



## CONTRACTOR'S LICENSE APPLICATION

### INSTRUCTIONS PAGE

1. **Save** this application to your computer before you begin.
2. Complete the application.
  - **ALL** sections must be completed.
  - Every question must be answered. 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. Submit separate application for **EACH** license type.
  - License types: Commercial, Residential, Mold Remediation
  - Do NOT use this application for Home Improvement Registration. The Home Improvement application may be downloaded by clicking [HERE](#).
5. **Social Security Numbers, Dates of Births, and 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.
6. **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). After registering, you will obtain the Charter Number from the 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
7. **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.**
8. 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.
9. Fees are NONREFUNDABLE. Click [HERE](#) for more information about fees.
10. 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)
11. 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.



## CONTRACTOR'S LICENSE APPLICATION

### Section 1: TYPE OF LICENSE

Select one of the following license types:

- Submit separate application for EACH license type

COMMERCIAL       RESIDENTIAL       MOLD REMEDIATION

### Section 2: IDENTIFYING INFORMATION

**Name of Applicant**

- Once issued, applicants must conduct their contracting business under the exact name listed on the license.
- 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 3: BUSINESS INFORMATION

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

**A. The following documents must be provided with application:**

- Articles of Incorporation (if Corporation)
- Articles of Organization (if LLC)
  - And Operating Agreement (if one is in effect)
- Partnership Agreement (if Partnership)

**B. 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 mm/dd/yyyy	Social Security Number
Corporation	President			
	Vice President			
	Treasurer			
	Fiscal Officer			
Partnership	Partners			
LLC	Member(s)			

## Section 4: CLASSIFICATION INFORMATION

**Enter at least one classification and the qualifying party(ies) representing the classification(s) below**

- Mold Remediation license only has one classification: **Mold Remediation**
- Residential and Commercial licenses have multiple classifications to choose from, click [HERE](#) for the **Classification List**.
  - The Classification List will also provide the requirements for the classification, information about the trade exam (if a trade exam is required) and a brief description of the classification.

**Need help determining what classification(s) to request?**

- The **Classification Matrix** is a new tool designed to help contractors who are unsure of what classification(s) or specialty classification(s) will cover the type of work they perform. The matrix will recommend a classification, or classifications, based on a user's response to a series of work performance type questions. Click [HERE](#) to access the Classification Matrix.

A. Classification(s): (enter at least one below)		B. Name(s) of the Qualifying Party(ies) representing EACH Classification:
1.	Classification:	Qualifying Party(ies):
2.	Classification:	Qualifying Party(ies):
3.	Classification:	Qualifying Party(ies):
4.	Classification:	Qualifying Party(ies):
5.	Classification:	Qualifying Party(ies):
6.	Classification:	Qualifying Party(ies):
7.	Classification:	Qualifying Party(ies):
8.	Classification:	Qualifying Party(ies):

### C. Business and Law Course:

- Required for Commercial, Residential and Mold Remediation applicants
- The Louisiana Business and Law course must be completed by at least **one** qualifying party for the company, no exceptions

**List the Qualifying Party(ies) who will be representing the company for the Louisiana Business and Law below:**

Qualifying Party(ies):

After reviewing the Classification List and the Classification Matrix (see links above), if you are still unsure of what classification(s) to request, provide a detailed description of your work below:

**COMPLETE THIS SECTION FOR EACH QUALIFYING PARTY**

**Section 5: APPLICATION FOR QUALIFYING PARTY**

***Qualifying Party:*** the person designated by the applicant to take the exam(s) or to hold the classification(s)

- This section must be completed, even if applying as a sole proprietor.
- You must submit a Qualifying Party Application for **EACH** qualifying party, even if the qualifying party has previously tested or is requesting reciprocity.
- Click [HERE](#) for eligibility requirements for Qualifying Party.
- The applicant may have more than one qualifier; Click [HERE](#) for additional Qualifying Party applications.

**A. QUALIFYING PARTY ELIGIBILITY**

Qualifying Party must meet one of the following: (Please check box that applies.)

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Sole Proprietor ( <i>Individual</i> )   |
| <input type="checkbox"/> | Spouse of Sole Proprietor ( <i>Individual</i> )   |
| <input type="checkbox"/> | Incorporator, Stockholder or Officer ( <i>Corporation</i> )   |
| <input type="checkbox"/> | Partner ( <i>Partnership</i> )  |
| <input type="checkbox"/> | Member or Manager ( <i>LLC</i> )  |
| <input type="checkbox"/> | Employee ( <i>has been in full-time employment for 120 consecutive days immediately preceding the application</i> ) |

**B. QUALIFYING PARTY INFORMATION**

**NOTE:** All correspondence and examination approval letters will be **EMAILED** to the email address below.

First	(PRINT)	Middle	(PRINT)	Last	(PRINT)	Jr/Sr, etc
-------	---------	--------	---------	------	---------	------------

Name of Company

Social Security Number (of Qualify Party)	Date of Birth (mm/dd/yyyy)
---	----------------------------

Mailing Address: (Street or P.O. Box)	City	State	ZIP
---------------------------------------	------	-------	-----

Work Number	Cell or Home Number	Fax Number
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Email address (of Qualifying Party) **MUST BE PROVIDED**

**C. CLASSIFICATION INFORMATION**

For which classification(s) will you be representing of the company as a qualifying party? (List Below)


**D. BUSINESS AND LAW**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p><b>Will you be representing the company for the Louisiana Business and Law?</b></p> <ul style="list-style-type: none"> <li>• Each company must have at least one qualifying party for the Louisiana Business and Law.</li> <li>• The Louisiana Business and Law course must be taken (or previously passed) by at least one qualifying party for the company, <u>no exceptions</u>.</li> </ul> |
|------------------------------|-----------------------------|---|

**E. QUALIFYING PARTY LEGAL QUESTIONS**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p><b>Do you have an outstanding notice of child support delinquency which has not been resolved?</b></p> <p>If <b>YES</b>, you will not be eligible as a qualifying party until the delinquency is resolved.</p> <p><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.</p> |
|------------------------------|-----------------------------|---|

## F. QUALIFYING PARTY AFFIDAVIT

### Instructions for Qualifying Party Affidavit:

- Qualifying Party must read and initial next to each statement (required)
- Qualifying Party must sign 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 on this form are true and accurate, and I 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.
<b>Initial:</b>	2. I understand that I must notify LSLBC in writing if I leave the company's employment or if I am no longer affiliated with the company listed on this application as the qualifying party.
<b>Initial:</b>	3. I understand that <b>IF</b> I am a qualifying party for a classification(s) that requires a current, active credential, such as a certification or license, from an outside agency or organization then I understand that the credential must remain current and active with that outside agency or organization while representing the classification(s) on the active contractor's license with LSLBC.
<b>Initial:</b>	4. 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>	5. I understand that any changes to my mailing address and/or email address must be updated with LSLBC.
<b>Initial:</b>	6. 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 by clicking <a href="#">HERE</a> . I understand that the Louisiana State Licensing Board for Contractors may take action to issue fines and penalties, and/or suspend or revoke the qualifying party status for violation of the laws and Rules and Regulations governing the licensing of contractors in Louisiana.

### Statement #7 below must be initialed if Qualifying Party is an EMPLOYEE of the company.

<b>Initial:</b>	7. I certify under penalty of perjury under the laws of the State of Louisiana that the qualifying party listed below is an employee of said applicant and has been in full-time employment for 120 consecutive days, and I acknowledge that any purposeful false information submitted on behalf of myself and verified by the signature below is cause to have qualifying party application denied or the license and qualifying party status revoked by the Louisiana State Licensing Board for Contractors. The employee shall be prepared to provide evidence of eligibility by furnishing evidence satisfactory to the board of employee's employment with the licensee or party seeking a license for the four preceding months if so requested by the Board.
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Sworn before me, Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ in \_\_\_\_\_, Louisiana.

\_\_\_\_\_  
Print Name of Qualifying Party

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

\_\_\_\_\_  
Signature of Qualifying Party (*notarized*)

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

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

(*Employer's signature is required if qualifying party is an employee and initialed #7 above*)

## Section 6: 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>Are you requesting reciprocity with a state with which Louisiana has a reciprocal agreement?</b>
	1. If <b><u>YES</u></b> , which state(s) are you reciprocating from:		
	2. If <b><u>YES</u></b> , provide a “ <i>Request for Verification of License</i> ” form, which was completed by the reciprocal state, and submit with your application. Click <a href="#">HERE</a> for reciprocity information and obtain the verification of license form.		
B.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Have you or any firm in which you were a principal been debarred or disqualified by any public entity?</b>
	If <b><u>YES</u></b> , please explain below:		
C.	<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><u>YES</u></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.		
D.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Are there now any Louisiana State tax liens, judgments, 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><u>YES</u></b> , provide a certificate of release or a payment plan, along with a statement from the legal agency showing that the plan is current.		
E.	<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 violation of traffic laws?</b>
	If <b><u>YES</u></b> , please explain below:		

## Section 7: COMPANY AFFIDAVIT

### Instructions for Company Affidavit:

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

### \*Statements 1 – 6 below must be initialed by ALL applicants. (commercial, residential and mold)\*

**Initial:**

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 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.

**Initial:**

2. I understand that I must notify LSLBC in writing if the qualifying party(ies) listed on this application or my license leaves employment and/or is no longer affiliated with my company within 30 days of the disassociation and another qualifying party must qualify within 60 days. La. R.S. 37.2156.1 (D)(1)

**Initial:**

3. I understand that once the license I am applying for is issued and if one or more classification(s) listed on my license requires a credential, such as a certification or license, from an outside agency or organization then I must maintain a current, valid credential with that outside agency or organization while holding an active license with LSLBC. Examples: Asbestos, Lead, Plumbing, Fire Sprinkler, Fire Alarms, etc.

**Initial:**

4. 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.

**Initial:**

5. I understand that any changes to my mailing address, physical address and/or email address must be updated with LSLBC.

**Initial:**

6. 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 by clicking [HERE](#). I understand that the Louisiana State Licensing Board for Contractors may take action to issue fines and penalties, and/or suspend or revoke any license issued for violation of the laws and Rules and Regulations governing the licensing of contractors in Louisiana.

### \*Statements 7 and 8 below must be initialed by Residential License applicants ONLY\*

**Initial:**

7. In accordance with La. R.S. 37:2167(B)(1) and Rules and Regulations Sec. 105(B) for active residential licenses, I hereby certify that I will maintain the statutorily required insurance coverages for general liability and workers' compensation without a lapse in coverage during the active license period. In accordance with La. R.S. 37:2171.3, every residential 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 required insurance coverages while any of the licenses are active may result in disciplinary action by the board.

**Initial:** 8. *For those applying for Residential Building Contractor classification ONLY.*

I hereby understand that, as a residential building contractor, the qualifying party is required to complete a minimum of six (6) hours of continuing education annually by a board approved provider. I understand that the contractor is required to maintain a copy of the certificate of completion of the continuing education for a five-year period, and that this certification is to be made available to the board upon request. I understand that if this company also holds a valid, current license in the major classifications of building construction; highway, street and bridge construction; heavy construction; or municipal and public works construction, this company is exempt from the continuing education requirement.

**\*Statement #9 below must be initialed by Mold Remediation License applicants ONLY\***

**Initial:** 9. In accordance with La. R.S. 2186(B)(6) and Rules and Regulations Sec. 105(B) for active mold licenses, I hereby certify that I will maintain the statutorily required insurance coverages for general liability and workers' compensation without a lapse in coverage during the active license period. I understand that failure to maintain in force the required insurance coverages while any of licenses are active may result in disciplinary action by the board.

**ALL applicants must print and sign name below and have signature notarized.**

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.)*

## Section 8: FINANCIAL STATEMENT AFFIDAVIT

### Instructions:

- Financial Statement Affidavit below shall be prepared in the **exact** same name in which you are applying
  - If applying in an individual's name, the financial statement must be performed on the individual.
  - If applying in a company name (LLC, Inc., etc.), the financial statement must be performed on the company
- Financial Statement Affidavit shall be accurate as of the date submitted and comply with La. R.S. 37:2156.1(c) as shown below
- Financial Statement Affidavit shall include the last twelve (12) months of financial information
- An Applicant's Financial Statement Affidavit must demonstrate a net worth of **at least \$10,000** to be eligible. If applicant's Financial Statement Affidavit does not show a net worth of at least \$10,000, the applicant may also provide a bond, letter of credit or other security acceptable to the Board to satisfy the net worth requirement.
- Financial Statement Affidavit must be **signed** and **notarized**
  - Must be signed by the preparer (i.e. an independent, unaffiliated accountant or bookkeeper)
  - Must be signed by the applicant (sole proprietor, owner or officer)
  - Signature of applicant must be notarized (preparer's signature does not have to be notarized)

### **R.S. 37:2156.1(c)**

*Furnish the board with a financial statement, prepared by an accountant, bookkeeper, or certified public accountant and signed by the applicant before a notary public, stating that the statement of applicant's assets and financial condition is true and correct. The 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. 44:57.*

### FINANCIAL STATEMENT AFFIDAVIT

**Name of Applicant:** \_\_\_\_\_

**Affidavit prepared on (date):** \_\_\_\_\_

**Total Assets:**           \$ \_\_\_\_\_

**Total Liabilities:**       \$ \_\_\_\_\_

**NET WORTH:**           \$ \_\_\_\_\_

The undersigned applicant and preparer declare to the best of their knowledge that the information provided in this financial statement affidavit of assets, liabilities and other information is true, correct and complete under penalties of perjury.

Executed before me, Notary Public, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_, Louisiana.

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

\_\_\_\_\_  
Signature of Preparer

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

\_\_\_\_\_  
Print Name of Preparer

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

\_\_\_\_\_  
Title of Preparer

*\*Preparer must be an independent accountant, CPA or bookkeeper*

# APPLICATION FEE SCHEDULE

<b>1 Classification Fees:</b>		
<i>Number of Classifications requested on application:</i>		
<input type="checkbox"/>	1 classification	\$100.00
<input type="checkbox"/>	2 classifications	\$195.00
<input type="checkbox"/>	3 classifications	\$290.00
<input type="checkbox"/>	4 classifications	\$385.00
<input type="checkbox"/>	5 or more classifications	\$400.00
<b>Total Classification Fees:</b>		\$ _____

<b>2 Examination Administrative/Research/Transaction Fees:</b>			
<i>* These fees are always required, no exceptions.</i>			
*Fee <u>per</u> classification <u>per</u> Qualifying Party (required):	\$120.00	Qty. _____	Total: \$ _____
*Business and Law Fee <u>per</u> Qualifying Party (required):	\$120.00	Qty. _____	Total: \$ _____
<b>Total Examination Administrative/Research/Transaction Fees:</b>			\$ _____

<b>3 Background Financial Investigations Fee:</b>	\$60.00
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<b>4 Out-of-State Contractors Fee:</b>		
<ul style="list-style-type: none"> <li><i>This fee is only applicable out-of-state companies or entities applying for a license</i></li> <li><i>This fee is in addition to the fees listed above.</i></li> </ul>		
Are you an out-of-state contractor? (If Yes, Fee: \$400.00)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Total Out-of-State Contractors Fee:</b>		\$ _____

<b>Subtotal of Application Fees</b> <small>*Total of Fees for Sections 1-4</small>	\$ _____
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<b>5 Payment Method – Processing Fee (select one of the following)</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 payable to “LSLBC”)	<input type="checkbox"/>
<i>*Complete credit card info or electronic checking info on pg. 12 and submit with application</i>		

<b>TOTAL APPLICATION FEES</b> <small>*includes credit card &amp; E-check processing fee</small>	\$ _____
<ul style="list-style-type: none"> <li><i>Checks or money orders made out to “Louisiana State Licensing Board for Contractors” or “LSLBC”</i></li> </ul>	

## PAYMENT INFORMATION

Name of Applicant (as typed on pg. 2): \_\_\_\_\_

**\*Complete all information below depending on payment method selected**

### **Credit Card Information**

❖ 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: \_\_\_\_\_

### **Electronic Checking Information**

(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)    Checking     Savings

## APPLICATION CHECKLIST

**Sole Proprietor:** An individual who is contracting, bidding, and/or performing work under their personal name and information given on the application should be about the individual. If operating as a D/B/A you will need to complete the application as a sole proprietor.

**General Partnership:** An unincorporated business that is created by an agreement with two or more co-owners called general partners. The information given on the application should be about the general partnership.

**CHECKLIST (FOR SOLE PROPRIETOR OR GENERAL PARTNERSHIP)**

- Application: completed, signed, and notarized
- Application for Qualifying Party: completed, signed, and notarized
- Financial Statement, signed by CPA/bookkeeper, signed by applicant and applicant signature notarized
- All required fees; see attached Application Fee Schedule
- Certificate of General Liability and Workers' Compensation Insurance (both types of insurance are required)
  - Required only for **Residential** and **Mold Remediation** applicants ONLY
  - **Proof of insurance is NOT REQUIRED for Commercial 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
- A copy of the Partnership Agreement (for **General Partnership** only)
- Any required copies of certificates, licenses, etc. from another agency or institute where a classification requires a credential in lieu of a trade exam.
  - **Examples:** Plumbing certificate, Asbestos certificate, Landscaping certificate

**Limited Liability Company, Limited Partnership or Corporation:** The company or corporation who will be contracting, bidding, and/or performing the work is the applicant and information given on the application should be about the company.

**LLC, LP, OR INC CHECKLIST**

- Application: completed, signed, and notarized
- Application for Qualifying Party: completed, signed, and notarized
- Financial Statement, signed by CPA/bookkeeper, signed by applicant and applicant signature notarized
- All required fees; see attached Application Fee Schedule
- Certificate of General Liability and Workers' Compensation Insurance; both types of insurance are required
  - Required for **Residential** and **Mold Remediation** applicants ONLY
  - **Proof of insurance is NOT REQUIRED for Commercial 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
- A copy of the company's Articles of Organization/Incorporation or Partnership Agreement.
- Any required copies of certificates, licenses, etc. from another agency or institute where a classification requires a credential in lieu of a trade exam.

**Examples:** Plumbing certificate, Asbestos certificate, Landscaping certificate
- Registered and "In Good Standing" with the **Louisiana** Secretary of State;
  - (This is required of ALL companies, including out-of-state companies.)

**\*IMPORTANT\***

**ALL APPLICANTS**---Be sure to include an email address on page 1 and page 5 of the application. LSLBC is now sending letters, notifications, renewals, etc. electronically to the email addresses provided. **Be sure to keep these email addresses updated with LSLBC.**