



# NEVADA STATE CONTRACTORS BOARD

9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89521 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150  
2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NEVADA, 89074 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110  
www.nscb.nv.gov

## APPLICATION FOR SINGLE PROJECT LIMIT INCREASE

### IMPORTANT INFORMATION

In accordance with NAC 624.670, a licensee may apply to increase the established monetary limit for a single project only. **This application must be received by the Nevada State Contractors Board at least 5 working days before the date of the bid, not including the bid date.**

**The application must be approved by the Board before the submission of a bid by the contractor for the project.**

**A licensee cannot submit more than five (5) applications for a single project increase during any twelve (12) month period.**

**The Board has the authority to establish conditions for the approval of the application, such as requiring a payment and performance bond, or any other condition the Board finds necessary to protect the public interest. These contingencies must be met in order for the limit increase to be valid.**

If approved, the approval will be valid for 60 days. If the bid date is delayed, or project re-bids after this time, it will be necessary to submit a new single project limit increase application.

### General Instructions

1. Please type, or print in ink when completing this form.
2. Make sure the application is properly signed.
3. Complete all portions of the application and attach all required supplemental information.
4. Attach all required financial information.
5. Include required fee of \$75.00

### SECTION 1 - BUSINESS NAME, LICENSE NUMBER

Business Name: \_\_\_\_\_  
(Use Name as Set Forth on the License)

License No: \_\_\_\_\_

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

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

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

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt: \_\_\_\_\_ File No.: \_\_\_\_\_

Withdrawn Date: \_\_\_\_\_ Reason: \_\_\_\_\_ Appl ication No.: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Checklist Approval Updated: \_\_\_\_\_

Transaction Closed: Date: \_\_\_\_\_ Entered By: \_\_\_\_\_



---

## **SECTION 2 - FINANCIAL STATEMENT REQUIREMENTS**

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

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

**For License Monetary Limits of \$10,000 or less you must provide one of the following:**

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

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

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

**For License Monetary Limits more than \$10,000 but less than \$50,000 you must provide one of the following:**

- A compiled financial statement prepared by an independent certified public accountant, current within 6 months from the date the application is received; or
- A reviewed or audited by an independent certified public accountant, current within one (1) year from the date the application is received.

**For License Monetary Limits of \$50,000 or more but less than \$250,000 you must provide one of the following:**

- 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
- A reviewed or audited by an independent certified public accountant, current within one (1) year from the date the application is received.

**For License Monetary Limits of \$250,000 or more:** you must provide a financial statement that is prepared and **reviewed or audited** by an independent certified public accountant, current within one (1) year from the date the application is received.

**2. Bank Verification Form:** The bank verification form found on page 5, must be completed by your bank and submitted with your application.

**3. Indemnification Option:** Indemnification allows the Board to consider the financial strength of an individual or entity in addition to the applicant. The indemnification is **not required**, however, provides an option to an applicant who may not otherwise qualify. The agreement must be on a form prescribed by the Board, and accompanied by a financial statement and bank verification form. Financial statements must meet the same criteria as set forth above. Indemnification forms are available on the Board's website.

**SECTION 3 - PROJECT INFORMATION**

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

Bid Date: \_\_\_\_\_ (If this is a negotiated project or a speculative building, verification must be provided)

Bid Reference Number (if applicable): \_\_\_\_\_

Limit Requested: \_\_\_\_\_

Project Address: \_\_\_\_\_  
 (Street Address)  
 \_\_\_\_\_  
 (City, State, Zip)

Detailed Description of Work: \_\_\_\_\_  
 \_\_\_\_\_

<p>Owner of Project:</p> <p>Name: _____</p> <p>Address: _____          (Mailing Address)          _____          (City, State, Zip)</p> <p>Phone No: (_____) _____</p>	<p>Contractor to whom you are bidding, if other than the owner:</p> <p>Company Name: _____</p> <p>NV License #: _____</p> <p>Contact Person: _____</p> <p>Phone No: (_____) _____</p>
--	---

The owner and/or general contractor to whom you are bidding will receive a copy of the Board's decision.

**SECTION 4 - PREVIOUSLY REQUESTED SINGLE PROJECT LIMIT INCREASE APPLICATIONS**

List all previous applications for single project limit increases submitted in the last two (2) years. **(If additional space is needed, attach a separate sheet).**

Approval Date	Project Name	Bid / Contract Amount	Were You The Successful Bidder? Yes; No or Project Not Yet Awarded	If Successful Bidder, Percentage Of Project Completed





# NEVADA STATE CONTRACTORS BOARD

9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89521 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150  
2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NEVADA, 89074 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110

www.nscb.nv.gov

## BANK VERIFICATION FORM

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

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

Items 1 through 3 of the following report are to be completed by the applicant. Items 4 through 10 are to be completed by the verifying bank. If the answer to any item is "none," please indicate same in the appropriate space. After completion by 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	Approved Amount	Current Balance	Available Amount	Payments Required	Secured by
					\$ Per	
					\$ Per	
					\$ Per	

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

8. Affix Bank Stamp or Business Card of Bank Representative

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

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