



## **HOME IMPROVEMENT REGISTRATION APPLICATION**

### **INSTRUCTIONS PAGE**

1. **Save** this application to your computer before you begin.
2. Complete the application.
  - Sections 1 – 4 must be completed as instructed.
  - Every question must be completed. If a question is not applicable, indicate.
  - If a space provided is not sufficient, attach separate sheet(s).
3. All signatures must be notarized.
4. **Social Security Numbers, Dates of Births, Tax ID's must be provided where required.**
  - Failure to provide this information where requested may result in denial of your application.
  - Your SSN/Taxpayer ID will not be released for any other purpose not provided by law.
5. **Louisiana Secretary of State Charter Number must be provided.**  
(Excluding Sole Proprietor and General Partnerships)
  - LLCs, Corporations, and Limited Partnerships must be registered with the Louisiana Secretary of State (LA SOS)
  - Joint Ventures are not required to be registered with the LA SOS but if you have registered, then you must provide your Charter Number
6. **A company email address MUST be provided. No exceptions!**
  - LSLBC will be sending letters, registration renewals, and other correspondence to the email address provided.
  - **Be sure to keep your email address up-to-date.**
7. Misrepresentation of information supplied by an applicant shall be deemed sufficient cause for denial of application or revocation of registration and/or subject to criminal prosecution for making false official statements, in accordance with LA R. S. 14:133.
8. Application must be accompanied by the required **\$75.00** Application fee. Fees are NONREFUNDABLE.
9. Due to Covid-19, we are temporarily accepting applications by email.  
  
Please email application with payment information to [application@lslbc.louisiana.gov](mailto:application@lslbc.louisiana.gov)
10. Note: Applicants are given **one year from the date the application is received** to meet all requirements. If all requirements are not met within the one year timeframe, the application and fees will be written off and the applicant will be required to submit a new application, documents, and fees.



**HOME IMPROVEMENT REGISTRATION APPLICATION**

**Section 1: IDENTIFYING INFORMATION**

**Name of Applicant**

- Once issued, applicants must conduct their contracting business under the exact name listed on the registration
- If applying as a company put company name as name of applicant below. Note: The company name must also match the business entity registered with LA Secretary of State
- If applying as a sole proprietor (individual), put your individual name as the name of applicant below.

**A. Full Legal Name of Applicant:**

**B. Type of Business:**

|                          |                                 |                          |                                     |
|--------------------------|---------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Corporation                     | <input type="checkbox"/> | Limited Partnership                 |
| <input type="checkbox"/> | General Partnership             | <input type="checkbox"/> | Joint Venture                       |
| <input type="checkbox"/> | Limited Liability Company (LLC) | <input type="checkbox"/> | Limited Liability Partnership (LLP) |
| <input type="checkbox"/> | Sole Proprietor (Individual)    |                          |                                     |

**C. If applying as a Sole Proprietor:** (required)

SSN:

Date of Birth:

**D. If applying as a Business Entity:** (required)

Tax ID/FEIN:

Louisiana Secretary of State Charter Number:

**E. Mailing Address of Principal Place of Business:**

|                            |  |
|----------------------------|--|
| P.O. Box or Street Address |  |
| City, State, Zip Code      |  |

**F. Physical Address of Principal Place of Business:**

|                        |         |     |
|------------------------|---------|-----|
| Street Name and Number |         |     |
| City, State, Zip Code  |         |     |
| Phone                  | Cell    | Fax |
| Email                  | Website |     |

*\*An email address must be provided. Correspondence will be sent to this email address.*

## Section 2: BUSINESS INFORMATION

*Note: This section is not required for Sole Proprietors (i.e. those applying in their individual name).*

**Complete the appropriate section below based on the type of business:**

- Only complete the section that applies to your type of business
- Dates of Births and Social Security Numbers are **required** for every officer, partner or member.

| Type of Business | Officers, Partners or Members | Full Name | Date of Birth<br>mm/dd/yyyy | Social Security Number |
|------------------|-------------------------------|-----------|-----------------------------|------------------------|
| Corporation      | President                     |           |                             |                        |
|                  | Vice President                |           |                             |                        |
|                  | Treasurer                     |           |                             |                        |
|                  | Fiscal Officer                |           |                             |                        |
| Partnership      | Partners                      |           |                             |                        |
|                  |                               |           |                             |                        |
|                  |                               |           |                             |                        |
| LLC              | Member(s)                     |           |                             |                        |
|                  |                               |           |                             |                        |
|                  |                               |           |                             |                        |

## Section 3: LEGAL INFORMATION

As used on this Application, the terms “you” and “your” shall mean the applicant, whether an individual or a corporation, partnership, firm, joint venture, limited liability company or any other business or legal entity with which the applicant is or has been affiliated, or principals of the applicant’s firm.

|   |  |  |
|---|--|--|
| <b>A.</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Have you ever filed bankruptcy as an individual or under any firm name whatsoever in Louisiana or in any other state (within the last ten years)?</b>   |
| If <b>YES</b> , provide copies of records showing the chapter filed, the initial debts submitted (including all creditors and the amount remaining owed each), and a discharge summary. For bankruptcies discharged over ten years ago, send only a copy of the discharge summary.  |  |  |
| <b>B.</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Are there now any Louisiana State tax liens, judgements or attachments pending or recorded against you, or against any firm in which you had interest at the time such indebtedness was created, or against any property involved under any of your contracts arising out of your previous operations in ANY state?</b> |
| If <b>YES</b> , provide a certificate of release or a payment plan, along with a statement from the legal agency showing that the plan is current.  |  |  |
| <b>C.</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Have you or principals in your firm been convicted of a felony or a misdemeanor other than a violation of traffic laws?</b>   |
| If <b>YES</b> , explain on separate sheet.  |  |  |
| <b>D.</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Do you have an outstanding notice of child support delinquency which has not been resolved?</b>   |
| If <b>YES</b> , provide a copy of the agreement with the court along with a letter from the Louisiana Department of Children and Family Services indicating that your child support payments are current.<br><b>Note:</b> “Resolved” means you are now current with your child support payments or have entered into a payment plan, which is also current. |  |  |

## Section 4: AFFIDAVIT

**Instructions for Affidavit:**

- Applicant, Officer or Authorized Representative must read each statement below and initial next to each (required)
- Applicant, Officer or Authorized Representative must print and sign name below and have signature notarized.

|                 |  |
|-----------------|--|
| <b>Initial:</b> | 1. 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 cause to have registration denied or revoked by the State Licensing Board for Contractors.  |
| <b>Initial:</b> | 2. I understand that the licensing board will use the mailing address and/or email address provided as official means of communication. I also acknowledge and understand that I will monitor the email address provided for official correspondence from LSLBC.   |
| <b>Initial:</b> | 3. I understand that any changes to my mailing address, physical address and/or email address must be updated with LSLBC.  |
| <b>Initial:</b> | 4. I hereby agree to comply with all Contractor Licensing Laws (La. Revised Statutes 37:2150-2192) and Contractor Rules and Regulations (Title 46 of the Professional and Occupations Standards) Part XXIX, Contractors, Chapters 1 – 7. A copy of this document can be viewed and downloaded from our website at: <a href="http://www.lslbc.louisiana.gov/wp-content/uploads/blue_book.pdf">http://www.lslbc.louisiana.gov/wp-content/uploads/blue_book.pdf</a> I understand that the Louisiana State Licensing Board for Contractors may take action to issue fines and penalties, and/or suspend or revoke any registration issued for violation of the laws and Rules and Regulations governing the licensing of contractors in Louisiana. |
| <b>Initial:</b> | 5. In accordance with La. R.S. 37:2175.2(C) and Rules and Regulations Sec. 105(B) for active home improvement registrations, I hereby certify that I will maintain the statutorily required insurance coverages for general liability and workers’ compensation without a lapse in coverage. In accordance with La. R.S. 37:2171.3, every home improvement contractor shall provide to every person with whom they contract current insurance certificates evidencing the amount of liability insurance coverage maintained and proof of workers’ compensation coverage. I understand that failure to maintain in force the insurance coverages while any of the registrations are active may result in disciplinary action by the board.      |

Sworn before me, Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ in \_\_\_\_\_, Louisiana.

\_\_\_\_\_  
Print Name of Applicant, Officer or Authorized Representative

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

\_\_\_\_\_  
Signature of Applicant, Officer or Authorized Representative

\_\_\_\_\_  
Notary/Bar #

*(Signature must be notarized.)*

# HOME IMPROVEMENT REGISTRATION

## CHECKLIST

- Complete all sections of the application, signed by applicant, and notarized
- \$75.00** Application Fee; payment by check, money order, credit card or electronic checking is accepted (**NO cash**)
- Registered with the Louisiana Secretary of State (**if applying as a business entity**)
  - Once registered, the Charter Number must be provided on the application
- Certificate(s) of General Liability **and** Workers' Compensation Insurance; both are required by all applicants
  - Must be emailed from agent to [insurance@lacontractor.org](mailto:insurance@lacontractor.org) **AFTER** the application is submitted
  - See specific insurance requirements on LSLBC website on the FAQ page

**\*\*IMPORTANT\*\***

**ALL APPLICANTS**---Be sure to include an email address on page 1 of the application. In the near future, LSLBC will be sending letters, notifications, renewals, etc. electronically to the email addresses provided. Be sure to keep this email address updated with LSLBC.

| Home Improvement Application Fees:  |   |                          |
|---|---|--------------------------|
| Home Improvement Application fee:   | \$75.00   |                          |
| <b>Payment Method – Processing Fee (<i>select one of the following</i>)</b> |   |                          |
| Pay by credit card  | \$2.00 convenience charge + 2.5% is added to the total amount   | <input type="checkbox"/> |
| Pay by electronic checking  | \$2.00 convenience charge + \$1.00 is added to the total amount | <input type="checkbox"/> |
| Pay by check/money order  | No charge - Make checks payable to "LSLBC"                      | <input type="checkbox"/> |
| <b>Total Application fees:</b>  | \$ _____  |                          |

| PAYMENT INFORMATION  |  |
|--|--|
| Name of Applicant (as typed on pg. 2): _____   |  |
| <b>*Complete all information below depending on payment method selected</b>          |  |
| <u>Credit Card Information</u>   |  |
| ❖ Processing Fee: \$2.00 convenience charge + 2.5% is added to subtotal amount       |  |
| Name on the Card: _____  |  |
| Card Type: _____ (VISA, MasterCard, American Express, etc.)                          |  |
| Account Number: _____  |  |
| Expiration Date: _____   | Security Code: _____   |
| Address of Cardholder: _____   |  |
| <u>Electronic Checking Information</u><br>(ACH Transaction)                          |  |
| ❖ Processing Fee: \$2.00 convenience charge + \$1.00 is added to the subtotal amount |  |
| Name on the Account: _____   |  |
| Name of Authorized Signer: _____   |  |
| Routing Number: _____  |  |
| Account Number: _____  |  |
| Account Type: (select one)   | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |