Expedited Class A License - Introduction

Before completing the application, please review the Contractor Licensing Information and the Board for Contractors Regulations. This booklet includes the current statutes or laws (Title 54.1, Chapter 11 of the Code of Virginia) and the regulations of the Board for Contractors. Eligibility for a contractors license is based on the knowledge, skills, abilities, financial position, and other entry requirements set forth in §54.1-1106, §54.1-1108 and § 54.1-1108.2 (subject to the exemptions in §54.1-1101) of the Code of Virginia. Please note that although a Virginia contractor's license may be granted to your business, the business must also comply with local licensing requirements set forth by the localities (cities, towns, and counties) in which your business plans to do work, contact your local Commissioner of the Revenue and Building Official for more information.

To obtain your license, the following questions must be answered, the appropriate fee must be remitted, and any additional required documentation must be included with this application package to the Board at the following address:

Department of Professional and Occupational Regulation
Perimeter Center - Board for Contractors
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233.

All applicants must have a thorough understanding of the Virginia Board regulations and meet the eligibility requirements at the time the completed application package is received at the Board office. For more information, please refer to the Board for Contractors web page - www.dpor.virginia.gov/Boards/Contractors/.

NOTE: This application is for business entities who have not been licensed in Virginia for this profession or business entities whose license is expired more than one (1) year.
Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8511
www.dpor.virginia.gov

Board for Contractors
EXPEDITED CLASS A LICENSE APPLICATION
Expedited Fee $250.00 and Application Fee* $385.00
TOTAL Fee Due $635.00

* License fee may be adjusted per designation selection. (See question #12.A.)

A credit card form must be included with this application and payment must be processed successfully prior to this application being reviewed. (Credit Card Payment form is attached.)

APPLICATION FEES ARE NOT REFUNDABLE.

FINANCIAL REQUIREMENTS:
Class A Applicant must provide proof of a net worth/equity of $45,000 by providing one of the following: (a) Financial Statement Form, (b) CPA review/audit OR (c) Surety Bond Form. Applicants who do not meet these requirements may qualify for a Class B or Class C license.

1. Business Entity/Sole Proprietor Name
   A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name. All names must be the same as displayed on government issued ID or organization/business documents.

2. Assumed or Fictitious Name
   If an assumed/fictitious name is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the Code of Virginia must be attached to this application.

3. A. Type of business entity (select only one)
   - Sole Proprietorship
   - General Partnership
   - Solely Owned LLC
   - Corporation
   - Limited Partnership
   - Limited Liability Company
   - Other, please specify:


   B. State Corporation Commission (SCC) Number: (If applicable)
   All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No person, partnership, limited liability company or corporation shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC.

      For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

4. Provide one of the following identification numbers:
   - Business Federal Employer Identification Number (EIN) *
   - Sole Proprietor's/Individual's Social Security Number and/or Virginia Department of Motor Vehicles Control Number *

      State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

      Enter the same identification number as used on previous applications or licenses on file with the department.

      Federal Employer Identification Number (12-3456789)
      Social Security or Virginia DMV Number (123-45-6789)
5. Mailing Address (PO Box accepted)  
   The mailing address will be printed on the license.

   ____________________________________________________________  
   City ___________________________  State __________  Zip Code ______

6. Street Address (PO Box not accepted)  
   PHYSICAL ADDRESS REQUIRED

   ____________________________________________________________  
   City ___________________________  State __________  Zip Code ______

7. Contact Numbers

   Primary Telephone ___________________________  Alternate Telephone ___________________________  Fax ___________________________

8. Email Address

   ____________________________________________________________  
   Email address is considered a public record and will be disclosed upon request from a third party.

9. Does your Business, Designated Employee, Qualified Individual(s) or Responsible Management have a current or expired contractor's license, certification or registration from any jurisdiction (outside of Virginia)?
   No  ☐
   Yes  ☐ If yes, complete the following table.

<table>
<thead>
<tr>
<th>Business/Individual Full Legal Name</th>
<th>State/Jurisdiction</th>
<th>License, Certification or Registration Number</th>
<th>Expiration Date</th>
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</table>

10. List all Responsible Management (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation):

<table>
<thead>
<tr>
<th>Individual's Full Legal Name</th>
<th>Title</th>
<th>Address</th>
<th>Social Security No. or VA DMV Control No.*</th>
<th>Date of Birth</th>
</tr>
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</table>

   Required Documentation: Must attach a legible copy of a government issued photo ID for all members of Responsible Management.

11. All business entities applying for a license are required to have a Designated Employee or a member of Responsible Management complete a board approved pre-license education course approved by the Board of Contractors. Enter the following information for the individual who has successfully completed this requirement.
   NOTE: Completion of this course cannot be used to substitute the business exams taken by the Designated Employee or Qualified Individual.

   Full Name ___________________________  Date of Birth ________________

   Provide either Social Security No. or VA DMV Control No.*:

   Social Security or Virginia DMV Number (123-45-6789)

   If a course was completed within the last fourteen (14) business days, please fax the Certificate of Completion to the Board for Contractors at 866-430-1033.

   Provider Name ___________________________
12. Below is a chart listing the license classifications and specialty designations issued by the Virginia Board for Contractors. A definition of the type of work that each of these classifications and designations may perform is available in the Board for Contractors Regulations.

➢ Each business will select a classification/specialty designation for which they are applying for and provide one Qualified Individual for each designation in section A or B below. The Qualified Individual must meet the following criteria:

1. Must be either a fulltime employee of the business (working a minimum of 30 hours or more with the business) or who is listed as a member of Responsible Management.
2. Must have the minimum years of experience in the classification or specialty they are applying - 2 years for a Class C License, 3 years for a Class B License and 5 years for a Class A License. An Experience Verification Form must be submitted for each Qualified Individual who is requesting a designation that requires pre-approval for an examination.
3. Have successfully completed the appropriate prerequisite for the classification or specialty designation selected below. The prerequisite for each is listed in the box below. For more information on these please see the Requirements for the Qualified Individual Form.

License Classifications and Specialty Designations

| Applicants must hold a Certification for the following classification and/or specialty: |
|---------------------------------|---------------------------------|-----------------|-----------------|-----------------|
| BEC Blast/explosive              | MHC Manufactured home contracting | RMC Radon mitigation |
| SPR Fire sprinkler               |                                |                   |

| Applicants must hold a valid license issued from DPOR for the following designation: |
|---------------------------------|---------------------------------|-----------------|-----------------|-----------------|
| ASB Asbestos                     | GFC Gas fitting                 | PLB Plumbing    |
| ASC Accessibility Services       | HVA HVAC                        | SDS Sewage disposal system |
| ASL Accessibility Services with LULA | LAC Lead abatement              | WWP Water well/pump |
| ELE Electrical                   | LPG Liquefied petroleum gas     |                 |
| EEC Elevator/esculator           | NGF Natural gas fitting provider|                 |

* Applicants are required to be pre-approved and pass an examination for the following classification and/or specialty:

| AES Alternative energy systems | FAS Fire alarm systems | BRK Masonry |
| PAV Asphalt paving & seal coating | FSP Fire suppression | PTC Painting & wall covering |
| BSC Billboard/sign             | FSP Framing Sub Contractor    | REF Refrigeration |
| CBC Commercial Building        | GLZ Glass & Glazing Contracting | RBC Residential Building |
| CIC Commercial improvement     | H/H Highway/heavy             | ROC Roofing |
| CEM Concrete                   | HIIC Home Improvement         | STL Steel Erection Contracting |
| DLR Drug, Lab, Remediation     | IBC Industrial building contracting | POL Swimming pool construction |
| DRY Drywall Company            | INS Insulation & Weather Stripping | TMC Tile, Marble, Ceramic |
| ESC Electronic/communication service | LTSC Landscape services | UUC Underground Utility |
| EMW Environmental monitoring well | LTSC Landscape services | UUC & Excavating Contracting |
| ENV Environmental specialties  | MCC Marine facility           | VCC Vessel construction |
| EMC Equipment/machinery         | POL Swimming pool construction |                 |
| FIC Farm improvement            | TMC Tile, Marble, Ceramic     |                 |
| FIN Finish Carpentry Contracting | UUC Underground Utility      |                 |

* Modification to your application fee is as follows: **Contractor's Recovery fund fee is not required for CBC/CIC only.

Applicants are required to receive special approval by the Board for the following specialty:

| MSC Miscellaneous Contracting |

A. Are you applying for a Commercial Building Contractor (CBC) classification, and/or a Commercial improvement (CIC) specialty; with no other classification/specialty requested for this license?

No ☐ If no, complete section 12.B.

Yes ☐ If yes, complete the following table*: (Do not complete question #12.B.)

* **Modification to your application fee is as follows:

Class A: $360.00**  Class B: $345.00**  Class C: $210.00**

** Contractor's Recovery fund fee is not required for CBC/CIC only.

Required Attachment: Complete an Experience Verification Form for each Qualified Individual listed in this table.
B. If you answered "no" in Section A, select all the license classification and specialty designations you are requesting for this license:

This section can include CBC/CIC designation, but only if your request includes other classification/specialties. There is **no fee reduction to your application fee.** Contractor's Recovery fund fee is required for all other classification/specialty designations.

<table>
<thead>
<tr>
<th>3-letter Code</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Years of Exp.</th>
<th>Exam Date</th>
<th>Social Security No. or VA DMV Control No.*</th>
<th>VA Qualifying License No. (if applicable)</th>
<th>Birth Date</th>
</tr>
</thead>
</table>

- Any business requesting a license may have more than one classification or specialty designation.

**Required Attachment:** Complete an Experience Verification Form for each Qualified Individual who is seeking pre-approval for a designation that requires an examination (only). **If applying for the MSC specialty,** provide the Board for Contractors with all required documentation to support your request for this designation.

13. All Class A license applicants must declare a **Designated Employee** who has successfully completed the appropriate business examinations and is either a full-time employee (not a 1099 employee) of the business or a member of Responsible Management. For licensure information, contact the Board for Contractor's by phone at 804-367-8511 or email at contractor@dpor.virginia.gov.

**Required examinations per class:** Class A - Advanced, General, and Virginia exam.

Complete the following information for the **Designated Employee** of this business:

- **Full Name**
- **Date of Birth**

**Required Documentation:** If the Designated Employee is not a member of Responsible Management, attach a legible copy of a government issued photo ID and provide fulltime employment verification (I9, W2, or other similar documentation).

Provide either Social Security No. or VA DMV Control No.*:

* Examine Date *

* If an exam was completed within the last seven (7) business days, please fax the **Score Report** to the Board for Contractors at 866-430-1033.

14. All applicants are required to furnish proof of financial responsibility. Excluding any property owned as tenants by the entirety, every applicant for a Class A license must document a net worth or equity of $45,000.

Does your company meet this qualification?

- No ☐  If no, your company **does not qualify** for a Class A license.
- Yes ☐  If yes, your firm must complete the financial statement below or submit either (a) CPA review/audit or (b) a **Surety Bond Form** with this application.

- **All ASSETS and LIABILITIES must be for the firm applying for the license and must be in the company name.** Financial information reported must not be more than one year old. Verification of each line item may be requested when the application is reviewed (unless a CPA review/audit is submitted, as provided below).

- Applicants may substitute a current financial statement that duplicates the information below only if it includes the signature statement listed on this form and is signed by the preparer. The board will accept a CPA review or audit in lieu of the financial statement, without requiring additional independent verification.

**Effective Balance Sheet as of** — MM/DD/YYYY

**Contracting Business Name**

Is a **substitute** Financial Statement attached?

- No ☐  If no, applicant shall complete the financial statement below **OR** submit the Surety Bond Form with this application.
- Yes ☐  If yes, applicant shall include it, signed as required by the preparer (or a CPA review/audit) along with this application or fax copies to the Board for Contractors at 866-430-1033.
### ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Current Assets</td>
</tr>
<tr>
<td>2.</td>
<td>Cash and Investments**</td>
</tr>
<tr>
<td>3.</td>
<td>Accounts Receivable (Net)</td>
</tr>
<tr>
<td>4.</td>
<td>Inventories</td>
</tr>
<tr>
<td>5.</td>
<td>Prepaid Expenses</td>
</tr>
<tr>
<td>6.</td>
<td>Other Current Assets</td>
</tr>
<tr>
<td>7.</td>
<td>Total Current Assets (sum of lines 2 through 6)</td>
</tr>
<tr>
<td>8.</td>
<td>Land, Buildings and Equipment (Net) **</td>
</tr>
<tr>
<td>9.</td>
<td>Other Non-Current Assets **</td>
</tr>
<tr>
<td>10.</td>
<td>TOTAL ASSETS (sum of lines 7 through 9)</td>
</tr>
</tbody>
</table>

** Items in these categories require documentation for independent verification unless a CPA review or audit is submitted. This includes bank statements, titles, deeds, etc. and may delay processing of your application.

### LIABILITIES AND OWNER'S EQUITY

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>Current Liabilities</td>
</tr>
<tr>
<td>12.</td>
<td>Accounts Payable</td>
</tr>
<tr>
<td>13.</td>
<td>Current Portion of Long Term Debt (payable within the next 12 months)</td>
</tr>
<tr>
<td>14.</td>
<td>Accrued Taxes</td>
</tr>
<tr>
<td>15.</td>
<td>Accrued Payroll</td>
</tr>
<tr>
<td>16.</td>
<td>Other Current Liabilities</td>
</tr>
<tr>
<td>17.</td>
<td>Total Current Liabilities (sum of lines 12 through 16)</td>
</tr>
<tr>
<td>18.</td>
<td>Long-term Debt</td>
</tr>
<tr>
<td>19.</td>
<td>Other Long-term Liabilities</td>
</tr>
<tr>
<td>20.</td>
<td>Total Liabilities (sum of lines 17 through 19)</td>
</tr>
<tr>
<td>21.</td>
<td>OWNER'S EQUITY (NET WORTH) (line 10 minus line 20)</td>
</tr>
<tr>
<td>22.</td>
<td>TOTAL LIABILITIES &amp; OWNER'S EQUITY (sum of lines 20 and 21)</td>
</tr>
</tbody>
</table>

### Signature of Financial Statement Preparer

To the best of my knowledge, this financial statement accurately represents the firm's financial position as of the date indicated and the current financial position is essentially as good, or better than shown in the furnished statement.

Printed Name ________________________________  Title ________________________________

Signature ________________________________ Date __________

15. Has your Business, Designated Employee, Qualified Individual(s) or Responsible Management ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?
   
   No [ ]  Yes [ ]

   If yes, YOU CAN NOT PROCEED WITH THIS EXPEDITED CLASS A APPLICATION. You may submit the regular application titled LICENSE APPLICATION (27lic.pdf) located on the Board website.

16. A. Has this Business, Designated Employee, Qualified Individual(s) or Responsible Management ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any felony? Any plea of nolo contendere shall be considered a conviction.
   
   No [ ]  Yes [ ]

   If yes, YOU CAN NOT PROCEED WITH THIS EXPEDITED CLASS A APPLICATION. You may submit the regular application titled LICENSE APPLICATION (27lic.pdf) located on the Board website.
B. Has this Business, Designated Employee, Qualified Individual(s) or Responsible Management ever been convicted in any jurisdiction of any misdemeanor within the last three years? Any plea of nolo contendere shall be considered a conviction.

No □  Yes □

If yes, YOU CAN NOT PROCEED WITH THIS EXPEDITED CLASS A APPLICATION. You may submit the regular application titled LICENSE APPLICATION (27lic.pdf) located on the Board website.

17. During the past five years, has any member of Responsible Management had any outstanding/past-due debts (including child support arrearage); judgments; liens; past due 'unpaid' claims or suits; outstanding tax obligations; defaults on bonds; or pending/past bankruptcies?

No □  Yes □

If yes, YOU CAN NOT PROCEED WITH THIS EXPEDITED CLASS A APPLICATION. You may submit the regular application titled LICENSE APPLICATION (27lic.pdf) located on the Board website.

18. Do all members of Responsible Management understand that all Class A Contractors must comply with the local licensing requirements of all counties, cities and towns in which work is performed?

No □  IF NO, THIS APPLICATION CANNOT BE PROCESSED.  Yes □

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Contractors License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application, you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

19. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may desire. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 11, of the Code of Virginia and the Virginia Board for Contractors Regulations.

Please note, that this application will not be reviewed until all fees are successfully processed and any additional documentation required by the Board of Contractors is received.

Signature(s) of all members of Responsible Management (required):

(sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation)

I certify that I am a member of responsible management as defined in 18VAC50-22-10 of the Board for Contractors regulations and am authorized to bind the applicant to contracts and other legal obligations.
1. Print Name ___________________________ Title ___________________________
   Signature ___________________________ Date ______________

2. Print Name ___________________________ Title ___________________________
   Signature ___________________________ Date ______________

3. Print Name ___________________________ Title ___________________________
   Signature ___________________________ Date ______________

4. Print Name ___________________________ Title ___________________________
   Signature ___________________________ Date ______________

(Photocopy this sheet if additional signatures are needed.)

**Signature of Designated Employee:** (Who are listed on this application and not a member of Responsible Management)

1. Print Name ___________________________ Title ___________________________
   Signature ___________________________ Date ______________

**Signature(s) of Qualified Individual:** (Who are listed on this application and not a member of Responsible Management)

1. Print Name ___________________________ Title ___________________________
   Signature ___________________________ Date ______________

2. Print Name ___________________________ Title ___________________________
   Signature ___________________________ Date ______________

(Photocopy this sheet if additional signatures are needed.)

(Credit Card Form to follow)
This form is to be used for CREDIT CARD PAYMENT ONLY. Complete and submit along with your application. Incomplete forms may be returned for completion and delay license processing.

Credit Card Number: ________________________

Payment Amount: $635.00 or $610.00

Card Expiration Date: _______ / _______

* Refer to question #12 if application fee needs to be modified.

Applicant Name: ___________________________________________________________

Date of Application: ____________________________

Cardholder Name: _________________________________________________________

Cardholder's Billing Address: ________________________________________________

City __________________________________________ State __________ Zip Code_______

Daytime Phone Number: ____________________________________________________

☐ The cardholder authorizes the Department of Professional & Occupational Regulation to initiate charges to the credit card account indicated above for the purpose of paying the amount noted above for the application submitted in the name above. The cardholder also acknowledges that this document is record of such payment.

(File Name should be: Last Name.First Initial.pdf)