



CONTRACTOR'S LICENSE 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 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. 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.*
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 Exam:

- Required for Commercial, Residential and Mold Remediation applicants
- The Louisiana Business and Law exam must be taken and passed 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 exam 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"/>	Original Incorporator or Original Stockholder <i>(Corporation)</i>
<input type="checkbox"/>	Partner <i>(Partnership)</i>
<input type="checkbox"/>	Original Member <i>(LLC)</i>
<input type="checkbox"/>	Employee <i>(has been in full-time employment for 120 consecutive days immediately preceding the examination)</i>

B. QUALIFYING PARTY INFORMATION

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

First	<i>(PRINT)</i>	Middle	<i>(PRINT)</i>	Last	<i>(PRINT)</i>	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	
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>Will you be representing the company for the Louisiana Business and Law exam?</p> <ul style="list-style-type: none"> • Each company must have at least one qualifying party for the Louisiana Business and Law. • The Louisiana Business and Law exam must be taken and passed (or previously passed) by at least one qualifying party for the company, <u>no exceptions</u>.
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E. QUALIFYING PARTY LEGAL QUESTIONS

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Do you have an outstanding notice of child support delinquency which has not been resolved?</p> <p>If <u>YES</u>, you will not be eligible as a qualifying party until the delinquency is resolved. Note: “Resolved” means you are now current with your child support payments or have entered into a payment plan, which is also current.</p>
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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.

Initial:	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.
Initial:	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.
Initial:	3. I understand that IF 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.
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 and/or email address must be updated with LSLBC.

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 #

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	Are you requesting reciprocity with a state with which Louisiana has a reciprocal agreement?
	1. If <u>YES</u> , which state(s) are you reciprocating from:		
	2. If <u>YES</u> , provide a “ <i>Request for Verification of License</i> ” form, which was completed by the reciprocal state, and submit with your application. Click HERE for reciprocity information and obtain the verification of license form.		
B.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you or any firm in which you were a principal been debarred or disqualified by any public entity?
	If <u>YES</u> , please explain below:		
C.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	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)?
	If <u>YES</u> , 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	Are there now any 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?
	If <u>YES</u> , 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	Have you or principals in your firm been convicted of a felony or a misdemeanor other than violation of traffic laws?
	If <u>YES</u> , 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.

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.

INSURANCE:

- #6 are for those applying for **Residential** or **Mold Remediation ONLY**
- ***Do not initial #6 if applying for Commercial License***

Initial: 6. In accordance with La. R.S. 2167(B)(1) and Rules and Regulations Sec. 1503(D) for residential licenses and La. R.S. 2186(B)(6) for mold licenses, 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.

CONTINUING EDUCATION:

- #7 are for those applying for the Residential License with Residential Building Contractor classification **ONLY**
- ***Do not initial #7 if applying for Commercial License, Mold Remediation License or Residential Specialty classifications***

Initial: 7. 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 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.

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 #

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 or applicant will be required to 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 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 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 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. 44:37, inclusive.

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

APPLICATION FEE SCHEDULE

1	Classification Fees:	
<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
Total Classification Fees:		\$ _____

2	Examination Administrative/Research/Transaction Fees:		
<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: \$ _____
Business and Law Study Guide Fee:		\$60.00	Qty. _____ Total: \$ _____
Total Examination Administrative/Research/Transaction Fees:			\$ _____

3	Mold Remediation Unfair Trade Practice Seminar Fee:		
<ul style="list-style-type: none"> • <i>Only applicable for companies or entities applying for a Mold Remediation license</i> 			
Fee <u>per</u> Qualifying Party:		\$120.00	Quantity: _____ Total Seminar Fees: _____
Total Mold Remediation Unfair Trade Practice Seminar Fee:			\$ _____

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

6	Are you paying by credit card? (If Yes, Swipe Fee: \$7.00)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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TOTAL APPLICATION FEES	
*Total of Fees for Sections 1-5 (exclude Sections 3 & 5 if not applicable)	\$ _____
<ul style="list-style-type: none"> • <i>Checks or money orders made out to "Louisiana State Licensing Board for Contractors" or "LSLBC"</i> 	

<u>Credit Card Information</u>	
Card Type: _____	(VISA, MasterCard, American Express, etc.)
Account Number: _____	
Expiration Date: _____	Security Code: _____
Address of Cardholder: _____	

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 **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 **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.**