

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.

IMPORTANT INFORMATION
PLEASE READ BEFORE ATTEMPTING TO COMPLETE
APPLICATION

1. **All** questions pertaining to the entity in which you are applying for licensure must be answered. The form must be accompanied by the required fees.
2. Examinations are scheduled after receipt of the completed application, the completed qualifying party application, and any other required qualifying party documentation. The Business and Law study guide will be mailed upon receipt of the completed application and appropriate fee. Reference lists for all major classifications and selected specialty classifications are available on our website under "Need a Form?" at www.lslbc.louisiana.gov.
3. If you operate as a corporation, you **must** submit a reproduced copy of your certificate of good standing as filed with the Louisiana Secretary of State's office along with a copy of the original Articles of Incorporation. If you operate as a limited liability company, you **must** submit a reproduced copy of your certificate of existence along with a copy of your original Articles of Organization.
4. **OUT-OF-STATE CONTRACTORS:** Contractors domiciled outside the State of Louisiana making application for a contractor's license are required to submit a \$400.00 surcharge fee in addition to the regular license fee. A period of 60 days must elapse from the date the application is received in this office until the date the license may be issued.

If you operate as a corporation, you **must** submit a reproduced copy of your certificate of good standing as filed in the State of Louisiana along with a copy of your original Articles of Incorporation. If you operate as a limited liability company, you **must** submit a reproduced copy of your certificate of existence along with a copy of your original Articles of Organization. If you have not qualified in Louisiana as an out-of-state corporation or limited liability company, you may contact the Louisiana Secretary of State, Corporation Division, P.O. Box 94125, Baton Rouge, Louisiana, 70804 - telephone number (225) 925-4704.

5. **FINANCIAL STATEMENT:** You **must** furnish a notarize financial statement prepared by an **independent auditor** (certified public accountant). **THE ENCLOSED FORM MUST BE USED.**
6. For all work involving the major classification of Hazardous Materials or the sub-classification of Hazardous Waste Treatment and Removal and the sub-classification of Asbestos Abatement and Removal, you must have a Louisiana contractor's license **before** bidding, contracting, or performing work in the amount of \$1.00 or more. If you are applying for a license with the major classification of Hazardous Materials, the sub-classification of Asbestos Abatement and Removal or the specialty classification of Underground Storage Tanks, your qualifying party must receive supervisor's certification from the Louisiana Department of Environmental Quality before the exam may be scheduled and the license may be issued. If you are applying for the sub-classification of Lead Based Paint Abatement and Removal, your qualifying party must receive the letter of approval from the Louisiana Department of Environmental Quality. A copy of the appropriate certification or letter of approval must be submitted with the qualifying party application. You may access the website for the Department of Environmental Quality at www.deq.state.la.us.
7. Applicants for any classification or sub-classification of **PLUMBING** must submit a copy of their statewide Master Plumber license before the contractor's license may be issued. Information regarding the statewide Master Plumber license may be obtained from the State Plumbing Board of Louisiana, 12497 Airline Highway, Baton Rouge, Louisiana 70817 – telephone number (225) 756-3434.
8. Any project totally owned by the Federal Government is exempt from the licensing law regardless of the dollar amount.
9. **The official agenda is mailed ten (10) days prior to each Board meeting. In order to be placed upon the agenda for approval by the Board, an application must have met all requirements and must be complete at that time.**
10. You are not eligible to bid, contract or perform work in the amount of \$50,000 or more (\$1 or more for hazardous) in the State of Louisiana until your license is issued. (See the exception listed in item number 8 above).
11. Please mail all information pertaining to the application form directly to the attention of the Application Section. If you have any questions, please call (225) 765-2301.
12. **RESIDENTIAL CONTRACTORS** must complete a **separate** application for Residential Building Contractor Information regarding the residential building license may be obtained from the Application Section at (225) 765-2301.
13. **MOLD REMEDIATION CONTRACTORS** must complete a **separate** application for Mold remediation. Information regarding the mold remediation license may be obtained from the Application Section at (225) 765-2301.
14. **HOME IMPROVEMENT CONTRACTORS** must complete a **separate** application for Home Improvement. Information regarding the home improvement license may be obtained from the Application Section at (225) 765-2301.

OVER

IMPORTANT INFORMATION REGARDING EXAMINATION SCHEDULING AND OUR EXAMINATION PROGRAM

Due to extremely heavy examination scheduling loads, we ask that you read and comply with the following policy statements. Although we give new applicants priority in scheduling examinations and attempt to have your examination scheduled within 2-3 weeks after receipt of your application, failure to comply with the following could result in a delay in scheduling your examination and, of course, a subsequent delay in the issuance of your license.

1. Examinations will not be scheduled unless you submit the following: (1) a qualifying party application for **each** qualifying party applicant even if that person has already tested or is currently serving as qualifying party on another license – **NO EXCEPTIONS**, (2) all required documentation **as explained on the enclosed Application for Qualifying Party**, (3) all fees (see enclosed Fee Schedule Worksheet), and (4) copies of any required Department of Environmental Quality certifications/letters of approval (see item number 6 on the application cover page under Important Information).
2. Upon receipt of the above, you will be sent an examination date, further information regarding the examinations and a study guide for the Business and Law examination if applicable.
3. Exams are administered three days a week (Tuesdays through Thursdays) at out offices located at 2525 Quail Drive, Baton Rouge. Reporting time for the examination is 8:15 a.m.
4. When you receive your examination scheduling notice please review the test date. If this date is not acceptable to you, you must **NOTIFY** us by fax, voice mail or phone at least five(5) working days before the date you were scheduled. First reschedule request is \$25; second reschedule request is \$50; and third or more reschedule request is \$75.
5. If you fail to appear for the examination on the date assigned, you will be required to submit a **written** request to reschedule. First forfeit fee of \$100 plus \$25 processing fee; second forfeit fee is \$100 plus \$50 processing fee; and third or more forfeit fee is \$100 plus \$75 processing fee.

It is the Board's policy that all examinations are set at the minimum level of job knowledge and expertise required to safely operate within the State of Louisiana. In most cases this minimum level equates to the standards expected of an entry level or beginning contractor.

As part of our commitment to update our examination program, we make every effort to provide you with a breakdown of the examination content and a list of appropriate study materials (where available). In the case of the Business and Law examination, a study guide will be sent to you **after** the completed application is received in our office. It is our belief that a few close readings of the business and law study guide should be sufficient preparation for the examination. The "trade" examinations are based upon general working knowledge of the field in which you wish to be licensed.

If you are disabled and need special testing accommodations, please inform us in writing and describe the accommodations you need.

The Board is not affiliated with any school or seminar program nor do we endorse the use of any school or seminar program. Sufficient preparation and study on your part should ensure success on our exams.

RECIPROCITY

The Board has formal written reciprocal agreements with the States of Alabama, Arkansas, Mississippi, South Carolina, Tennessee, and Utah as well as the North Carolina Electrical Examiners' Board. Reciprocity is limited to requests for waiver of the sixty (60) day out-of-state waiting period and consideration of waiver of trade examinations. The Business and Law examination cannot be waived for out-of-state contractors.

1. A contractor seeking reciprocity must complete and submit an application for a Louisiana contractor's license along with all the financial requirements. The contractor must hold a current license for the last three consecutive year period from the current application date in a comparable classification within the state from which he or she is **domiciled** (i.e., Alabama, Arkansas, Mississippi, South Carolina, Tennessee, Utah or North Carolina). The contractor must be free of official disciplinary actions during the three year consecutive period of licensure. Official disciplinary action, for purposes of reciprocity, is defined as a contractor being charged with a violation whose penalties include license suspension or revocation.
2. The applicant must have the contractors' licensing board of the state in which he or she is domiciled complete a license verification form provided by this Board and mail said form directly to this Board. The Board retains the authority to consider each applicant's request on a case-by-case basis.
3. The applicant **must take** and **pass** Louisiana's Business and Law examination prior to being issued a license.

*****TEXAS***** - The Board has a written reciprocal agreement with the Texas Department of Licensing and Regulation which recognizes the Texas Master Electrician examination as comparable to the Louisiana Electrical Work Statewide exam. **NO OTHER** provisions for reciprocity apply.

IMPORTANT INFORMATION

Effective January 1, 2009, all plumbers, electricians, and mechanical contractors are required to obtain a State commercial license with the State Licensing Board for Contractors to bid, contract, perform work, or be issued a permit for these trades if the cost of a project is in the amount of \$10,000 or more.

All application forms must be the original form, typed or hand written in black ink. Copies or reproductions of any application form will **NOT** be accepted. **ALL FORMS MUST BE COMPLETED.**

All applicants for a contractor's license regardless of business type must submit the following forms, documents and information:

LICENSE FEE

If the required application fees are not included upon submission of your application, your application **will be returned** to you. (See page 7 & Fee Schedule Worksheet)

Make checks payable to: *State Licensing Board for Contractors*

CLASSIFICATION (Page 2, Item 10)

A partial listing of classifications may be found on Page 7. If your type of work is not listed, please write a detailed description of the type of work you perform and we will assign the proper classification.

AFFIDAVIT (Page 6, Item 15)

This affidavit must be signed by the owner (sole proprietorships), an officer (corporations), a partner (partnerships) or a member (limited liability companies). **ALL SIGNATURES MUST BE NOTARIZED.**

FINANCIAL STATEMENT (Pages 3 and 4)

The financial statement **must** be completed on the **ORIGINAL** form. This form must be completed by an independent auditor (*certified public accountant*).

1. This form must be current to within twelve (12) months of the date of filing.
2. Balance sheets and auditor reports may **not** be used in place of the original form.
3. You must show a net worth in assets of at least ten thousand dollars (\$10,000).
4. The financial statement must be signed by the owner, officer, partner or member before a NOTARY PUBLIC.
5. The independent auditor (CPA) who prepares the financial statement must also sign the form before a NOTARY PUBLIC. A CPA firm name **MAY NOT** be used in lieu of the individual signature of the CPA who completed the financial statement.
6. If an opinion letter of compilation report letter is attached to the financial statement, the letter must be signed by the individual CPA who completed the financial statement.

WORK EXPERIENCE (Page 5)

The ORIGINAL form must be used. If your firm is a new firm with no prior work experience, write "New, no experience" for item 17 and answer item 18.

APPLICATION FOR QUALIFYING PARTY

This application must be completed by the person you designate to take the required examination(s). Qualifying party applicants will not be scheduled for exams until all requirements are met. (Requirements are listed below.) This application must also be completed even if the designated qualifying party designate has **previously tested** with this Board.

REQUIREMENTS FOR QUALIFYING PARTY

Sole Proprietor (Individual) – Check item number six (6) for individual.

Spouse of Sole Proprietor (Individual) – Provide a copy of your marriage license.

Partnership – Provide a copy of your partnership agreement in which you are named as a partner.

Original Member of a LLC – Provide a copy of the original articles of organization in which your name is listed as a **member** not manager.

Stockholder of a corporation who was an original incorporator or original stockholder as shown in the articles of incorporation – Provide a copy of the original articles of incorporation in which your name is

listed as one of the original incorporators. If you are not listed in the original articles provide a copy of the original stock certificate **AND** a copy of the company's Bylaws.

Employee – Attached copies of cancelled payroll checks for the 120 days prior to the application date along with a master payroll record showing all applicable deductions (e.g. FICA).

(If additional qualifying parties are desired, this form may be reproduced. This is the **ONLY** form which may be reproduced.)

EXAMINATIONS

Examinations must be taken and passed at least ten (10) days **prior** to a Board meeting. Examinations are given each week (except for holidays) at our offices in Baton Rouge only. See the application for further information. Examination fees are shown on page 7 and the Fee Schedule Worksheet.

WATER WELL DRILLING

Qualifying parties for the classification of **Water Well Drilling** **must** have a water well drilling contractor license from the Louisiana Department of Transportation and Development. A copy of this license **must be** submitted with the Qualifying Party application. No written examination is administered by the State Licensing Board for Contractors for the classification of **Water Well Drilling**.

In addition to the information required for all applicants, the following entities **must** also provide additional information or documents:

CORPORATIONS

ARTICLES OF INCORPORATION – required for ALL corporations. Send a copy of the articles of incorporation signed by the original organizers. Include all amendments or name changes with the original articles.

CERTIFICATE OF GOOD STANDING from the LOUISIANA SECRETARY OF STATE. (Page 7, Item 3).

LIMITED LIABILITY COMPANIES

ARTICLES OF ORGANIZATION (Page 2, Item 11C) You must provide a copy of the articles of organization which lists the MEMBERS (not managers or managing members) and gives the date of organization.

CERTIFICATE OF EXISTENCE from the LOUISIANA SECRETARY OF STATE (Page 7, Item 3).

PARTNERSHIPS

PARTNERSHIP AGREEMENT (Page 2, Item 11B) You must provide a copy of the partnership agreement which includes the names of the partners and the date of organization.

BOARD MEETINGS

Meetings of the State Licensing Board for Contractors are held on the third Thursday of each month.

ONLY applicants meeting all requirements for licensure will appear on the agenda. All requirements are met when all application forms, documentation, and applicable fees have been received; the Board's staff has completed their investigation of the applicant's work experience, bank references have been received, and **ALL** examinations have been taken and passed by the applicant's designated qualifying party.

For **NON-LOUISIANA** applicants a 60 day period (from the date your application is received in the office) must be met before it can be presented to the board for approval.

STATE OF LOUISIANA
STATE LICENSING BOARD FOR CONTRACTORS

2525 QUAIL DRIVE
BATON ROUGE, LOUISIANA 70808
PHONE (225) 765-2301 FAX (225) 765-2690

www.lslbc.louisiana.gov

**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 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 black 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)				
ADDRESS OF PRINCIPAL PLACE OF BUSINESS	Physical Address (Street Name and No.)		City	State
	Mailing Address (P.O. Box or Street Address)		City	State
Phone No. Area Code ()	FAX No. Area Code ()	E-mail 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

Yes		No		YOU MUST ANSWER YES OR NO TO QUESTIONS 1-8			
		1A. 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. _____					
		1B. 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 _____					
		1C. 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) _____					
		2A. 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.					
		2B. 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.					
		2C. 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.					
		3. 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.					
		4. 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.					
		5. Have you* or principals ever failed in business or to complete a contract? If yes, explain on separate sheet.					
		6. Are there now any liens, suits, judgments, 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.					
		7. 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.					
		8. Are you* involved as a defendant in pending legal actions?					
	9.	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?					

10. 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		
11A. If Corporation, complete this section. ***ATTACH A LIST OF CURRENT STOCKHOLDERS AND PERCENTAGE OF OWNERSHIP FOR EACH ***		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
11B. 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	
11C. If limited liability company, complete this Section.	Date of Organization	<small>If the Articles do not clearly identify the names of all members, 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	
12. LICENSE FEE TO ACCOMPANY APPLICATION \$ _____ PAYABLE TO THE STATE LICENSING BOARD FOR CONTRACTORS. SEE FEE STRUCTURE ON PAGE 7.			
REFERENCES - (ONLY ONE REQUIRED)			
13A. LICENSED CONTRACTOR	LICENSE #	STREET OR P.O. BOX, CITY, STATE, ZIP	CONTACT PERSON
OR			
13B. MATERIAL SUPPLY DEALER		STREET OR P.O. BOX, CITY, STATE, ZIP	CONTACT PERSON
CLASSIFICATION FOR LICENSE			
14. In the space below, you must state the classifications(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) and \$10,000 for mechanical, electrical and plumbing.
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.
 - b. For information on unemployment compensation, contact the Louisiana Department of Labor at 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.

WORK EXPERIENCE

Firm Name and Address

THIS FORM MUST BE USED FOR WORK EXPERIENCE (NO ATTACHMENTS)

15. Show the last five jobs your organization has completed. If you are a subcontractor, list the prime contractor for whom you performed the work. If prime contractor, list the owner for whom you performed the work. **IT IS IMPORTANT THAT YOU GIVE FULL INFORMATION ON EACH.** Incomplete information will result in delay of issuance of your license. **THE BURDEN OF COMPLETION LIES WITH YOU.**

**FOR OFFICIAL
USE ONLY**

FOR WHOM PERFORMED (Give Name and Complete Address, Zip Code)	JOB LOCATION (Street, City, State)	YEAR	DESCRIPTION OF WORK PERFORMED	SUB OR PRIME CONTRACTOR	CONTRACT AMOUNT	
1. Company Name Address Zip Code Contact Person						
2. Company Name Address Zip Code Contact Person						
3. Company Name Address Zip Code Contact Person						
4. Company Name Address Zip Code Contact Person						
5. Company Name Address Zip Code Contact Person						

COMPLETE SECTIONS 16 AND 17 ON REVERSE SIDE OF THIS PAGE.

16. If new business or no experience by this firm, list previous experience of principal officers, partners, or individuals.				
NAME	FOR WHOM EMPLOYED (Name and Address)	IN WHAT CAPACITY	NUMBER OF YEARS	
1.				
2.				
3.				
4.				

17. If business is not new, list experience of principal individuals of this organization. If previously licensed as a contractor in Louisiana, give company name and license number						
INDIVIDUAL'S NAME	PRESENT POSITION OR OFFICE IN YOUR ORGANIZATION	YEARS OF CONSTR. EXPERIENCE	WITH OR FOR WHOM (Company Name)	DATE		IN WHAT CAPACITY
				From Yr.	To Yr.	
1.						
2.						
3.						
4.						

LOUISIANA COMMERCIAL CONTRACTOR'S UNIFORM FINANCIAL STATEMENT

IMPORTANT – READ CAREFULLY

It is mandatory that your financial statement be submitted accurately and in accordance with the provisions of R.S. 37:2156.1(c). (Refer to top of page three.) **THIS FORM MUST BE USED.** Information must be inclusive within the last twelve (12) months and **MUST BE SIGNED BY THE APPLICANT AND INDEPENDENT AUDITOR (CPA) AND NOTARIZED.** The independent auditor (certified public accountant) **cannot** be associated with the applicant in any way.

NAME OF APPLICANT OR INDIVIDUAL SOLE PROPRIETOR _____

BUSINESS ADDRESS OF FIRM OR INDIVIDUAL SOLE PROPRIETOR _____

STATEMENT AS OF _____, 20 _____

<p>1-Cash _____</p> <p>(a) In bank \$ _____</p> <p>(b) Elsewhere _____ (explain) _____</p> <p>2-Accounts Receivable Completed Contracts _____</p> <p>3-Earned Estimates and Retainage- Uncompleted Contracts (not yet received) _____</p> <p>4-Work in Progress - Unbilled _____</p> <p>5-Notes Receivable _____</p> <p>6-Other Accounts Receivable _____</p> <p>7-Stocks and Bonds _____</p> <p>8-Materials in Stock- Not included in any items above (Present Value) _____</p> <p>(a) Available for contracts under way \$ _____</p> <p>(b) Other Materials \$ _____</p> <p>Other Current Assets (Explain) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Total Current Assets _____</p> <p>9-Equipment at Net Book Value _____</p> <p>10-Real Estate _____ Furniture and Fixtures at Net Book Value _____</p> <p>TOTAL ASSETS _____</p>			<p>11-Accounts Payable (a) Not Past Due _____</p> <p>(b) Past Due _____</p> <p>12-Owing Subcontractors _____</p> <p>13-Notes Payable Exclusive of Equipment Obligations _____</p> <p>14-Federal and State Income Taxes Payroll Taxes (including F.I.C.A., S.I.U. and Income Taxes withheld) _____</p> <p>Accrued Payroll & Expenses _____</p> <p>Other Current Liabilities _____ (Explain) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Total Current Liabilities _____</p> <p>15-Encumbrances on Equipment _____</p> <p>16- Encumbrances on Real Estate _____</p> <p>17-Billings in excess of costs on Uncompleted Contracts _____</p> <p>Other Liabilities (Explain) _____</p> <p>_____</p> <p>Due to Stockholders _____</p> <p>TOTAL LONG TERM LIABILITIES _____</p> <p>Capital (Corporation): Capital Stock _____</p> <p>Paid-in Surplus _____</p> <p>Retained Earnings _____</p> <p>TOTAL CAPITAL _____</p> <p>NET WORTH (Individual or Partnership) _____</p> <p>TOTAL LIABILITIES AND CAPITAL OR NET WORTH _____</p>		
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The undersigned applicant and independent auditor declare to the best of their knowledge that the information provided in this financial statement of assets, liabilities, and other information is true, correct, and complete under penalties of perjury.

(Signature of applicant)

(Signature of notary public)

Signature of Independent Auditor (CPA)

Print name of Independent Auditor (CPA)

Print address of Independent Auditor (CPA)

Phone Number of Independent Auditor (CPA)

Independent Auditor (CPA) affiliation with applicant

PLEASE DO NOT USE NOTARY SEAL BELOW THIS PERFORATED LINE

IMPORTANT – INSTRUCTIONS FOR COMPLETION OF FINANCIAL STATEMENT – READ CAREFULLY

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.

FINANCIAL STATEMENT IS ON THE REVERSE OF THIS PAGE

Financial Institution (Bank)

Name of Financial Institution: _____

Account Number: _____

Address of Financial Institution: _____

Street or P.O. Box, City, State, Zip Code

Contact Person at Financial Institution: _____

FINANCIAL INSTITUTION AUTHORIZATION

Please complete and sign the following financial institution authorization. You may print your financial institution's mailing address in the space directly below the "name of financial institution" line.

The undersigned hereby gives written authorization for _____
(Name of Financial Institution)

to furnish information concerning my account number _____ to the STATE LICENSING BOARD FOR CONTRACTORS.

(Signature of Applicant)

Date

Firm Name (Individual, Partnership, Corporation, LLC)

APPLICATION FOR QUALIFYING PARTY

This form must be completed by the person who has been designated as the qualifying party for the company. Each person to be listed as qualifying party must complete this form and provide all required documentation and fees.

ALL QUESTIONS MUST BE ANSWERED. If the space provided is not sufficient, use separate sheet(s) and attach. Additional forms will be provided upon request. However, if more than one qualifying party application is needed, a photocopy of **this form only** is acceptable for submission. All information must be printed in ink or typewritten.

QUALIFYING PARTY MUST MEET ONE OF THE FOLLOWING:

- SOLE PROPRIETOR (INDIVIDUAL)**
- SPOUSE OF SOLE PROPRIETOR (INDIVIDUAL)**
Provide a copy of your marriage license
- PARTNER**
Provide a copy of the partnership agreement in which you are listed as a partner.
- ORIGINAL MEMBER OF LLC**
Provide a copy of the original Articles of Organization and Initial Report identifying you as a member. If these documents do not identify **you as a member** (not manager), you must also submit a copy of the Operating Agreement which identifies you as a member.
- ORIGINAL INCORPORATOR OR ORIGINAL STOCKHOLDER IN THE ORIGINAL ARTICLES OF INCORPORATION.**
Provide a copy of the original Articles of Incorporation in which your name is listed as one of the original incorporators or provide a copy of the original stock certificate that was issued to you when the company was first formed.
- EMPLOYEE:** Date of Employment _____
 - A) You must be a FULL-TIME employee
 - B) Provide *employment verification (payroll proof) for four (4) months prior to this application.***Employment verification must be provided as noted below:**
 - DIRECT DEPOSIT:**
 1. Provide a LETTER from an officer of the company stating that you are a full-time employee and that you receive payroll by direct deposit.
 2. Provide a REGISTER that shows gross wages, FICA payroll deductions for EACH payroll period for four consecutive months.
 3. Provide one recent PAYCHECK STUB that verifies your check was directly deposited into your bank account or a computer printout that verifies the direct deposit transmittal information (an ACH Transmittal).
 - COMPANY CHECK:**
 1. Provide a REGISTER that shows gross wages, FICA payroll deductions for EACH payroll period for four consecutive months.
 2. Provide COPIES of each canceled payroll check (front and back). If your bank returns only small images of the canceled payroll checks, you must provide a copy of the page returned by the bank that shows each check has been cancelled.

(Year-to-date, quarterly, and cumulative information is NOT ACCEPTABLE)

FULL LEGAL NAME OF QUALIFIER _____
(First) (Middle) (Last) (Jr., Sr., etc.)

NAME OF COMPANY _____

ADDRESS _____
(Street or P.O. Box) (City) (State) (Zip)
(All scheduling letter and materials will be sent to this address)

(_____) (_____) (_____) _____
Work Number Cellular or Home Number Fax Number

Email Address of Qualifying Party _____

(Continued on reverse side)

A. Have you ever taken an examination with the Louisiana Contractors' Board?

Firm	Year Test Taken	Classifications(s)

B. Is this firm a parent or subsidiary company of a currently licensed Louisiana contractor?
_____ Yes _____ No

If Yes, give the name, address and Louisiana contractor's license number.

Firm	Address	License Number

C. List the names of **other** companies you have been affiliated with or employed by within the past five (5) years who previously held or currently hold a Louisiana contractor's license.

Firm	Address	License Number

D. Have you been involved in sanctions levied against the companies or been disqualified or debarred by any public entity? _____ Yes (Explain below*) _____ No

E. Has any firm for which you were the qualifying party received any type of disciplinary action by the Louisiana State Licensing Board for Contractors or any other state contractor licensing agency? _____ Yes (Explain below*) _____ No

F. Has any firm for which you were the qualifying party been disqualified or debarred by any public entity? _____ Yes (Explain below*) _____ No

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 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 AND DATED BY THE QUALIFYING PARTY AND A NOTARY PUBLIC.

Qualifying Party's Social Security Number

Signature of Qualifying Party

Sworn before me this _____ day of _____, 200__

(Notary Seal)

Signature of Notary Public

Print Name and Address of Notary Public

DO NOT WRITE IN THIS SPACE - OFFICIAL USE ONLY

Date Accepted _____ Q.P. # _____

Person Making Entry _____

Eligibility Status _____
