SAVE

Section 6: APPLICATION FOR QUALIFYING PARTY

The qualifying party is the person designated by the applicant to take the exams or to hold the classifications, if previously tested or requesting reciprocity. Click HERE for eligibility requirements for Qualifying Party.

The applicant may have more than one qualifier. You must submit a Qualifying Party Application for each qualifying party. Click HERE for additional Qualifying Party applications.

Qualifying Party must meet one of the following (Please check box that applies.)	
☐	Sole Proprietor (Individual)
☐	Spouse of Sole Proprietor (Individual)
☐	Partner
☐	Original Member of LLC
☐	Original Incorporator or Original Stockholder in the original Articles of Incorporation
☐	Employee

PRINT FULL LEGAL NAME OF QUALIFIER			
(First)	**(Middle)**	**(Last)**	**(Jr/Sr, etc)**
(Name of Company)			
All approval letters and materials will be mailed to the address below:			
Mailing Address: (Street or P.O. Box)	**City**	**State**	**ZIP**
(Work Number)	**(Fax Number)**	**(Cell or Home Number)**	
(Email address of Qualifying Party)			

1A.	For which classification(s) will you be representing your company as a qualifying party? List Below:		

1B.	☐ Yes	☐ No	**Have you previously taken the Business and Law Exam?** *(NOTE: Each Company must have at least one qualifying party for Business and Law)*
1C.	☐ Yes	☐ No	**Have you ever passed a trade examination with the Louisiana State Licensing Board for Contractors?**

If **YES**, complete the following:

Licensee Name	Exam

2.	☐Yes	☐No	**Have you been affiliated with or employed by any company who has previously held (within the past 5 years) or currently holds a Louisiana contractor's license?**
	If **YES**, complete the following:		

	Company Name	Address	License Number

THE FOLLOWING QUESTIONS MUST BE ANSWERED YES OR NO.

3A.	☐Yes	☐No	**Do you or any firm in which you have had financial decision making authority have any current outstanding liens or judgments or any current or previous bankruptcies (within the last ten years)?**
3B.	☐Yes	☐No	**Do you have any outstanding garnishments or child support payments against you?**
3C.	☐Yes	☐No	**Have you or any firm in which you were a principal been debarred or disqualified by any public entity?**
*If you answer **YES** to any of the above questions, click HERE.*			

AFFIDAVIT

I certify under penalty of perjury under the laws of the State of Louisiana that all statements, answers and representations on this form are true and accurate, and I acknowledge that any purposeful false information submitted on behalf of myself and verified by this signature is cause to have license denied or revoked by the Louisiana State Licensing Board for Contractors.

THIS FORM MUST BE SIGNED BY BOTH THE QUALIFYING PARTY AND A NOTARY PUBLIC

_____

Signature of Qualifying Party (Required) Social Security Number of Qualifier (Required)

Sworn before me this _____day of_____20_____

(Notary Seal)

_____

Signature of Notary Public

_____

Print Name and Address of Notary Public

QP# :_____

Date accepted :_____

Approved by :_____

Eligibility Status:_____