# NEVADA STATE CONTRACTORS BOARD

5390 KIETZKE LANE, SUITE 102, RENO, NV, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150
8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NV, 89113 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1160
www.nscb.nv.gov


## Rural License Application Checklist

NRS 624.242 and NRS 624.263 outlines a process for license by endorsement and provisional contractors' licenses based on the Governor's housing bill that seeks to attain affordable housing in rural areas in Nevada. A person who holds this license may only perform work relating to attainable housing in the area where a declared shortage is made. This license expires on December 31, 2029.

The Director of the Department of Business and Industry issued a Declaration of Shortage of Skilled Labor or Licensed Contractors in Rural Areas Of Nevada. The declaration recognizes the shortage of licensed contractors needed to support attainable housing development in rural Nevada. The declaration includes almost every county across the state with the exception of Clark County and Washoe County.

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### Qualifications/Requirements:

- Must meet the requirements of a provisional license or license by endorsement;
- Complete the fingerprint requirement; and
- Has not had a contractor's license disciplined and does not have pending disciplinary action on a contractor's license.

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### BEFORE SUBMITTING YOUR APPLICATION, THE FOLLOWING ARE REQUIRED:

- ❑ A **COMPLETE** and signed application!
- ❑ Contractual agreement to perform work on an attainable housing project in a rural area including evidence that grant money from the Nevada Attainable Housing Account has been received;
- ❑ Provide a completed License Verification Form for state accepted under Licensure by Endorsement Program;
- ❑ Background Disclosure Statement and Fingerprint Background Waiver forms for ALL persons listed on the application
- ❑ Copies of driver's licenses or government-issued IDs for all persons listed on the application
- ❑ Child Support Information Statement – Sole Proprietors ONLY
- ❑ Required fingerprints with proper payment for completion of required background check
- ❑ For your reference, please keep a copy of your application

**IMPORTANT:** This license will only allow work to be performed related to an attainable housing project in the rural area described in the declaration issued by the Director of the Department of Business and Industry.

**STILL HAVE QUESTIONS?**

The Nevada State Contractors Board welcomes you to attend its online Application Assistance Program. For more information, click on the following link or scan the QR code below:

Application Assistance Program

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## After Submittal of the Rural Contractor's License Application

- ❑ The Board shall approve or deny a rural application within 60 days after receipt of a **COMPLETED** application. Incomplete applications cannot be processed. Your designated license analyst will correspond with the entity's email address listed on page one of the application packet. Please verify that the email address on page one is accurate. All NSCB emails will be generated from the @nscb.state.nv.us domain. (Be sure to check the spam inbox as well.)

- ❑ Candidate ID Number required in order to take the CMS (Construction Management Survey) Exam will be mailed to the Entity's mailing address, not the individual qualifier's personal address. Per NAC 624.600 (4), the qualifiers have 6 months from the date the application is submitted to complete all testing. All test results will be sent to the NSCB directly from the testing center.

- ❑ The principal(s) of the entity are responsible for all communication and prompt response for the application. To avoid withdrawal of the pending application, please be sure to have the principal(s) correspond with the assigned license analyst in a timely manner.

- ❑ Should you require any changes to your contractor's license after it has been issued, please check out our Licensed Contractor Assistance Program.

KEEP FOR YOUR REFERENCE

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# RURAL HOUSING APPLICATION FOR CONTRACTOR'S LICENSE

**This provisional contractor's license may only perform work relating to attainable housing in the rural area where a declared shortage is made by the Director of the Department of Business and Industry. This license will expire on December 31, 2029.

**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. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your license application.

**FOR OFFICE USE ONLY**
Application #: _____
Organization #: _____
Receipt #: _____

☐ **Please type or print in ink when completing this form.**

☐ **You will need to obtain a Nevada Business ID prior to completing this application.**
To do so, contact the Nevada Secretary of State to complete the application for a Nevada State Business License. www.nvsilverflume.gov/startBusiness or (800) 450-8594

☐ **There is no fee required for this application or future renewal applications.**

☐ **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

**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.
- 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. If unsure, check with the Board's office first or follow the name similarity guidelines.

**Fictitious Business Name (dba), if applicable:** _____

- A Fictitious Business Name is used only if you will be doing business as 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 check the business entity type that was filed with the Nevada Secretary of State's Office)

☐ **Corporation** ☐ **Limited Liability Company (LLC)** ☐ **Limited Partnership** ☐ **General Partnership** ☐ ***Sole Proprietor** ☐ **Joint Venture**

***Sole Proprietor**: Please complete the Child Support Information Statement (Attachment C) and have your spouse (if applicable) also complete a Background Disclosure Statement (Pages 7-8) and provide a copy of their photo ID.

**Physical Business Address:** _____
(Street Address)

**At least one address must be a physical location, not a post office box or maildrop.**

_____ _____ _____
(City) (State) (Zip)

**Mailing Address for Business:** ☐ **Same as Above**

_____
(Street Address or P.O. Box)

_____ _____ _____
(City) (State) (Zip)

**Phone No.: (____)** _____

**Official Company Email Address:** _____
***(The Board will use this email address to correspond with you regarding this application and future licensing matters; cannot be a third party.)***

## SECTION 2 – NEVADA RESIDENT AGENT

Provide the name and address for your designated Registered Agent. The Registered Agent must be physically located in Nevada. The Registered Agent can and is authorized to receive service of process (legal documents) in the event that the applicant is not physically present to accept such documents. This section is required and cannot be left blank.

Full 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. All subclassifications under the same primary classification may be on one application. When applying for multiple subclassifications under a different primary classification, a separate application must be submitted.

**I am applying for the following License Classification OR Subclassification(s):** _____

**Please describe the type of work you intend to perform.**

**IMPORTANT: This provisional license will only allow work to be performed related to an attainable housing project in the rural area described in the declaration issued by the Director of the Department of Business and Industry.**

## SECTION 4 – PRINCIPALS

**Based on the business entity type, the information below needs to be completed for the following persons:**

- Corporation: All elected President, Secretary, Treasurer Officers listed with Secretary of State
- Sole Proprietor: Individual applying (owner)
- General Partnership: All partners
- Limited Partnership: All partners
- Limited Liability Company (LLC): All managers and members listed with Secretary of State
- Joint Ventures: All parties of the Joint Venture

Please be advised that all principals are responsible for any complaints received on a license.

**PRINCIPALS**

| FIRST NAME | MIDDLE NAME | LAST NAME | TITLE |
|---|---|---|---|
| | | | |
| FIRST NAME | MIDDLE NAME | LAST NAME | TITLE |
| | | | |
| FIRST NAME | MIDDLE NAME | LAST NAME | TITLE |
| | | | |

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

**BACKGROUND DISCLOSURE FORM**

1. **Background Disclosures and Fingerprints:** Each person listed above and your qualified individual(s) listed under Section 7 **must** complete the background disclosure statement and fingerprint waiver form included within the application.

## SECTION 5 – ASSOCIATES

Do any persons or company (other than those listed in Section 4) own 25% or more of: (a) The stock in the corporation; (b) Interest in the limited liability company; or (c) Interest in the limited partnership?

☐ No ☐ Yes

| FORMAT: **NAME** **% OWNED** | 2. |
|---|---|
| 1. | 3. |

## SECTION 6 – PAST OR CURRENT CONTRACTOR'S LICENSES

If you or anyone appearing on this application have **EVER** been listed on a contractor's license in Nevada or **ANY** other state at any time – past or current – please fill in the information below for all licenses obtained.

- **Past licenses include ANY licenses that are revoked, suspended, withdrawn, inactive, cancelled, etc.**
- Indicate **N/A** in the field below if you have not.

| Company Name | State | License # | Issue Date | License Status |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

## SECTION 7 – QUALIFIED INDIVIDUALS

- The **qualified individual or "qualifier"** is the person who meets the experience qualifications and examination requirements for the license. The qualified individual must be a bona fide member or employee of the licensee and perform the duties and responsibilities set out in NRS 624.260.
- Separate qualifiers for individual subclassifications are not allowed.
- If the individual currently serves as a qualified individual on another license, proof of ownership may be required.

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 Statues 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. Please photocopy this page if additional qualified employees should be included.

| FIRST NAME | MIDDLE NAME | LAST NAME |
|---|---|---|
| | | |

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

- ☐ Management Qualifier (This individual must pass the construction management examination)
- ☐ Trade Qualifier (This individual will meet the technical experience trade examination requirement)
- ☐ Both Management and Trade Qualifier

_____ _____
(Signature) (Date)

| FIRST NAME | MIDDLE NAME | LAST NAME |
|---|---|---|
| | | |

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

- ☐ Management Qualifier (This individual must pass the construction management examination)
- ☐ Trade Qualifier (This individual will meet the technical experience trade examination requirement)
- ☐ Both Management and Trade Qualifier

_____ _____
(Signature) (Date)

## WORK EXPERIENCE: Items 1 and 2 are required

1. You must have, within the 15 years immediately preceding the filing of this application, **a minimum of 3 years** work experience as a journeyman, foreman, supervision employee or contractor in the specific classification requested for the provisional license and **a minimum of 4 years** for license by endorsement. **Work experience documentation must be provided with the application.**

   **DOCUMENTED WORK EXPERIENCE**: The Board will accept the following in support of your experience.

   - Proof of eligibility for License by Endorsement (See Section 9) by providing a completed License Verification (Attachment B).

2. **RESUME OF EXPERIENCE:** Complete the Resume of Experience Form (Attachment A)

   - Resume must correspond with requested classification listed on this application.

## SECTION 8 – EXAMINATION REQUIREMETS

- **Examination Requirements:** A Business and Law (CMS) examination will be required. You will receive an Examination Eligibility form after the application is submitted and experience is verified. License examination information can be found on the Board's website.
- Examination fees are separate and will be paid directly to the Board's exam provider.
- **The trade qualifier must have taken and passed an examination that is:**
  - Administered by an independent testing service;
  - Offered by an endorsing state and approved by the Board; or
  - Accredited by the National Association of State Contractors Licensing Agencies (NASCLA)
    - 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 you have passed the National Association of State Contractor Licensing Agencies (NASCLA) Accredited General Building Exam. You will need to purchase and electronically send your transcript to the Board.

☐ **Please check this box if using NASCLA to waive trade exam and attach a copy of the receipt for the NASCLA transcript with this application.**

## SECTION 9 – LICENSE BY ENDORSEMENT

- Under certain circumstances the Nevada State Contractors Board will waive the trade examination requirement and/or the experience certification requirement for rural applicants that qualify for licensure by endorsement. These waivers are granted for rural applicants who hold an unrestricted contractor's license in the District of Columbia or territory in the United States that have substantially equivalent requirements to Nevada.
- In order to apply for license by endorsement under the rural license application, you will need to meet all of the following requirements:
  - Submit to the Board proof of a contractual agreement to perform work on an attainable housing project in a rural area for which a contractor's license is required; and
  - Have been actively licensed in the District of Columbia or territory in the United States for at least four (4) consecutive years; and
  - Have not have been disciplined or have had any pending disciplinary actions against your license; and
  - The Director of the Department of Business and Industry issued a declaration of a shortage in skilled labor or licensed contractors in a rural area in Nevada.

☐ **Please check this box if you are requesting license by endorsement and meet the requirements listed above.**

| COMPANY NAME | LICENSE # | STATE |
|---|---|---|
| | | |
| | | |

**Note: Licensing requirements on licenses obtained through endorsement expire on December 31, 2029.**

## SECTION 10 – TOTAL COST OF THE PROJECT

- Please list the total cost of the attainable housing project in the section below. This will be the total amount of the project as listed in the contract.
- REQUIRED: Attach a copy of the contract to this application at time of submittal.
  **Important:** If the cost of the project ever exceeds the amount reflected in the initial contract, a raise in limit application will be required prior to contractually changing the contract amount.

**Total Cost of the Rural Housing Project:** _____

*Enter US dollar amount here.*

**NOTE: A BOND WILL BE REQUIRED IN THE AMOUNT OF THE TOTAL COST OF THE PROJECT.** This will be requested after the approval of the application.

## SECTION 11 – INSURANCE AND BOND REQUIREMENT

**Insurance Requirement:**

Before granting a contractor's license to any applicant, the applicant will be required to provide proof of industrial insurance and insurance for occupational diseases which covers the applicant's employees.

For an applicant to not be subject to the provisions of this requirement, all three items below must apply:

1. Has no employees;
2. Is no or does not intend to submit a bid on a job for a principal contractor or subcontractor; and
3. Has not or does not intend to submit a bid on a job for a principal contractor or subcontractor.

Please contact the Nevada Division of Industrial Relations, Workers' Compensation Section at (702) 486-9080 in Las Vegas or (775) 684-7260 in Carson City to verify if this applicant is required to obtain coverage.

**Bond Requirement:**

Before issuing a contractor's license to an applicant, a bond or cash deposit will be required. The bond amount will be the total cost of the project listed in the contractual agreement. To meet the bond requirement, you will be required to submit one of the following:

- Surety bond in a form acceptable to the Board that is issued by a company that is authorized to transact surety business in the State of Nevada; or
- A cash deposit for the total amount of the bond.

**NOTE: Proof of insurance and the required bond will be requested only after the application has been approved. Please do not submit prior to approval of the application.**

## SECTION 12 – 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**.

**First Name** _____ **Middle Name** _____ **Last Name** _____

**Business Name** _____ **License Number (if applicable)** _____

**FOR OFFICIAL USE ONLY**
Indv/Org#_____
Entered Date_____
By_____

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 (Month/Day/Year): From: _____ To: _____

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 your service to our country!***

## SECTION 13 – 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 14 – 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 (listed in Section 4) must sign this application.

**By:** _____ **Date:** _____
**(Signature of Principal)**

_____
**(Print Name of Principal)**

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

**A separate form MUST be completed by EACH Person including the Qualified Individual**

**For Board Staff Only**
- ☐ Live Scan Prints
- ☐ Hard Copy Prints

**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.

**FAILURE TO ANSWER ANY QUESTIONS CORRECTLY BELOW MAY RESULT IN A FINE FOR MISREPRESENTATION.**

| FIRST NAME | | | | | MIDDLE NAME | LAST NAME |
|---|---|---|---|---|---|---|
| SUFFIX | OTHER NAME USED | | | | DATE OF BIRTH | CITY & STATE OF BIRTH |
| SEX | RACE | WEIGHT | HAIR COLOR | EYE COLOR | PERSONAL EMAIL ADDRESS (CANNOT BE A THIRD PARTY) | |
| RESIDENCE ADDRESS (AND MAILING ADDRESS IF DIFFERENT) | | | | CITY | STATE | ZIP |
| SOCIAL SECURITY NUMBER — — **OR** INDIVIDUAL TAX ID NUMBER 9☐☐-☐☐-☐☐☐☐ | | | | | | CELL PHONE NUMBER |

## A COPY OF THE FOLLOWING MUST BE PROVIDED WITH THIS FORM:

- **A valid Driver's License or Government Issued Photo I.D.**

## FINGERPRINT AND CRIMINAL BACKGROUND CHECKS

**The NSCB will conduct a background check using information from the Federal Bureau of Investigations (FBI) and the Nevada Criminal History Repository. These records are likely to include all instances of *criminal activity, including those matters that may have been sealed, expunged, had the charges reduced, dismissed or currently pending*. If a criminal history is found, an investigation will be conducted and you will be requested to provide supporting documentation.**

1. Have you ever been convicted of, or pled guilty or no contest to any crime, or, are any criminal charges pending against you?

   ❑ No ❑ Yes

Applications are not 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. It is your responsibility to provide any supporting documentation requested by the Board related to any past convictions or pending criminal charges.

## FINANCIAL DISCLOSURES

2. Within the last 3 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 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.

3. Do you **anticipate filing bankruptcy** within the next 6 months?

   ❑ No ❑ Yes

4. 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 – Are there now any **unpaid past due bills** for materials, services rendered, or labor?

   ❑ No ❑ Yes – Attach a detailed explanation.

5. 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.

6. 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: _____%

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, detainments, 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.

   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.**

Signature: _____ Date: _____

(**MUST BE ORIGINAL SIGNATURE**)

Nevada Department of
**Public Safety**
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by **Nevada State Contractors Board** (*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. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

5. If you have a criminal history record, you should be afforded a reasonable amount to time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

_____ _____
*Initial* *Date*

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov .

7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov . The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

8. 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.

9. I hereby authorize **Nevada State Contractors Board** *(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.

10. 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 Name First Name Middle

Applicant's Signature: _____

Date: _____

Agency Account #: _____

Agency Representative: _____
*PLEASE PRINT* Last Name First Name Middle

Agency Representative Signature: _____

Date: _____

# NEVADA STATE CONTRACTORS BOARD ATTACHMENT A

8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NEVADA, 89113 (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
www.nscb.nv.gov

## RESUME OF EXPERIENCE

EXPERIENCE RECORD OF: _____
(Print name of qualified individual)

APPLYING COMPANY NAME: _____

---

Employer's Name: _____

Address: _____
(Street, City, State, Zip)

Phone: _____ Email: _____

Position(s) held for this employer: _____
(Examples: Journeyman, Foreman, Supervisor, Contractor, Self-Employed)

Describe in detail the work performed. Details should be specific to the classification's scope of work you are applying for (attach separate page if necessary):

_____

_____

_____

_____

_____

_____

_____

**Date of Employment:**

From: _____ To: _____
(mm/dd/yy) (mm/dd/yy)

**Check One:**

☐ Full-Time
☐ Part-Time (specify aggregate total):

Year(s): _____ Month(s): _____

---

Employer's Name: _____

Address: _____
(Street, City, State, Zip)

Phone: _____ Email: _____

Position(s) held for this employer: _____
(Examples: Journeyman, Foreman, Supervisor, Contractor, Self-Employed)

Describe in detail the specific type and/or scope of work performed (attach separate page if necessary):

_____

_____

_____

_____

_____

_____

_____

**Date of Employment:**

From: _____ To: _____
(mm/dd/yy) (mm/dd/yy)

**Check One:**

☐ Full-Time
☐ Part-Time (specify aggregate total):

Year(s): _____ Month(s): _____

# NEVADA STATE CONTRACTORS BOARD

**ATTACHMENT B**

5390 KIETZKE LANE, SUITE 102, RENO, NV, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150
8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NV, 89113 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110
www.nscb.nv.gov

## Request for Verification of Licensure

### APPLICANT INFORMATION

**INSTRUCTION TO APPLICANT:** Complete the Application Information 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. It will be in the envelope taped with "DO NOT OPEN". The contents must remain sealed when submitted with your contractors license application.

Applicant Business Name: _____

Full Legal Name of Qualifier: _____ Date of Birth: _____
*First Middle Last Suffix*

Mailing Address: _____
*Street/PO Box City State/Zip Code*

License Number: _____ State: _____

I authorize you to release, to the State of Nevada, all information pertaining to the above license number.

Signature: _____ Date: _____

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

### LICENSE INFORMATION

**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.

Business Name: _____

Name of Qualified Person: _____Date Added to License: _____

Classification of License Issue: (code description) _____

License Number: _____ Current Status:_____

Original Date of Issue: _____ Expiration Date: _____

Continuously Licensed? ☐ Yes ☐ No. If no, please explain: _____

Licensed by: ☐ Exam. Type: _____ Score: _____ Date: _____

☐ Endorsement from the State of: _____

☐ Waiver. Please state basis of waiver: _____

Experience Required for Licensure: _____

Is there a record of disciplinary action or pending disciplinary action against this license?

☐ No ☐ Yes. If yes, please attach a copy of the action

Name of Verifying Official: _____ _____
*Print Name* *Signature*

Title: _____

Agency: _____

Date: _____

# NEVADA STATE CONTRACTORS BOARD

**ATTACHMENT C**

8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NEVADA, 89113 (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
www.nscb.nv.gov

## CHILD SUPPORT INFORMATION STATEMENT

In compliance with State and Federal law, applications applying for licensure as an Individual are required 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 statement contained herein.

_____
(Signature)

_____
(Print Name)

_____
(Social Security Number)

_____
(Date)