NEVADA STATE CONTRACTORS BOARD

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

APPLICATION TO CHANGE OR ADD A QUALIFIED INDIVIDUAL
GENERAL INSTRUCTIONS

FOR OFFICE USE ONLY:
Application # _____
File # _____
Receipt # _____

1. Please **type or print in ink** when completing this form. If a particular question or request for information does not apply to you, put "NA" in the blank space to indicate the question has received your attention. **Leave no space blank.**

2. Make sure the application is properly signed by a principal, and the application fee of $250.00 is provided at time of submission.

3. **Read all instructions carefully.** The Board will only process complete applications. **A complete application includes all applicable supporting documents and fees. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your license application. Incomplete applications will be returned to you.**

4. **NOTE:** This application cannot be used to change corporate officers or managing members.

SECTION 1 – BUSINESS NAME & LICENSE NUMBER

Business Name: Use the legal business name as it appears on your license. If there has been a change in your legal business name, a separate change of name application is required.

Legal Business Name: _____ **License Number:** _____
(Name as Displayed on the License)

SECTION 2 – ADD, CHANGE AND/OR REMOVE QUALIFIED INDIVIDUAL(S) AND CERTIFICATION OF DUTIES

ADD (or CHANGE) qualified individual(s) below:

CERTIFICATION OF QUALIFIED INDIVIDUAL(S): 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. Please photocopy this page if additional qualified employees should be included.

BACKGROUND DISCLOSURE STATEMENT: A separate background disclosure statement must be completed for each individual being **added** below. The required form is on page 5 of this application.

FIRST NAME	MIDDLE NAME	LAST NAME, SUFFIX	CHCKMARK ONE OR BOTH OF THE BELOW
			☐ Management (CMS) Qualifier ☐ Trade Qualifier

_____ _____
Signature of Above Qualified Individual **Date**

_____ **(Initial) As Qualified Individual, I understand I am responsible for all work performed during the time I am the Qualified Individual. I also understand I am responsible for financial decisions made by the company.**

Is the qualified individual currently listed on your license still employed or associated with the business?

☐ **YES** ☐ **NO – If no, complete "REMOVE" section below.**

REMOVE Qualified individual(s) below:

FIRST NAME	MIDDLE NAME	LAST NAME, SUFFIX	DATE OF RESIGNATION

Will the removed qualified individual remain as a principal or officer on this license?

☐ **YES** ☐ **NO**

****PLEASE NOTE:** If your corporate officers or members/managers have changed, the Change of Officer or Manager Application is required.

SECTION 3 – CONTRACTORS' LICENSES

- If the person being added to this license has **EVER** been listed on a contractor's license in Nevada or **ANY** other state, at any time, past or current, including licenses in the status of **revoked, suspended, withdrawn, inactive, cancelled, etc.**, please fill in the information below.
- Indicate **N/A** in the field below if you have not. **(ATTACH A SEPARATE SHEET IF NECESSARY)**

Company Name	State	License #	Issue Date	License Status

SECTION 4 – EXPERIENCE QUALIFICATIONS

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

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

- **Four (4) Certification of Work Experience Forms** (Certificates) **for EACH Trade Qualifier (Attachment A)**
  - 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.**
  - Each certificate must verify the experience for the trade(s) being applied for. *Certificates that are not complete or specific regarding the actual work performed **will not be accepted**.*
  - PLEASE NOTE*:* The aggregate time of experience (all certificates combined) must equal a minimum of 4 full years (1460 days). *Each individual certificate does not have to demonstrate 4 years' experience.*
  - Any certificate determined to be false or misleading may be considered misrepresentation or omission of a material fact, in violation of NRS 624.3013(2).
  - Additional documentation may be requested by the Board as necessary.
- A **current Master's Certification** issued by a governmental agency or its officially recognized agent in a discipline substantially similar to the requested classification;
- Proof of transferable **military experience and training; or**
- Proof of eligibility for Licensure by Endorsement (See Section 9).

2. **RESUME OF EXPERIENCE:** Complete the Resume of Experience Form (Attachment B) and include with your application.
-Resume must correspond with the requested classification.

WHEN DOCUMENTATION OF WORK EXPERIENCE & 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 10 years and your documentation is still on file with the NSCB.

SECTION 5 – EXAMINATION REQUIREMENTS

- **A Business and Law (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 are separate and will be paid directly to the Board's exam provider.
- **You May Be Eligible for Waiver of the trade exam under the following conditions:**
  - **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 10 years and your test scores are still on file with the NSCB.
  - **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 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. *Work experience documentation, as outlined in Section 7, must be provided.*
  - **Trade Exam Waiver by Endorsement –** You may qualify for waiver of the trade exam by endorsement if you are licensed in one of the states listed on the State Equivalency Chart, available online.

SECTION 6 – LICENSURE BY ENDORSEMENT

- Under certain circumstances the Nevada State Contractors Board will waive the trade examination requirement and/or the experience certification requirement for applicants that qualify for licensure by endorsement. These waivers are granted for applicants who are licensed in states determined by Nevada to have substantially equivalent requirements.
- In order to apply for licensure by endorsement, you will need to have been actively licensed in the endorsing state for the past four (4) years, passed the equivalent exam, and not have had any disciplinary actions, suspension, revocation or other sanctions against your license.
- Please review the State Equivalency Chart to determine if you are eligible to be relieved of the trade examination and/or experience certification requirement based on endorsement by another state.
- In order to be considered for licensure by endorsement, you must submit with your application a Request for Verification of License Form, completed by your endorsing state.

☐ **I am requesting licensure by endorsement based on the license listed below and have attached a completed Request for Verification of Licensure form from the endorsing state.**

COMPANY NAME	LICENSE #	STATE

****The Board reserves the right to require an examination, and/or experience certifications of any applicant regardless of current or previous licensure.****

SECTION 7 - AFFIDAVIT AND AUTHORIZED SIGNATURE

I am authorized to sign this Affidavit and Release Authorization on behalf of the applicant described and identified in this application.

The applicant is qualified in all respects for the license for which it is applying in this application.

To the best of applicant's knowledge, the information contained in the application and its supporting documents are free of fraud, misrepresentation, or omission of material fact. To the best of applicant's knowledge, the information contained in the application and its supporting documents are truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualification for licensure.

Applicant will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting documents meet the same standard as set forth above.

Applicant understands to apply for or obtain a license or to otherwise deal with the Nevada State Contractors Board through the use of fraud, forgery, intentional deception, misrepresentation, misstatement, or omission is cause for denial of this application.

Applicant understands that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information classified as confidential pursuant to NRS 624.110. Confidential information includes; credit reports, references, financial information, and investigative memoranda.

Applicant understands that the Nevada State Contractors Board has the authority to conduct appropriate background investigations for the purpose of verifying all statements and facts represented in this application and supporting documentation.

Signature Requirements: A principal of the applying company must sign this application.

By: _____ _____ **Title:** _____ **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

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.

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	CELL PHONE NUMBER
— —	9☐☐ - ☐☐ - ☐☐☐☐	

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

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

CERTIFICATION OF WORK EXPERIENCE

Incomplete certificates may not be accepted

PART 1: Trade Qualifier to complete this section:

Qualifying Individual's full legal name: _____ (FIRST) _____ (MIDDLE INITIAL) _____ (LAST) _____ (SUFFIX)

LICENSE CLASSIFICATION: _____

What was your business relationship with the employer completing PART 2?

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee ☐ Other: _____

PART 2: Employer to complete this section (AFTER Qualifier completes Part 1):

NOTICE: Providing a false statement in support of an applicant is cause for disciplinary action pursuant to NRS 624.3016(13)

What **position** did the individual in Part 1 hold while working for you?

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee (W-2 only)

☐ Full-Time (Provide aggregate number of years and months below) ☐ Part-Time (Provide aggregate number of years and months below)

FROM: _____ (month /day /year) TO: _____ (month /day /year) = _____ YEAR(S) AND _____ MONTHS

Describe in detail the applicant's duties and responsibilities for the time period listed above. (Maximum characters 500)

Multiple certificates using identical language will not be accepted. You may be requested to provide additional information regarding the work you witnessed. Additional sheets signed under penalty of perjury may be attached.

EMPLOYER: I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein. I also understand that this information will be verified.

Signature of Certifier _____ Printed Name of Certifier _____ Date _____

Company Name or Business Affiliation _____ Position Title _____ License No(s). _____ State(s) _____

Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____ E-mail Address _____

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Qualifying Individual's full legal name: _____ (FIRST) _____ (MIDDLE INITIAL) _____ (LAST) _____ (SUFFIX)

LICENSE CLASSIFICATION: _____

What was your business relationship with the employer completing PART 2?

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee ☐ Other: _____

PART 2: Employer to complete this section (AFTER Qualifier completes Part 1):

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What position did the individual in Part 1 hold while working for you?

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee (W-2 only)

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PART 2: Employer to complete this section (AFTER Qualifier completes Part 1):

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What **position** did the individual in Part 1 hold while working for you?

☐ Supervisor ☐ Foreman ☐ Journeyman ☐ Contractor ☐ Employee (W-2 only)

☐ Full-Time (Provide aggregate number of years and months below) ☐ Part-Time (Provide aggregate number of years and months below)

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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

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: _____