

# WARNING

THIS DOCUMENT MUST BE PRINTED ON  
8-1/2" X 14" (LEGAL-SIZED) PAPER.

IF IT IS NOT, YOUR FORM WILL BE REJECTED  
BY THIS AGENCY REGARDLESS OF ANY  
MONETARY COST TO YOU.

LETTER-SIZED IS UNACCEPTABLE.

# APPLICATION FOR ORIGINAL COMMERCIAL CONTRACTOR'S LICENSE

FOR FEES – SEE PAGE 7

**THERE WILL BE NO REFUND OF  
APPLICATION FEE**

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

DO NOT WRITE IN THIS SPACE – OFFICIAL USE ONLY	
Date Received _____	Fee: _____
Person Making Entry _____	Trans Fee: _____ Exam Fee: _____
End of <input type="checkbox"/> 60 Days _____	Surcharge Fee: _____
Date License Valid _____	Lic. No.: _____

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 ink.

\*As used on this Application, the terms "you" and "your" shall mean the applicant herein, whether an individual or an association, corporation, partnership, firm, joint venture, limited liability company or any other business or legal entity with which the applicant is or has been affiliated which is or was engaged in the practice of construction. Where appropriate, the terms "you" and "your" shall also include any partners, owners, or qualifying parties who are affiliated with the applicant.

**IDENTIFYING INFORMATION**  
PRINT NAME OF INDIVIDUAL OR FIRM AS YOU WISH IT TO APPEAR ON LICENSE. LICENSEES MUST CONDUCT THEIR CONTRACTING BUSINESS UNDER THE EXACT NAME SHOWN UPON THEIR LICENSE CERTIFICATES

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

<b>ADDRESS OF PRINCIPAL PLACE OF BUSINESS</b>	Physical Address (Street Name and No.)	City	State	Zip Code
	Mailing Address (P.O. Box or Street Address)	City	State	Zip Code
Phone No. Area Code ( )	Fax No. Area Code ( )	Email Address	Website Address	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership

**YOU MUST ANSWER YES OR NO TO QUESTIONS 1-8.**

Yes	No	QUESTION
		<b>1A.</b> Have you* or any principal(s) or employee(s) of your firm been currently/previously licensed as a contractor in Louisiana? Name of Principal(s) _____ Name of Firm _____ License No. _____
		<b>1B.</b> Have you* or any principal(s) or employee(s) of your firm been currently/previously licensed as a contractor in any other state? Name of Principal(s) _____ Name of Firm _____ State _____ License No. in that State _____
		<b>1C.</b> Have you* or any principal(s) or employee(s) of your firm ever taken an examination given by the La. State Licensing Board for Contractors? Please indicate the name of the firm with whom the individual was associated at the time the test was taken. Name(s) of Examinee(s) _____ Yr. Test(s) Taken _____ Name of Firm _____ Classification(s) _____
		<b>2A.</b> Have you* or any principal(s) or employee(s) had a contractor's license/registration denied, suspended, or revoked by this or any other state, parish/county, or municipality? If yes, identify the person(s) or entity, regulatory agency, month and year, and explain circumstances.
		<b>2B.</b> Have you* or any principal(s) or employee(s) of your firm, or any firm or entity for which any principal(s) or employee(s) are or have been associated, been given notice that an administrative hearing is scheduled with this Board? If yes, provide the name of the individual or entity which is scheduled for a hearing and the date of the hearing.
		<b>2C.</b> Have you* or any principal(s) or employee(s) of your firm, or any firm or entity for which any principal(s) or employee(s) are or have been associated, been issued a fine by this Board? If yes, provide the name of the individual or entity against which the fine was levied, the amount of the fine, and the date, if applicable, that the fine was paid.
		<b>3.</b> Has any bonding or surety company ever completed or made financial settlements upon any contract in which you* or your principals were interested? If yes, explain on a separate sheet.
		<b>4.</b> Have you* or principals of your firm ever been adjudicated or bankrupt under individual or any firm name whatsoever, in the State of Louisiana, or any other state, or made any assignment either voluntary or otherwise, for the benefit of, or in fraud of creditors? If yes, explain on separate sheet.
		<b>5.</b> Have you* or principals ever failed in business or to complete a contract? If yes, explain on separate sheet.
		<b>6.</b> Are there now any liens, suits, judgements, garnishments or attachments pending or recorded against you* or principals of your firm or against any firm in which you or principals were interested at the time such indebtedness was created, or against any property involved under any of your contracts arising out of your, or principal's previous operations either in this state or elsewhere? (For the purpose of this question, an obligation is not satisfied by a discharge of bankruptcy or the expiration of the Statute of Limitations.) If Yes, please explain on separate sheet.
		<b>7.</b> Have you* or principals in your firm been convicted of a felony or a misdemeanor other than violation of traffic laws? If yes, explain on separate sheet.
		<b>8.</b> Are you* involved as a defendant in pending legal actions?
		<b>9.</b> How many years has your firm been in business as (A) a contractor? (B) performing the type of work for which you are now seeking a license?

<b>10.</b> Give the names and current addresses of any persons or firms in the contracting business with whom you or principals of your firm have associated as partners or co-venturers in the last five years			
Name	Address		
<b>11A.</b> If Corporation, complete this section. <b>***ATTACH A LIST OF CURRENT STOCKHOLDERS AND PERCENTAGE OF OWNERSHIP FOR EACH ***</b>		Date Incorporated	State of Incorporation
Registered Agent's Name		Vice-President's Name	Social Security Number
President's Name	Social Security Number	Secretary-Treasurer	Social Security Number
<b>11B.</b> If Partnership, complete this Section.	Date of Organization	Is Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
Names of Limited and General Partners	Social Security Numbers	Addresses of Partners	
<b>11C.</b> If limited liability company, complete this Section.	Date of Organization	<small>If the Articles do not clearly identify the names of all <b>members</b>, you must also submit the Operating Agreement or Initial Report, whichever identifies the original members of the firm. If the membership has changed since the LLC was first organized, you must provide signed documentation reflecting all changes.</small>	
Names of Members (Not Managers)	Social Security Numbers	Addresses of Members	
<b>12.</b> LICENSE FEE TO ACCOMPANY APPLICATION \$ _____ PAYABLE TO THE STATE LICENSING BOARD FOR CONTRACTORS. SEE FEE STRUCTURE ON PAGE 7.			
<b>REFERENCES - (ONLY ONE REQUIRED)</b>			
<b>13A.</b> LICENSED CONTRACTOR	LICENSE #	STREET OR P.O. BOX, CITY, STATE, ZIP	CONTACT PERSON
<b>OR</b>			
<b>13B.</b> MATERIAL SUPPLY DEALER		STREET OR P.O. BOX, CITY, STATE, ZIP	CONTACT PERSON
<b>CLASSIFICATION FOR LICENSE</b>			
<b>14.</b> In the space below, you must state the classification(s) of Contracting for which you are applying (See Page 7). If you cannot find a classification that adequately describes the type of work you perform, please provide a detailed description of your work. You may attach a separate sheet, if needed.			
Classification name: _____			

**AFFIDAVIT**

18.

A. 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.

B. Is the applicant who is to qualify this business organization presently qualifying or attempting to qualify another business organization?  
 YES     NO    If yes, how many? \_\_\_\_\_

If yes, give name(s) of organization(s). \_\_\_\_\_

Firm Name (printed or typed)	Present Address of Applicant	City	State	Zip Code

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 of Applicant, Officer or Authorized Representative

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print Name and Address of Notary Public

## STATE LICENSING BOARD FOR CONTRACTORS CLASSIFICATIONS

*(All major classifications are in boldface)*

### I. BUILDING CONSTRUCTION

Sub-Classification and/or Specialty:

1. Acoustical Treatments
2. Air Conditioning Work, Ventilation, Refrigeration and Duct Work
3. Electrical Construction for Structures
4. Fire Sprinkler Work
5. Foundations for Buildings, Equipment or Machinery
6. Incinerator Construction
7. Installation of Equipment, Machinery and Engines
8. Installation of Pneumatic Tubes and Conveyors
9. Insulation for Cold Storage and Buildings
10. Insulation for Pipes and Boilers
11. Landscaping, Grading and Beautification
12. Lathing, Plastering and Stuccoing
13. Masonry, Brick, Stone
14. Ornamental Iron and Structural Steel Erection, Steel Buildings
15. Painting and Interior Decorating, Carpeting
16. Pile Driving
17. Plumbing
18. Residential Construction
19. Rigging, House Moving, Wrecking and Dismantling
20. Roof Decks
21. Roofing and Sheet Metal, Siding
22. Sheet Metal Duct Work
23. Steam and Hot Water Heating in Buildings or Plants
24. Stone, Granite, Slate, Resilient Floor Installations, Carpeting
25. Swimming Pools
26. Tile, Terrazzo and Marble
27. Water Cooling Towers and Accessories
28. Dry Walls
29. Driveways, Parking Areas, etc., Asphalt and/or Concrete Exclusive of Highway and Street Work
30. Fencing

### II. HIGHWAY, STREET AND BRIDGE CONSTRUCTION

Sub-Classification and/or Specialty:

1. Driveways, Parking Areas, etc., Asphalt and/or Concrete
2. Highway and Street Sub-surface Drainage and Sewer Work
3. Permanent or Paved Highways and Streets (Asphalt Hot and Cold Plant Mix)
4. Permanent or Paved Highways and Streets (Asphalt Surface Treatment)
5. Permanent or Paved Highways and Streets (Concrete)
6. Permanent or Paved Highways and Streets (Soil Cement)
7. Secondary Roads
8. Undersealing or Leveling of Roads
9. Earthwork, Drainage and Levees
10. Clearing, Grubbing and Snagging
11. Culverts and Drainage Structures
12. Concrete Bridges, Over and Under Passes
13. Steel Bridges, Over and Under Passes
14. Wood Bridges, Over and Under Passes
15. Landscaping, Grading and Beautification
16. Fencing

### III. HEAVY CONSTRUCTION

Sub-Classification and/or Specialty:

1. Clearing, Grubbing and Snagging
2. Dams, Reservoirs and Flood Control Work Other Than Levees
3. Dredging
4. Electrical Transmission Lines

### III. HEAVY CONSTRUCTION (Continued)

5. Foundations and Pile Driving
6. Industrial Piping
7. Industrial Plants
8. Industrial Ventilation
9. Oil Field Construction
10. Oil Refineries
11. Railroads
12. Transmission Pipeline Construction
13. Tunnels
14. Wharves, Docks, Harbor Improvements and Terminals
15. Landscaping, Grading and Beautification
16. Fencing

### IV. MUNICIPAL AND PUBLIC WORKS CONSTRUCTION

Sub-Classification and/or Specialty:

1. Filter Plants and Water Purification
2. Pipe Work (Gas Lines)
3. Pipe Work (Sewer)
4. Pipe Work (Storm Drains)
5. Pipe Work (Water Lines)
6. Power Plants
7. Sewer Plants or Sewer Disposal
8. Underground Electrical Conduit Installation
9. Landscaping, Grading and Beautification
10. Fencing

### V. ELECTRICAL WORK

Sub-Classification and/or Specialty:

1. Electrical Transmission Lines
2. Electrical Work for Structures
3. Underground Electrical Conduit Installation
4. Electrical Controls

### VI. MECHANICAL WORK

Sub-Classification and/or Specialty:

1. Heat, Air Conditioning, Ventilation, Duct Work and Refrigeration
2. Industrial Pipe Work and Insulation
3. Plumbing
4. Controls for Mechanical Work

### VII. HAZARDOUS MATERIALS

Sub-Classifications

1. Asbestos Removal and Abatement
2. Hazardous Materials Cleanup and Removal
3. Hazardous Materials Site Remediation

### VIII. PLUMBING

Sub-Classifications:

1. Potable and Nonpotable Water Systems, Construction, Removal, Repair, and Maintenance for Buildings and Premises.
2. Sanitary and Nonsanitary Waste and Sewerage Construction; Removal, Repair, and Maintenance for Buildings and Premises.

### IX. SPECIALTY

(State type of specialty requested)

(A person may obtain a specialty classification under any of the above listed sub-classifications or under any other sub-classification not listed in which he is presently performing).

**FEES:** See Fee Schedule provided by this agency.

**EXAMINATION FEE:** See Fee Schedule provided by this agency.

## IMPORTANT

### **PLEASE READ CAREFULLY** **REQUIREMENTS**

1. License for projects \$50,000.00 or more (\$1 or more for hazardous).
2. There is a sixty (60) day waiting period for out-of-state contractors from the date an application is received in this office before a license can be issued.
3. Obtain a Certificate of Good Standing (Corp.) or Existence (LLC) to do business in Louisiana before the contractor's license can be issued.  
Contact: Secretary of State, P.O. Box 94125, Baton Rouge, Louisiana 70804-9125, Phone (225) 925-4704.
4. A basic written examination is given for the classifications requested. Exams are scheduled upon receipt of application and fee.
5. OTHER STATE REGULATORY AGENCIES:
  - a. The State of Louisiana imposes sales and use, individual income, withholding, corporate income, corporate franchise, gasoline, and special fuels taxes. You may obtain information about these taxes from the Louisiana Department of Revenue at [www.rev.state.la.us](http://www.rev.state.la.us).
  - b. For information on unemployment compensation, contact the Louisiana Department of Labor at [www.ladol.state.la.us](http://www.ladol.state.la.us).
  - c. All cities and most towns in Louisiana require all construction to be registered and a permit issued for same; such offices are generally located in the Municipal Building. Municipal building codes, occupational and sales taxes vary for each municipality and should be checked locally.

If you have any questions concerning the completion of this application, you may contact the application section at the address as shown on the front of this application or you may call (225) 765-2301.