



**HOME IMPROVEMENT REGISTRATION APPLICATION**

**INSTRUCTIONS PAGE**

1. **Save** this application to your computer before you begin to complete it.
2. Complete the application.
  - **ALL** sections must be completed.
  - 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 licensure 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, license 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 license 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. Applications must be mailed to the following address:
 

**LSLBC  
Attention: Applications Department  
2525 Quail Drive  
Baton Rouge, LA 70808**

*\*We cannot accept applications by email or fax.*
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

- Once issued, applicants must conduct their contracting business under the exact name listed on the registration
- If applying as a company, the name on this application must match the business entity registered with LA Secretary of State

#### 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)	SSN:	Date of Birth:

#### C. If applying as a Business Entity: (required)

1. Tax ID/FEIN:
2. Louisiana Secretary of State Charter Number:

#### D. Mailing Address of Principal Place of Business:

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

#### E. Physical Address of Principal Place of Business:

Street Name and Number Address		
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).*

- Only complete the section that applies to your type of business
- Name, 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 mm/dd/yyyy	Social Security Number
<b>Corporation</b>	President			
	Vice President			
	Treasurer			
	Fiscal Officer			
<b>Partnership</b>	Partners			
<b>LLC</b>	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.

A.	<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.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Are there now any 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.
C.	<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 use separate sheet.
D.	<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. <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

- 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. In accordance with La. R.S. 2175.2(C) for home improvement registrations, I hereby certify that I will maintain the statutorily required insurance for general liability and workers’ compensation without a lapse in coverage. I understand that failure to do so 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  
*(Signature must be notarized.)*

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

# HOME IMPROVEMENT REGISTRATION

## CHECKLIST

- Complete all sections of the application, signed by applicant, and notarized
- \$75.00** Application Fee; check, money order or credit card is accepted (**NO cash**)
  - If paying by credit card, complete credit card section below and submit with application
  - If paying by check or money order, make payable to:
    - Louisiana State Licensing Board for Contractors or LSLBC
- 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.

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### Payment by Credit Card:

Home Improvement Application fee:	\$75.00
Credit Card Swipe fee:	\$7.00
<b>Total Application fees:</b>	<b>\$82.00</b>
<b><u>Credit Card Information</u></b>	
Card Type: _____ (VISA, MasterCard, American Express, etc.)	
Account Number: _____	
Expiration Date: _____	Security Code: _____
Address of Cardholder: _____	