

# 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 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.

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## 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)

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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

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**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 \_\_\_\_\_

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