

Expedited Class A License - Introduction

Before completing the application, please review the Contractor Licensing Information and the Board for Contractors Regulations. This booklet includes the current statutes or laws (Title 54.1, Chapter 11 of the Code of Virginia) and the regulations of the Board for Contractors. Eligibility for a contractors license is based on the knowledge, skills, abilities, financial position, and other entry requirements set forth in §54.1-1106, §54.1-1108 and § 54.1-1108.2 (subject to the exemptions in §54.1-1101) of the Code of Virginia. Please note that although a Virginia contractor's license may be granted to your business, the business must also comply with local licensing requirements set forth by the localities (cities, towns, and counties) in which your business plans to do work, contact your local Commissioner of the Revenue and Building Official for more information.

To obtain your license, the following questions must be answered, the appropriate fee must be remitted, and any additional required documentation must be included with this application package to the Board at the following address:

Department of Professional and Occupational Regulation Perimeter Center - Board for Contractors 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233.

All applicants must have a thorough understanding of the Virginia Board regulations and meet the eligibility requirements at the time the completed application package is received at the Board office. For more information, please refer to the Board for Contractors web page - <u>www.dpor.virginia.gov/Boards/Contractors/</u>.

NOTE: This application is for business entities who have not been licensed in Virginia for this profession or business entities whose license is expired more than one (1) year.

Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8511 www.dpor.virginia.gov



Board for Contractors EXPEDITED CLASS A LICENSE APPLICATION Expedited Fee \$ 250.00 and Application Fee* \$ 385.00 TOTAL Fee Due \$ 635.00

* License fee may be adjusted per designation selection. (See question #12.A.)

A credit card form must be included with this application and payment must be processed successfully prior to this application being reviewed. (Credit Card Payment form is attached.) APPLICATION FEES ARE NOT REFUNDABLE.

FINANCIAL REQUIREMENTS:

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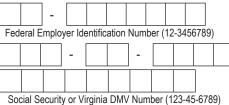
Class A Applicant must provide proof of a net worth/equity of \$45,000 by providing one of the following: (a) Financial Statement Form, (b) CPA review/ audit OR (c) Surety Bond Form. Applicants who do not meet these requirements may qualify for a Class B or Class C license.

- Business Entity/Sole Proprietor Name 1.
 - \triangleright A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name. All names must be the same as displayed on government issued ID or organization/business documents.
- Assumed or Fictitious Name 2.
 - If an assumed/fictitious name is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the Code of Virginia must be attached to this application.
- 3. A. Type of business entity (select only one)

• •									
Sole Proprietorshi	o General Partnership Sole	ely Owned LLC		Corpora	tion				
Limited Partnershi	p Dimited Liability Company	Other, please	specify:						
Other: Association, Busi Professional Limited Liabil	ness Trust, Government Agency, Joint Venture ity Company.	, Limited Liability F	Partnership	o, Non F	Profit, Pr	ofessi	onal	Corporation,	or
State Corporation Co	ommission (SCC) Number:		(If appl	icable)					
business entity under th partnership, limited lial fictitious name unless reg	must be registered with the SCC (including a e laws of the Commonwealth of Virginia or bility company or corporation shall conduct jister with the Virginia SCC. Idditional information, contact the SCC at www	otherwise authoriz or transact busine	ed to trai	nsact bi s Comm	usiness ionwealt	in Vir th und	ginia	. No perso	n,
ovide <u>one</u> of the following	ng identification numbers:							_	
Business Federal Em	plover Identification Number (EIN) *		-						

- 4. Pro

 - Board for Contractor's requires verification from the IRS. (www.irs.gov)
 - Sole Proprietor's/Individual's Social Security Number and/or
 -] <u>Virginia</u> Department of Motor Vehicles Control Number st



Enter the same identification number as used on previous applications or licenses on file with the department.

⋇ State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

OFFICE	DATE	FEE	TRANS CODE	ENTITY #	FI	LE #/LICENSE #	ISSUE DATE
USE ONLY			1023		2705		
BOARD USE ONLY	SCC		ETS	ADVANCED	GENERAL	VIRGINIA	TECHNICAL

5.	Mailing Address (PO I The mailing addres printed on the lic	s will be				7in Onda
6.	Street Address (PO B PHYSICAL ADDR	. ,	City	Check here if Street Address is the <u>same</u> as the Mailing A	State Address listed abo	Zip Code ove.
			City		State	Zip Code
7.	Contact Numbers					<u></u>
8.	Email Address	Primary Telep	hone	Alternate Telephone		Fax
		Email addres	s is cons	idered a public record and will be disclosed upon re	quest from a thi	rd party.
9.	•	- · ·		Qualified Individual(s) or Responsible N gistration from any jurisdiction (outside of V	-	: have a <u>current</u>

Yes If yes, complete the following table.

Business/Individual Full Legal Name	State/ Jurisdiction	License, Certification or Registration Number	Expiration Date

10. List <u>all</u> **Responsible Management** (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation):

Individual's Full Legal Name	Title	Address	Social Security No. or VA DMV Control No.*	Date of Birth

<u>Required Documentation:</u> Must attach a <u>legible</u> copy of a government issued photo ID for <u>all</u> members of Responsible Management.

- 11. All business entities applying for a license are required to have a **Designated Employee** or a member of **Responsible Management** complete a board approved pre-license education course approved by the Board of Contractors. Enter the following information for the individual who has successfully completed this requirement.
 - NOTE: Completion of this course cannot be used to substitute the business exams taken by the Designated Employee or Qualified Individual.

Full Name		Date of	f Birt	h		
Provide either Social Security No. or VA DMV Control No.*: Course Date Completed *	Social Security or V	√irginia DM\	- / Num	ber (123-	45-6789)	

If a course was completed within the last fourteen (14) business days, please fax the <u>Certificate of Completion</u> to the Board for Contractors at 866-430-1033.

Provider Name

- 12. Below is a chart listing the license classifications and specialty designations issued by the Virginia Board for Contractors. A definition of the type of work that each of these classifications and designations may perform is available in the <u>Board for Contractors Regulations</u>.
- Each business will select a classification/specialty designation for which they are applying for and provide <u>one</u> Qualified Individual for each designation in section A or B below. The Qualified Individual must meet the following criteria:
 - 1. Must be either a fulltime employee of the business (working a minimum of 30 hours or more with the business) or who is listed as a member of Responsible Management.
 - Must have the minimum years of experience in the classification or specialty they are applying 2 years for a Class C License, 3 years for a Class B License and 5 years for a Class A License. An <u>Experience Verification Form</u> must be submitted for each Qualified Individual who is requesting a designation that requires pre-approval for an examination.
 - 3. Have successfully completed the appropriate prerequisite for the classification or specialty designation selected below. The prerequisite for each is listed in the box below. For more information on these please see the <u>Requirements for the Qualified Individual Form</u>.

License Classifications and Specialty Designations

Applic	ants must hold a valid license iss	ued fror	n DPOR for the following design	ation:	
ASB	Asbestos	GFC	Gas fitting	PLB	Plumbing
ASC	Accessibility Services	HVA	HVAC	SDS	Sewage disposal system
ASL	Accessibility Services with LULA	LAC	Lead abatement	WWP	Water well/pump
ELE	Electrical	LPG	Liquefied petroleum gas		
EEC	Elevator/escalator	NGF	Natural gas fitting provider		
Applic	ants are required to be pre-appro	ved and	pass an examination for the fol	lowing cla	assification and/or specialty:
AES	Alternative energy systems	FAS	Fire alarm systems	BRK	
PAV	Asphalt paving & seal coating	FSP	Fire suppression	PTC	Painting & wall covering
BSC	Billboard/sign	FLR	Flooring & Floor Cover'g Contrac	cting RFC	.
CBC	Commercial Building	FRM	Framing Sub Contractor	REF	-
CIC	Commercial improvement	GLZ	Glass & Glazing Contracting	RBC	Residential Building
CEM	Concrete	H/H	Highway/heavy	ROC	Roofing
DLR	Drug, Lab, Remediation	HIC	Home Improvement	STL	Steel Erection Contracting
DRY	Drywall Company	IBC	Industrial building contracting	POL	Swimming pool construction
ESC	Electronic/communication service	INS	Insulation & Weather Stripping	TMC	Tile, Marble, Ceramic
EMW	Environmental monitoring well		Contracting		& Terrazzo Contracting
ENV	Environmental specialties	ISC	Landscape irrigation	UUC	Underground Utility
EMC	Equipment/machinery	LSC	Landscape services		& Excavating Contracting
FIC	Farm improvement	MCC	Marine facility	VCC	Vessel construction
FIN	Finish Carpentry Contracting				
	* All qualified individuals must	st subm	nit an Experience Verification F	<u>Form</u> for t	hese designations.
	cants are required to receive spe	ecial ap	proval by the Board for the fol	lowing sp	<u>becialty</u> :
MSC	Miscellaneous Contracting				

No If no, complete section 12.B.

If yes, complete the following table*: (Do not complete question #12.B.)

* Modification to your application fee is as follows: Class A: \$360.00** Class B: \$345.00** Class C: \$210.00**

** Contractor's Recovery fund fee is not required for CBC/CIC only.

Select	3-letter Code	Last Name	First Name	MI	Years of Exp.	Exam Date	Social Security No. or VA DMV Control No. *	VA Qualifying License No. (if applicable)	Birth Date
	CBC								
	CIC								

Required Attachment: Complete an Experience Verification Form for each Qualified Individual listed in this table.

Yes

B. If you answered "no" in Section A, select <u>all</u> the license classification and specialty designations you are requesting for this license:

(This section can include CBC/CIC designation, but only if your request includes other classification/specialties. There is <u>no fee reduction to</u> <u>your application fee</u>. Contractor's Recovery fund fee is required for all other classification/specialty designations.)

3-letter Code	Last Name	First Name	MI	Years of Exp.	Exam Date	Social Security No. or VA DMV Control No.*	VA Qualifying License No. (if applicable)	Birth Date

Any business requesting a license may have more than one classification or specialty designation.

<u>Required Attachment:</u> Complete an <u>*Experience Verification Form*</u> for each Qualified Individual who is seeking pre-approval for a designation that requires an examination (only). <u>IF applying for the MSC specialty</u>, provide the Board for Contractors with all required documentation to support your request for this designation.

13. All Class A license applicants must declare a **Designated Employee** who has successfully completed the appropriate business examinations and is either a full-time employee (not a 1099 employee) of the business or a member of Responsible Management. For licensure information, contact the Board for Contractor's by phone at 804-367-8511 or email at <u>contractor@dpor.virginia.gov</u>.

Required examinations per class: Class A - Advanced, General, and Virginia exam.

Complete the following information for the **Designated Employee** of this business:

Full Name	Date of Birth
Required Documentation: If the Designated Employee is not a mem	ber of Responsible Management, attach a legible copy of
a government issued photo ID and provide fulltime employment verifica	ation (I9, W2, or other similar documentation).

Provide either Social Security No. or VA DMV Control No.*:

Social Security or Virginia DMV Number (123-45-6789)

Exam Date^{*}

- * If an exam was completed within the last seven (7) business days, please fax the <u>Score Report</u> to the Board for Contractors at 866-430-1033.
- 14. All applicants are required to furnish proof of financial responsibility. Excluding any property owned as tenants by the entirety, every applicant for a Class A license must document a net worth or equity of \$45,000.

Does your company meet this qualification?

- No If no, your company <u>does not qualify</u> for a Class A license.
- Yes If yes, your firm must complete the financial statement below or submit either a (a) CPA review/audit or (b) a **Surety Bond Form** with this application.
- All ASSETS and LIABILITIES must be for the firm applying for the license and must be in the company name. Financial information reported must not be more than one year old. Verification of each line item may be requested when the application is reviewed (unless a CPA review/audit is submitted, as provided below).
- Applicants may substitute a <u>current</u> financial statement that duplicates the information below **only if it includes** the signature statement listed on this form and is signed by the preparer. The board will accept a CPA review or audit in lieu of the financial statement, without requiring additional independent verification.

Effective Balance Sheet as of MM/DD/YYYY

Contracting Business Name

Is a substitute Financial Statement attached?

No 📋 If no, applicant shall complete the financial statement below <u>OR</u> submit the Surety Bond Form with this application.

Yes If yes, applicant shall include it, signed as required by the preparer (or a CPA review/audit) along with this application or fax copies to the Board for Contractors at 866-430-1033.

AS	SETS	
1.	Current Assets	** Items in these categories
2.	Cash and Investments**	require documentation for
3.	Accounts Receivable (Net)	independent verification unless a CPA review or
4.	Inventories	audit is submitted. This
5.	Prepaid Expenses	includes bank statements,
6.	Other Current Assets	titles, deeds, etc. and may
7.	Total Current Assets (sum of lines 2 through 6)	delay processing of your
8.	Land, Buildings and Equipment (Net) **	application.
9.	Other Non-Current Assets **	
10.	TOTAL ASSETS (sum of lines 7 through 9)	
LI/	ABILITIES AND OWNER'S EQUITY	
11.	Current Liabilities	
12.	Accounts Payable	Is a substitute Financial
13.	Current Portion of Long Term Debt (payable within the next 12 months)	Statement Attached?
14.	Accrued Taxes	No 🗌
15.	Accrued Payroll	Yes 🗌
16.	Other Current Liabilities	
17.	Total Current Liabilities (sum of lines 12 through 16)	
18.	Long-term Debt	
19.	Other Long-term Liabilities	
20.	Total Liabilities (sum of lines 17 through 19)	
21.	OWNER'S EQUITY (NET WORTH) (line 10 minus line 20)	
22.	TOTAL LIABILITIES & OWNER'S EQUITY (sum of lines 20 and 21)	

Signature of Financial Statement Preparer

To the best of my knowledge, this financial statement accurately represents the firm's financial position as of the date indicated and the current financial position is essentially as good, or better than shown in the furnished statement.

Printed I	Vame
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Title _____

Date

Signature

- 15. Has your **Business, Designated Employee, Qualified Individual(s) or Responsible Management** ever been subject to a disciplinary action taken by <u>any</u> (including Virginia) local, state or national regulatory body?
 - No
 - Yes If yes, YOU CAN NOT PROCEED WITH THIS **EXPEDITED CLASS A** APPLICATION. You may submit the regular application titled LICENSE APPLICATION (<u>27lic.pdf</u>) located on the Board website.
- 16. A. Has this **Business, Designated Employee, Qualified Individual(s) or Responsible Management** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u>? Any plea of nolo contendere shall be considered a conviction.
 - No 🗌
 - Yes If yes, YOU CAN NOT PROCEED WITH THIS **EXPEDITED CLASS A** APPLICATION. You may submit the regular application titled LICENSE APPLICATION (<u>27lic.pdf</u>) located on the Board website.

- B. Has this **Business, Designated Employee, Qualified Individual(s) or Responsible Management** ever been convicted in any jurisdiction of any <u>misdemeanor</u> within the last three years? *Any plea of nolo contendere shall be considered a conviction.*
 - No 🗌
 - Yes If yes, YOU CAN NOT PROCEED WITH THIS **EXPEDITED CLASS A** APPLICATION. You may submit the regular application titled LICENSE APPLICATION (<u>27lic.pdf</u>) located on the Board website.
- 17. During the past five years, has any member of **Responsible Management** had any <u>outstanding/past-due debts</u> (including child support arrearage); judgments; liens; past due 'unpaid' claims or suits; outstanding tax obligations; defaults on bonds; or pending/past bankruptcies?
 - No 🗌
 - Yes If yes, YOU CAN NOT PROCEED WITH THIS **EXPEDITED CLASS A** APPLICATION. You may submit the regular application titled LICENSE APPLICATION (<u>27lic.pdf</u>) located on the Board website.
- 18. Do all members of **Responsible Management** understand that all Class A Contractors must comply with the local licensing requirements of all counties, cities and towns in which work is performed?

No	IF NO, THIS APPLICATION CANNOT BE PROCESSED.
Yes	

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Contractors License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application, you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

- 19. By signing this application, I certify the following statements:
 - I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may desire. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 11, of the Code of Virginia and the Virginia Board for Contractors Regulations.

Please note, that this application will not be reviewed until all fees are successfully processed and any additional documentation required by the Board of Contractors is received.

Signature(s) of all members of Responsible Management (required):

(sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation)

I certify that I am a member of responsible management as defined in 18VAC50-22-10 of the Board for Contractors regulations and am authorized to bind the applicant to contracts and other legal obligations.

1.	Print Name	Title	
	Signature	Date	
2.	Print Name	Title	
	Signature	Date	
3.	Print Name	Title	
	Signature		
4.	Print Name	Title	
	Signature	Date	
		(Photocopy this sheet if additional signatures are needed.)	
<u>Sigr</u>	nature of De	signated Employee: (Who are listed on this application and <u>not</u> a member of Management)	Responsible
1.	Print Name	Title	
	Signature	Date	
<u>Sigr</u>	nature(s) of	Qualified Individual: (Who are listed on this application and <u>not</u> a member of Management)	Responsible
1.	Print Name	Title	
	Signature	Date	
2.	Print Name	Title	
	Signature		
		(Photocopy this sheet if additional signatures are needed.)	

(Credit Card Form to follow)

COMMONWEALTH of VIRGIN	IIA
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DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION, P.O. Box 29570, Richmond, VA 23242-0570

This form is to	be used for CREDIT CA			U U U	plication.
	Incomplete forms may	be returned for comple	etion and delay licens	e processing.	
Credit Card Number:		SA, MasterCard and Discover (
Payment Amount:	\$635.00 or \$610.00	Card Expiration Date:	, , , , , , , , , , , , , , , , , , , ,	57	
* Refer to question #12	2 if application fee needs to be	e modified.	Month	Year	
Applicant Name:					
Date of Application:					
Cardholder Name:					
Cardholder's Billing Add	Iress:				
	City			State	Zip Code
Daytime Phone Number	2			State	ZIP Code
=,					

The cardholder authorizes the Department of Professional & Occupational Regulation to initiate charges to the credit \Box card account indicated above for the purpose of paying the amount noted above for the application submitted in the name above. The cardholder also acknowledges that this document is record of such payment.

Print Form		Save As	
	(File Name sh	nould be: Last Name.Fire	st Initial.pdf)

FILE #/LICENSE # DATE FEE TRANS CODE ENTITY # ISSUE DATE OFFICE USE 2705 ONLY

Reset Form