

# 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**

**All applicants applying for a Mold Remediator's license must submit the following items. Failure to provide the requested information will delay or prevent further processing of your file.**

#### **Sole Proprietorship/Individuals**

Original application completed in its entirety, signed by Applicant and notarized with all applicable fees in the form of a personal/company check, cashier's check, or bank money order.

Financial statement completed by an independent auditor (certified public accountant) and signed by the applicant and independent auditor (certified public accountant) and notarized. Statement must be on official form enclosed in the application packet.

Qualifying party application.

Proof by certificate that your qualifying party has completed twenty-four hours of board-approved course work in mold remediation and basic mold assessment and four hours of instruction in Louisiana's "Unfair Trade Practices and Consumer Protection Law."

Proof by certificate of current general liability insurance in the amount of \$50,000 and worker's compensation insurance **in the same name in which you are applying for a Mold Remediator's license**. This certificate must show effective/expiration dates and limits of coverage and the holder must be listed in the format as shown below:

State Licensing Board for Contractors  
P.O. Box 14419  
Baton Rouge, Louisiana 70898

#### **Corporations**

Original application completed in its entirety, signed by either the President, Vice President, or Secretary-Treasurer and notarized with all applicable fees in the form of a personal/company check, cashier's check, or bank money order.

Financial statement on the corporation completed by an independent auditor (certified public accountant) and signed by either the President, Vice President, or Secretary-Treasurer and independent auditor (certified public accountant) and notarized. Statement must be on official form enclosed in the application packet.

Copy of certificate from the Office of the Louisiana Secretary of State which reflects that the corporation is in good standing.

Copy of articles of incorporation which were drawn up when the corporation was originally formed.

Qualifying party application.

Proof by certificate that your qualifying party has completed twenty-four hours of board-approved course work in mold remediation and basic mold assessment and four hours of instruction in Louisiana's "Unfair Trade Practices and Consumer Protection Law."

Proof by certificate of current general liability insurance in the amount of \$50,000 and worker's compensation insurance **in the same name in which you are applying for a Mold Remediator's license**. This certificate must show effective/expiration dates and limits of coverage and the holder must be listed in the format as shown below:

State Licensing Board for Contractors  
P.O. Box 14419  
Baton Rouge, Louisiana 70898  
(Additional information on the back of this page)

## Partnerships

Original application completed in its entirety, signed by one of the partners, and notarized with all applicable fees in the form of a personal/company check, cashier's check, or bank money order.

Financial statement on the partnership completed by an independent auditor (certified public accountant) and signed by the applicant and independent auditor (certified public accountant) and notarized. Statement must be on official form enclosed in the application packet.

Copy of partnership agreement.

Qualifying party application.

Proof by certificate that your qualifying party has completed twenty-four hours of board-approved course work in mold remediation and basic mold assessment and four hours of instruction in Louisiana's "Unfair Trade Practices and Consumer Protection Law."

Proof by certificate of current general liability insurance in the amount of \$50,000 and worker's compensation insurance **in the same name in which you are applying for a Mold Remediator's license**. This certificate must show effective/expiration dates and limits of coverage and the holder must be listed in the format as shown below:

State Licensing Board for Contractors  
P.O. Box 14419  
Baton Rouge, Louisiana 70898

## Limited Liability Company

Original application completed in its entirety, signed by one of the members and notarized with all applicable fees in the form of a personal/company check, cashier's check, or bank money order.

Financial statement on the limited liability company completed by an independent auditor (certified public accountant) and signed by a member and independent auditor (certified public accountant) and notarized.

Articles of Organization. If the Articles do not list the **members**, you must also submit a copy of the Operating Agreement and/or Initial Report.

Certificate of Existence from the Office of the Louisiana Secretary of State which reflects that the limited liability company is registered to do business.

Qualifying party application.

Proof by certificate that your qualifying party has completed twenty-four hours of board-approved course work in mold remediation and basic mold assessment and four hours of instruction in Louisiana's "Unfair Trade Practices and Consumer Protection Law."

Proof by certificate of current general liability insurance in the amount of \$50,000 and worker's compensation insurance **in the same name in which you are applying for a Mold Remediator's license**. This certificate must show effective/expiration dates and limits of coverage and the holder must be listed in the format as shown below:

State Licensing Board for Contractors  
P.O. Box 14419  
Baton Rouge, Louisiana 70898



The signatory of this application guarantees the truth and accuracy of all statements and of all answers to the interrogatories hereinafter made.

As used on this Application, the terms “you” and “your” shall mean the applicant herein, whether an individual or an association, corporation, partnership, firm, sole proprietorship, 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 Mold Remediation. Where appropriate, the terms “you” and “yours” shall also include any partners, owners, or qualifying parties who are affiliated with the applicant.

YES NO

1A. Have “you” (as defined) ever been currently/previously licensed as a Mold Remediator in Louisiana?

Name of Licensee	Name of Individual/Firm	License No.
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1B. Have “you” (as defined) ever been currently/previously licensed as a Mold Remediator in any other state?

Name of Licensee	Name of Individual/Firm	State	License No. in that State
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1C. Have “you” (as defined) ever passed an examination given by the Louisiana State Licensing Board for Contractors? Please indicate by whom the individual was employed at the time the test was taken.

Name of Examinee(s)	Yr. Test Taken	Name of Firm	Classifications
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1D. Have “you” (as defined) ever had a Mold Remediator’s license denied, suspended or revoked by this or any other state, parish/county, or municipality? If yes, name person(s) or entity, regulatory agency, month and year, and explain circumstances.

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1E. Have “you” (as defined) ever had a commercial or residential contractor’s license denied, suspended or revoked by this or any other state, parish/county, or municipality? If yes, name person(s) or entity, regulatory agency, month and year, and explain circumstances.

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2. Has any bonding or surety company ever completed or made financial settlements upon any contract in which “you” (as defined) were interested? If yes, explain on separate sheet.

3. Have “you” (as defined) ever failed in business or to complete a contract? If yes, explain on separate sheet.

4. Have “you” (as defined) ever taken bankruptcy or failed in a business engaged in the practice of construction?

5. Are there presently any judgments against “you” (as defined) that have not been resolved? If yes, explain on a separate sheet.

6. Have “you” (as defined) ever been convicted of a felony? If yes, explain on a separate sheet.

7. How many years have “you” (as defined) been in business under the present name?

0 years     1-5 years     6-10 years     over 10 years



**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 to the best of my knowledge and belief and acknowledge that any purposeful false information submitted on behalf of myself and/or this applicant and verified by this signature is caused to have license denied or revoked by the State Licensing Board for Contractors.

All signatures, whether of individuals, partners, members or officers must be sworn to and notarized in space provided below:

**If Individual Sign Here:**

\_\_\_\_\_  
Individual

**If Partnership or Limited Liability Company Sign Here:**

\_\_\_\_\_  
Name of Firm

Member of Firm: \_\_\_\_\_ Member of Firm: \_\_\_\_\_

Member of Firm: \_\_\_\_\_ Member of Firm: \_\_\_\_\_

**If Corporation Sign Here:**

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
President

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/Authorized Representative

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

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

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

**LOUISIANA MOLD REMEDIATOR'S UNIFORM FINANCIAL STATEMENT**

**IMPORTANT – READ CAREFULLY**

It is mandatory that your financial statement be submitted in the NAME IN WHICH YOU ARE APPLYING FOR LICENSURE and in accordance with the provisions of R.S. 37:2156.1(c) printed below. **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 (CERTIFIED PUBLIC ACCOUNTANT) AND NOTARIZED.** The Board will accept an audit, review, or compilation report in lieu of signature by the independent auditor. The independent auditor (certified public accountant) **cannot** be associated with the applicant in any way.

NAME OF BUSINESS OR INDIVIDUAL \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
 Street City State Zip Code

STATEMENT AS OF \_\_\_\_\_, 20 \_\_\_\_\_.

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

The undersigned independent auditor (certified public accountant) and the applicant declare that 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 Preparer)
_____	_____ Your Title
_____	_____ Your Address
_____	_____ Your Phone Number
_____	_____ Your Affiliation with Applicant
_____	
_____	
_____	
_____	
_____	

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 a 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, inclusive.*

# 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. If these documents do not identify the **members** (not managers), you must also submit a copy of the Operating Agreement which identifies the members.
- 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 \_\_\_\_\_  
**YOU MUST BE A FULL-TIME EMPLOYEE**  
**PROVIDE PAYROLL FOR THE FOUR (4) MONTHS PRIOR TO THIS APPLICATION**  
**YEAR -TO-DATE, QUARTERLY AND CUMULATIVE INFORMATION IS NOT ACCEPTABLE**  
**Employment verification must be provided as noted below:**  
**DIRECT DEPOSIT:** Provide a letter from an officer of your company stating that you are a full-time employee and that you receive payroll by direct deposit. You **MUST** also provide a register that shows **GROSS WAGES, FICA PAYROLL DEDUCTIONS FOR EACH PAYROLL PERIOD** and an **ADVICE ADMIT FORM** or computer printout that verifies the direct deposit transmittal information.  
**COMPANY CHECK:** You must provide copies of canceled payroll checks (front and back) and a register that shows **GROSS WAGES AND FICA PAYROLL DEDUCTIONS FOR EACH PAYROLL PERIOD.** (If your bank returns only small images of the canceled payroll checks, you must provide copies of the images that are returned by the bank.)

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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 letters and materials will be sent to this address.)

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Work Number Cellular or Home Number Fax Number

Email Address of Qualifying Party \_\_\_\_\_

(Continued or reverse side)

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

Name of Firm	Year Test Taken	Classification(s)

B. Is this firm a parent of 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? \_\_\_\_\_ No \_\_\_\_\_ Yes (Explain below\*)

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? \_\_\_\_\_ No \_\_\_\_\_ Yes (Explain below\*)

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

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

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

**REFERENCES: (Please show complete mailing address, zip codes, and contact persons)**

**BANK:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

**MATERIAL SUPPLY DEALER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

**MATERIAL SUPPLY DEALER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_

The undersigned hereby gives written authorization for \_\_\_\_\_  
(Name of Bank)  
to furnish information concerning my account number \_\_\_\_\_ to the  
**STATE LICENSING BOARD FOR CONTRACTORS.**

\_\_\_\_\_  
(Signature of Applicant) (Date)

Firm Name \_\_\_\_\_  
(Individual, Partnership, Corporation, LLC, Other)

13. GIVE A LISTING OF MOLD REMEDIATION PROJECTS OF THE INDIVIDUAL OR FIRM APPLYING FOR LICENSURE.				OFFICIAL USE ONLY
FOR WHOM PERFORMED	JOB LOCATION (Street, City, State)	DESCRIPTION OF WORK PERFORMED	CONTRACT AMOUNT	
1. Name  Address <div style="border: 1px solid black; width: 100px; height: 15px; margin-left: 150px; margin-top: 5px;">Zip Code</div> Contact Person				
2. Name  Address <div style="border: 1px solid black; width: 100px; height: 15px; margin-left: 150px; margin-top: 5px;">Zip Code</div> Contact Person				
3. Name  Address <div style="border: 1px solid black; width: 100px; height: 15px; margin-left: 150px; margin-top: 5px;">Zip Code</div> Contact Person				
4. Name  Address <div style="border: 1px solid black; width: 100px; height: 15px; margin-left: 150px; margin-top: 5px;">Zip Code</div> Contact Person				
5. Name  Address <div style="border: 1px solid black; width: 100px; height: 15px; margin-left: 150px; margin-top: 5px;">Zip Code</div> Contact Person				

**WORK EXPERIENCE** (Continued)

14. 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.				