hard copy on the next page of this 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, it provides an option to an applicant who may not otherwise qualify.
    - o 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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## BANK VERIFICATION FORM

Name of Licensee/Applicant: \_\_\_\_\_

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. After completion by you and your bank, submit this form with your application.

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

### TO VERIFYING BANK: Please furnish the information requested below.

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

\*Required Information

6. Verification of Lines of Credit:

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

7. Additional information that may be of assistance in determination of credit worthiness:

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

8. Affix Bank Stamp or Business Card of Bank Representative here

9. Name and Title of Bank Representative

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

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



## SECTION 12 – RESIDENTIAL RECOVERY FUND

- The State of Nevada has established a Residential Recovery Fund for the benefit of Nevada homeowners who contract with a licensed contractor and, under certain conditions, are harmed by the failure of that contractor to properly perform qualified services.
- The fund is created from assessments from contractors who participate in the construction, remodeling, repair or improvement of residential housing. **Assessments** are based on the monetary limit placed on the license.
- WHO MUST REGISTER FOR THE FUND:** Each residential contractor who will be providing “Qualified Services” must register with the Fund.
  - Qualified services are defined in NRS 624.440 as “any construction, remodeling, repair or improvement performed by a residential contractor on a single family residence occupied by the owner of the residence”.
  - A residential contractor is defined in NRS 624.450 as a contractor who contracts with the owner of a single-family residence to perform qualified services.
- Prior to issuance of a license, each applicant must either register with the fund or complete a certificate of exemption. This information will be provided to you once the application is approved.**

### **PLEASE ANSWER THE FOLLOWING QUESTIONS – DO NOT LEAVE ANY QUESTION BLANK**

- Will you be acting as a “residential contractor” performing “qualified services” as defined in NRS 624.440 and NRS 624.450?  
 **NO**    **YES**
- Does the applicant, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, qualified employee, or manager associated with or employed by the applicant have any prior claims paid or claims pending with the Residential Recovery Fund?  
 **NO**    **YES - Please provide Claim # \_\_\_\_\_**

## SECTION 13 - LICENSE BOND REQUIREMENT

- Nevada law requires a license bond for each license issued. The Board determines the amount of the bond at the time of license approval. The bond can vary in amount from \$1,000 to \$500,000 based on the type of license, monetary limit, past, present or future financial responsibility, experience, and character of the applicant.
- After license approval, you will receive notification of the amount of bond required. A surety bond or a cash deposit will be required for that amount.
  - Surety bonds must be executed using the Board’s form, and written by a surety company with an “A” or better rating.
  - Cash deposits** must be in the form of a Cashier’s Check payable to the Nevada State Contractors Board for the full amount of the bond. A separate biennial administrative fee of \$200.00 will be assessed for all cash bond deposits (must be separate cashier’s check). If you choose to post a cash deposit, please note that following termination of the license or relief of the bond requirement, the NSCB is required to hold the cash deposit for an additional 2 years. The requirement is based on the statute of limitations for filing claims.
- Residential Pool & Spa Contractors (Bond Requirement):** The Board requires a Consumer Protection Bond for all residential pool and spa contractors at an amount fixed by the Board of not less than \$10,000 but not greater than \$400,000.

## SECTION 14 – CONSTRUCTION EDUCATION FUND

- The Nevada Legislature created a Construction Education Fund for the purpose of supporting programs of education which relate to building construction. Administrative fines collected by the Board have been “earmarked” for this fund. In addition, individuals may make voluntary contributions. If you would like to make a voluntary contribution, please submit a separate check made out to “NSCB” and indicate the fee should be for the Construction Education Fund.

## SECTION 15 - INDUSTRIAL INSURANCE REQUIREMENTS

- Proof of compliance with Nevada laws regarding industrial insurance is required before a license can be issued. Please contact the Division of Industrial Relations for a determination regarding requirements for your company. In the Las Vegas area call (702) 486-9080, and in the Reno area call (775) 684-7270.



**SECTION 16 – 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 that 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 (must be listed in Section 4) must sign this application.

By: \_\_\_\_\_ Title: \_\_\_\_\_  
(Signature)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

**FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Date Received: \_\_\_\_\_ Application Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ File No. \_\_\_\_\_

Withdrawn: Date: \_\_\_\_\_ Reason: \_\_\_\_\_ Approved: \_\_\_\_\_ App. No. \_\_\_\_\_

Limit: \_\_\_\_\_ Bond Amount: \_\_\_\_\_ CPB Amount: \_\_\_\_\_ Org ID. \_\_\_\_\_

Bond #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Surety: \_\_\_\_\_ Agent: \_\_\_\_\_ Analyst \_\_\_\_\_

Industrial Insurance:  Proof of Coverage Provided  Certificate of Exemption Entered by: \_\_\_\_\_

Recovery Fund:  Participant  Certificate of Exemption Date \_\_\_\_\_ Date: \_\_\_\_\_

License Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Issue Date: \_\_\_\_\_ License Number: \_\_\_\_\_ FS Review Year: \_\_\_\_\_

Indemnitor: \_\_\_\_\_ Effective: \_\_\_\_\_

Name Change: \_\_\_\_\_ Entity Type Change: \_\_\_\_\_

QI: \_\_\_\_\_ CMS TRD; File#: \_\_\_\_\_ Type: PQ 1020 3030 App #: \_\_\_\_\_ Status: A D W

QI: \_\_\_\_\_ CMS TRD; File#: \_\_\_\_\_ Type: PQ 1020 3030 App #: \_\_\_\_\_ Status: A D W

- You **MUST** include **ANY and ALL criminal convictions** incurred as an individual or as the principal of a corporation or other business entity.
  - Failure to disclose a conviction is misrepresentation or omission which violates NRS 624.3016(7) and NRS 624.3013(2).
  - **Reportable offenses include any of the following, whether you pled guilty or no contest, AND regardless of the outcome of the case:**
    - Non-violent misdemeanor, including DUI, *within the past (15) years*
    - Misdemeanor crimes involving violence against another person, fraud or theft
    - Felony convictions or felony arrests (even if charges were reduced/dismissed).
  
- I understand the Board utilizes information from the Federal Bureau of Investigations (FBI) and the Nevada Criminal History Repository to compare with the information I disclose on this application.
  - I am aware that these records are likely to include all instances of criminal activity, including those matters that may have been sealed, expunged, had the charges reduced or dismissed.
  - I understand it is my responsibility to be honest about any such activities that have occurred in my life and I will err on the side of caution by including any and all such instances.
  
- My application **will not be automatically denied because of information obtained through the background disclosure and criminal history verification.**
  - 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.
  - **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 702-486-1160 in Henderson or 775-688-7884 in Reno.
  
- FINANCIAL DISCLOSURES**
  - You **MUST** disclose any unpaid or unresolved liens, lawsuits, judgments and claims, including tax claims.
  - You are advised to obtain a copy of your credit report, Experian recommended, which will provide you with any 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.

**I HEREBY CERTIFY I HAVE READ THIS NOTICE.**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_





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

**BUSINESS NAME:** \_\_\_\_\_

**For Board Staff Only**

- Live Scan Prints  
 Hard Copy Prints

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.

**A separate form MUST be completed by EACH Principal and Qualified Employee**

**\*\*\*A COPY OF A VALID DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO I.D. MUST ACCOMPANY THIS FORM.\*\*\***

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			MARRIED (For Sole Proprietors Only) YES / NO			

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, pled guilty, or no contest to any **misdemeanor crime**? (Limit 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 unresolved or 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 – Attach a copy of INS card and Social Security Card.     Yes



# Applicant Background Disclosure Statement Authorization for Release of Information

In order to comply with the requirements of Nevada's Department of Public Safety, fingerprint cards and LiveScan fingerprints cannot be accepted until **after** you submit your application and completed Fingerprint Background Waiver form(s) to the Board. Once these forms has been submitted to the Nevada State Contractors Board you may proceed with obtaining the required fingerprints.

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. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the **BOARD**.
3. 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.
4. 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) \_\_\_\_\_

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: \_\_\_\_\_

**To Be Completed by Board Staff Only:**

Submitted by: NEVADA STATE CONTRACTORS BOARD      Date Submitted: \_\_\_\_\_  
2310 CORPORATE DRIVE, SUITE 200  
HENDERSON, NEVADA 89074

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





## FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) \_\_\_\_\_ that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) \_\_\_\_\_, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records 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 agency. 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.





6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency 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.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_

(PLEASE PRINT LAST, FIRST, MIDDLE)

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

Applicant's Signature: \_\_\_\_\_

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

Submitting Agency: \_\_\_\_\_

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

Agency representative: \_\_\_\_\_

(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: \_\_\_\_\_

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



**SECTION 18 – Veteran Owned Business Information**

**VETERAN OWNED BUSINESS INFORMATION**

The following information is being requested for use by the Nevada Interagency Council on Veterans Affairs which collects data related to veteran owned businesses. Include a copy of this form with your application.

If a United States Veteran, or Service Member, owns at least 51% of this company, please provide the following information for that individual.

Please print:

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Business Name License Number (if applicable)

1. Branch of Service, including reserves: Check all that apply.

Army  Marine Corps  Navy  Air Force  Coast Guard  National Guard

2. Military Occupation Specialty/Specialties: \_\_\_\_\_

3. Date of Services: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year Mo Day Year

4. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes  No

5. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes  No

6. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? Yes  No

***Thank you for completing this form and more importantly, thank you for your service to our country.***

**FOR OFFICE USE ONLY**

Indv/Org# \_\_\_\_\_ Entered Date: \_\_\_\_\_ By: \_\_\_\_\_

License #: \_\_\_\_\_ Application #: \_\_\_\_\_ File #: \_\_\_\_\_





# NEVADA STATE CONTRACTORS BOARD

5390 KIETZKE LANE, SUITE 102, RENO, NEVADA, 89511 (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  
www.nscb.nv.gov

## RECIPROCITY EXAM WAIVER

This form may be completed if licensure currently exists with Arizona, California, or Utah.

Applicant Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

### INSTRUCTION TO APPLICANT

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, all information pertaining to 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 a copy of the action.

Current 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 the State of: \_\_\_\_\_

Other Personnel Listed & Titles \_\_\_\_\_

AGENCY SEAL

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_





# NEVADA STATE CONTRACTORS BOARD

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2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NEVADA, 89074 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110

www.nscb.nv.gov

## REFERENCE CERTIFICATE

Name of Qualifying Individual: \_\_\_\_\_

**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 in 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.**

**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 total # of years \_\_\_\_\_ and/or months \_\_\_\_\_)

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 that I have direct knowledge of the work covering the period outlined above. I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein.**

\_\_\_\_\_  
(Signature of the Certifier)      Number: \_\_\_\_\_ State: \_\_\_\_\_  
(Contractor's license number and state, if applicable)

\_\_\_\_\_  
(Print name)      (Company or business you are affiliated with)

\_\_\_\_\_  
(Address )      (City)      (State)      ( Zip)

(\_\_\_\_\_) \_\_\_\_\_  
(Daytime Telephone Number)      (Fax Number)      (Email Address)

**This Certificate Must Be Notarized**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

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

My Commission Expires: \_\_\_\_\_





# NEVADA STATE CONTRACTORS BOARD

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www.nscb.nv.gov

## REFERENCE CERTIFICATE

Name of Qualifying Individual: \_\_\_\_\_

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**All portions of this form must be completed.**

**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**

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

The above-stated work was performed from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full-time       Part-time (If part-time specify total # of years \_\_\_\_\_ and/or months \_\_\_\_\_)

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 that I have direct knowledge of the work covering the period outlined above. I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein.**

\_\_\_\_\_  
(Signature of the Certifier)      Number: \_\_\_\_\_ State: \_\_\_\_\_  
(Contractor's license number and state, if applicable)

\_\_\_\_\_  
(Print name)      (Company or business you are affiliated with)

\_\_\_\_\_  
(Address )      (City)      (State)      ( Zip)

(\_\_\_\_\_) \_\_\_\_\_  
(Daytime Telephone Number)      (Fax Number)      (Email Address)

**This Certificate Must Be Notarized**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

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

My Commission Expires: \_\_\_\_\_





# NEVADA STATE CONTRACTORS BOARD

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www.nscb.nv.gov

## REFERENCE CERTIFICATE

Name of Qualifying Individual: \_\_\_\_\_

**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 in 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.**

**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**

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

The above-stated work was performed from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full-time       Part-time (If part-time specify total # of years \_\_\_\_\_ and/or months \_\_\_\_\_)

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 that I have direct knowledge of the work covering the period outlined above. I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein.**

\_\_\_\_\_  
(Signature of the Certifier)      Number: \_\_\_\_\_ State: \_\_\_\_\_  
(Contractor's license number and state, if applicable)

\_\_\_\_\_  
(Print name)      (Company or business you are affiliated with)

\_\_\_\_\_  
(Address )      (City)      (State)      ( Zip)

(\_\_\_\_\_)      (\_\_\_\_\_)      \_\_\_\_\_  
(Daytime Telephone Number)      (Fax Number)      (Email Address)

**This Certificate Must Be Notarized**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

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

My Commission Expires: \_\_\_\_\_







# RESUME OF EXPERIENCE

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  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  Self Employed  Other, specify \_\_\_\_\_

DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED

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