

State of Louisiana

STATE LICENSING BOARD FOR CONTRACTORS
2525 Quail Drive, Baton Rouge, LA 70808 1-800-256-1392 Fax (225) 765-2362



REQUEST FOR VERIFICATION OF LICENSE

Instructions to Applicant: Complete the information in the section immediately below only and submit this form to the Board for the state in which you are domiciled. Then return the original signed copy of this form to the address above, along with the completed Commercial and/or Residential Application.

TO BE FILLED OUT BY APPLICANT

Company Name/Individual Name:			
Address:	City:	State:	Zip Code:
Telephone #:	Fax #:	E-Mail Address:	
Name of Contact:			

TO BE FILLED OUT BY STATE BOARD

Instructions for Verifying State: The above named applicant has submitted an application for a contractor's license with this Board. Please complete the following and return this form to the applicant. If additional space is needed, please use additional pages.

Company/Individual Name: _____

License # _____ **Type of Firm:** Corporation _____ LLC _____ Partnership _____ Sole Proprietor _____

Original Issuance Date: _____ **Expiration Date:** _____ **Current Status**(Current/Inactive/Expired) _____

If Sole Proprietor/Partnership, State of Primary Residence: _____ **If Corporation/LLC, State of Original Incorporation:** _____

Disciplinary Action? Yes _____ No _____ **If Yes, please explain:**

Classification(s) held:

Legal Name of EACH Person Passing Trade Exam <i>in your state for this company:</i>	Trade Exam(s) Passed Please Write Full Classification Name(s)	Date Passed	Exam Type (e.g., NAI, In-House, PSI, etc.)	Score and Pass or Fail

Signature: _____ Title: _____ Date: _____

Agency: _____ Telephone #: _____

