

STATE OF LOUISIANA
STATE LICENSING BOARD FOR CONTRACTORS
 2525 QUAIL DRIVE
 BATON ROUGE, LOUISIANA 70808-9042
 PHONE (225) 765-2301 FAX (225) 765-2690
 www.lslbc.louisiana.gov

HOME IMPROVEMENT REGISTRATION APPLICATION

THERE WILL BE NO REFUND OF APPLICATION FEE.

YOU MUST ANSWER EVERY QUESTION.
 [If space provided is not sufficient, use separate sheet(s) and attach.]

DO NOT WRITE IN THIS SPACE – OFFICIAL USE ONLY	
Date Received _____	Fee: _____ Check #: _____
Person Making Entry _____	
Date Registration Valid _____	Regis. #: H _____

Misrepresentation of information supplied by an applicant shall be deemed sufficient cause for denial of application. Application must be accompanied by the required fee. Application must be printed or typewritten in black ink.

PRINT NAME OF INDIVIDUAL OR FIRM AS YOU WISH IT TO APPEAR ON REGISTRATION. APPLICANTS MUST CONDUCT THEIR CONTRACTING BUSINESS UNDER THE EXACT NAME SHOWN UPON THEIR REGISTRATION CERTIFICATES

Name of Applicant (Full Legal Name of Sole Proprietor, Corporation, LLC, or Partnership)

ADDRESS OF PRINCIPAL PLACE OF BUSINESS	Physical Address (Street Name and No.)	City	State	Zip Code
	Mailing Address (P.O. Box or Street Address)	City	State	Zip Code

ENTITY TYPE: Sole Proprietor Corporation Limited Liability Company Partnership Limited Liability Partnership

Phone No. including Area Code:		FAX No. including Area Code:	
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E-mail Address	Website Address
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Social Security Number for Sole Proprietor/**Federal ID Number** for Firm
 NOTE: failure to provide SSN or Federal ID may result in the denial of your registration.

List names and addresses of any and all owners, partners, or trustees of the applicant including officers, directors and majority shareholders. (This is not required of publicly traded companies).

Name:	Title:	Social Security No.:	Address:

YOU MUST ANSWER YES OR NO TO QUESTIONS 1-5

YES	NO	QUESTION
		1. Has the applicant been previously registered in LA as a home improvement contractor? If yes, provide all other names under which the applicant has been registered.
		2. Has the applicant's registration ever been suspended or revoked?
		3. Are there now any liens, judgements, garnishments or attachments pending or recorded against you, or against any firm in which you had interest at the time such indebtedness was created, or against any property involved under any of your contracts arising out of your previous operations in ANY state?
		4. Have you or principals in your firm been convicted of a felony or a misdemeanor other than a violation of traffic laws? If yes, explain on a separate sheet and attach.
		5. Are you involved as a defendant in any pending legal actions?

SUBMIT THE FOLLOWING REQUIRED INFORMATION

- Proof by certificate of current general liability insurance in the amount of \$100,000 and worker's compensation insurance in the exact name which shall appear on the registration certificate emailed to Insurance@lslbc.louisiana.gov. Under the heading of "Description" your agent must state that the Commercial General Liability Policy represented on the Certificate of Insurance provides general liability coverage for residential home improvement contracting operations subject to the terms and conditions of the policy. This certificate must show effective/expiration dates and limits of coverage and the holder as the State Licensing Board for Contractors, 2525 Quail Drive, Baton Rouge, Louisiana 70808-9042.
- A \$75 check or money order made payable to: Louisiana State Licensing Board for Contractors.
- If corporation or LLC, attach proof that your company is registered with the Louisiana Secretary of State. You may contact that agency at (225) 925-4704.
- Additional documentation requested in questions above.

AFFIDAVIT

I certify under penalty of perjury under the laws of the State of Louisiana that all statements, answers and representations in this application, including all supplementary statements attached thereto, are true and accurate to the best of my knowledge and belief and acknowledge that any purposeful false information submitted on behalf of myself and/or this applicant and verified by this signature is cause to have registration denied or revoked by the State Licensing Board for Contractors.

Please complete the appropriate section below. **TYPE** or **PRINT** all names.

Sole Proprietor

Name of Limited Liability Company

Member: _____ Member: _____

Member: _____ Member: _____

Name of Partnership

Partner: _____ Partner: _____

Partner: _____ Partner: _____

Name of Corporation

Secretary

President

State of _____ Parish or County of _____

Personally appears _____ being duly sworn, deposes and saith:

That the foregoing statements of the above-named applicant and all statements therein contained are true and correct and the answers of the foregoing are true to the best of my knowledge under penalties of perjury.

Signature of Applicant/Authorized Representative

Social Security Number

Sworn before me this _____ day of _____, _____.

Signature of Notary Public

Print Name and Address of Notary Public