

APPLICATION FOR ORIGINAL CONTRACTOR'S LICENSE

STATE OF LOUISIANA

Commercial

Residential

Mold Remediation

STATE LICENSING BOARD FOR CONTRACTORS

2525 QUAIL DRIVE
 BATON ROUGE, LOUISIANA 70808
 PHONE (225) 765-2301-- FAX (888) 510-0127
www.lslbc.louisiana.gov

Save this application to your computer before you begin to complete it.

Every question must be answered.

- * If a question is not applicable, indicate.
- * If a space provided is not sufficient, attach separate sheet(s).

Submit separate application for EACH license type.

All signatures must be notarized.

Social Security Number/Tax ID: Failure to provide your Social Security Number (SSN) or Taxpayer ID where requested may result in denial of your licensure application. Your SSN/Taxpayer ID will not be released for any other purpose not provided by law. Misrepresentation of information supplied by an applicant shall be deemed sufficient cause for denial of application or revocation of license and/or subject to criminal prosecution for making false official statements, in accordance with LA R. S. 14:133.

Do NOT use this application for Home Improvement Registration. The Home Improvement application may be downloaded by clicking [HERE](#).

Fees are NONREFUNDABLE. Click [HERE](#) for more information about fees.

ALL applicable fees MUST BE INCLUDED with this application!

Section 1: IDENTIFYING INFORMATION

| | | |
|---|--------------------------------------|----------------------|
| Enter full legal name of company or sole proprietor: | | |
| | | |
| Type of Business (choose one) | | |
| | Corporation* | Limited Partnership* |
| | General Partnership | Joint Venture* |
| | Limited Liability Company (LLC)* | |
| | Limited Liability Partnership (LLP)* | |
| | Sole Proprietor SS#: | *Tax ID: |
| Mailing Address of Principal Place of Business: | | |
| P.O. Box or Street Address | | |
| | | |
| City State Zip Code | | |
| Physical Address of Principal Place of Business | | |
| Street Name and Number | | |
| City, State, Zip Code | | |
| Phone | Cell | FAX |
| Email | Website | |

Section 2: LEGAL INFORMATION

As used on this Application, the terms “you” and “your” shall mean the applicant, whether an individual or a corporation, partnership, firm, joint venture, limited liability company or any other business or legal entity with which the applicant is or has been affiliated, or principals of the applicant’s firm.

| | | | | |
|----|---------------------------------------|----|--|---------|
| 1. | Yes | No | Are you currently/previously licensed as a contractor with the Louisiana State Licensing Board? | |
| | <i>If YES, provide the following:</i> | | | |
| | | | Name of Firm/Company | License |
| | | | | |

| | | | | |
|----|---------------------------------------|----|--|---------------|
| 2. | Yes | No | Are you requesting reciprocity with a state with which Louisiana has a reciprocal agreement? (click HERE to view Reciprocity information) | |
| | <i>If YES, provide the following:</i> | | | |
| | | | Name of Firm/Company | License/State |
| | | | | |

| | | | | | |
|----|--------------------------------------|----|---|--------------|----------------|
| 3. | Yes | No | Have you ever taken an examination given by the Louisiana State Licensing Board for Contractors? | | |
| | <i>If YES, provide the following</i> | | | | |
| | | | Name of Examinee(s) | Name of Firm | Classification |
| | | | | | |

| | | | | | | |
|----|--|----|---|---------------------------|------------|---------------|
| 4. | Yes | No | Have you ever had a contractor’s license/registration denied, suspended, or revoked by this agency or any other state, parish/county, or municipality? | | | |
| | <i>If YES, identify the person(s) or entity, regulatory agency, month and year, and explain circumstances.</i> | | | | | |
| | | | Name of Licensee(s) | Name of Regulatory Agency | Month/Year | Circumstances |
| | | | | | | |

| | | | |
|----|--|----|--|
| 5. | Yes | No | Have you ever been given notice that an administrative hearing is scheduled with this Board or ever been issued a fine? |
| | <i>If YES</i> , provide the name of the individual or entity which was scheduled for a hearing and the date of the hearing. | | |
| | Name of Person(s) or Entity(ies) | | Date of Board Hearing |
| | | | |

| | | | |
|----|--|----|---|
| 6. | Yes | No | Has any bonding or surety company ever completed or made financial settlements upon any contract in which you had interest or have you ever failed to complete a contract? |
| | <i>If YES</i> , please explain below: | | |

| | | | |
|----|--|----|--|
| 7. | Yes | No | Have you ever filed bankruptcy as an individual or under any firm name whatsoever in Louisiana or in any other state? |
| | <i>If YES</i> , send copies of records showing the chapter filed, the initial debts submitted (including all creditors and the amount remaining owed each), and a discharge summary. For bankruptcies discharged over ten years ago, send only a copy of the discharge summary. | | |

| | | | |
|----|---|----|---|
| 8. | Yes | No | Are there now any liens, judgments, 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? |
| | <i>If YES</i> , please send a certificate of release or a payment plan, along with a statement from the legal agency showing that the plan is current. | | |

| | | | |
|----|--|----|--|
| 9. | Yes | No | Have you or principals in your firm been convicted of a felony or a misdemeanor other than violation of traffic laws? |
| | <i>If YES</i> , please explain below: | | |

Section 3: BUSINESS INFORMATION

The following information **MUST** be provided for your company before a license will be issued:

- Either Articles of Incorporation (Corporations), Articles of Organization (LLC) or Partnership Agreement.
- Operating Agreement (if one is in effect)

| Officers, Members or Partners | Full Name | Social Security # (Required) |
|--|-----------|---|
| President | | |
| Vice President | | |
| Secretary/Treasurer | | |
| Partner(s) | | |
| Member(s) <i>All members must show percentage owned</i> | | |

Section 4: CLASSIFICATION INFORMATION

| | | | |
|--|--|--|--|
| I am applying for: (submit separate application for <u>EACH</u> license type) | | | |
| Mold Remediation (click HERE for specific requirements for this license) | | | |
| Residential* | | | |
| If applying for Residential , enter at least one classification(s) below. Click HERE for the list. | | | |
| | | | |
| | | | |
| Commercial* | | | |
| *If applying for Commercial , enter at least one classification(s) below. Click HERE for the list. | | | |
| Classifications | | | |
| | | | |
| | | | |
| | | | |

Click [HERE](#) for study reference lists and testing information.

Note: ALL **COMMERCIAL** APPLICANTS MUST HAVE AT LEAST ONE CLASSIFICATION.

If you cannot find a classification that adequately describes the type of work you perform, provide a detailed description of your work below:

Section 5: COMPANY 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 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 license denied or revoked by the State Licensing Board for Contractors.

Full Legal Name of Applicant: _____

Tax ID: _____

Current Address of Applicant: _____
City, State ZIP

State of _____

Parish or County of _____

Personally appears _____ being duly sworn deposes and saith: That the foregoing statements of experience 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 must be notarized.

Signature of Applicant, Officer or Authorized Representative

Sworn before me this _____ day of _____ 20_____

Signature of Notary Public

Print Name and Address of Notary Public

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? <i>(NOTE: Each Company must have at least one qualifying party for Business and Law)</i> |
| 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 |
| | | | |
| | | | |

Section 7: FINANCIAL STATEMENT

It is mandatory that your financial statement be submitted accurately and with the provisions of R.S. 37-2156.1(c) printed below. An unaudited financial statement should be inclusive within the last twelve (12) months and must be signed by applicant and notarized.

R.S. 37:2156.1(c)

*Furnish the board with a financial statement, prepared by an independent auditor and signed by the applicant and auditor before a notary public, stating the assets of the person, firm, partnership, co-partnership, or corporation, such statement to be used by the board to determine the financial responsibility of the applicant to perform work in the amount of fifty thousand dollars or more, such assets shall include a net worth **of at least ten thousand dollars**. The financial statement and any information contained therein, as well as any other financial information required to be submitted by a contractor, shall be confidential and not subject to the provisions of R.S. 44:1 through R.S. 44:37, inclusive.*

Checklist for this section:

- A financial statement indicating net worth of **at least \$10,000**, such as a balance sheet, statement of financial position, or statement of net worth.
- Signed by an independent auditor
- Signed by the applicant
- Notarized

Application Fee Schedule

Classification Fees:

*Number of Classifications requested

1 classification: \$100.00

2 classifications: \$195.00

3 classifications: \$290.00

4 classifications: \$385.00

5 or more classifications: \$400.00

Total Classification Fees: _____

Examination Administrative/Research/Transaction Fee:

*This fee is charged for EACH classification and for EACH person. This fee is charged whether or not there is an exam or if a company/entity is requesting reciprocity.

Price per classification per person: \$120.00 Quantity: _____ Total Exam Fees: _____

Business and Law Price: \$120.00 Quantity: _____ Total Business and Law Fees: _____

Business and Law Study Guide Price: \$60.00 Quantity: _____ Total Study Guide Book Fees: _____

Mold Remediation Unfair Trade Practice Seminar Fee:

*Only required for Mold Remediation applications

Price per person: \$120.00 Quantity: _____ Total Seminar Fees: _____

Background Financial Investigations Fee:

Price: \$60.00 Total Investigation Fee: \$60.00

Out-of-State Contractors Fee:

*This fee is for out-of-state companies or entities applying for a license.

Price: \$400.00 Total Out-of-State Contractors Fees: \$400.00

TOTAL APPLICATION FEES: _____

Please remit this amount by check, money order, or provide credit card information with the application. There is a \$7.00 credit card swipe fee for credit card transactions.

Checks or money orders made out to Louisiana State Licensing Board for Contractors or LSLBC.

APPLICATION CHECKLIST

Sole Proprietor: An individual who is contracting, bidding, and/or performing work under their personal name. If operating as a d/b/a you will need to complete the application as a sole proprietor.

General Partnership: An unincorporated business that is created by an agreement with two or more co-owners called general partners.

Sole Proprietor or General Partnership Checklist

Application: completed, signed, and notarized

Application for Qualifying Party: completed, signed, and notarized

Financial Statement, signed and notarized

All required fees (see the Fee Schedule on the LSLBC website or on the previous page)

Certificate of General Liability Insurance (for **Residential** and **Mold Remediation** applications only) Certificate of Worker's Compensation Insurance (for **Residential** and **Mold Remediation** applications only)

A copy of the Partnership Agreement (for **General Partnership** only)

On page 1 of this application, provide the email and fax for your company

Limited Liability Company, Limited Partnership, or Corporation: The company or corporation who will be contracting, bidding, and/or performing the work is the applicant and information given on the application should be about the company.

LLC, LP, or INC Checklist

Application: completed, signed, and notarized

Application for Qualifying Party: completed, signed, and notarized

Financial Statement, signed and notarized

All required fees (see the Fee Schedule on the LSLBC website or on the previous page)

Certificate of General Liability Insurance (for **Residential** and **Mold Remediation** applications only)

Certificate of Worker's Compensation Insurance (for **Residential** and **Mold Remediation** applications only)

A copy of the company's Articles of Incorporation/Organization or Partnership Agreement.

Any required copies of certifications for the requested classification(s). Examples: Plumbing certificate, Asbestos certificate, Landscaping certificate

Registered and "In Good Standing" with the Louisiana Secretary of State's office. This is required of ALL companies, including out-of-state companies.

On page 1 of this application, provide the email and fax for your company