

Board for Contractors
ADDITIONAL SPECIALTY DESIGNATION APPLICATION
Fee \$110 per Specialty Classification

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed [credit card insert](#) must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

1. Virginia Contractor's License Number

2	7								
---	---	--	--	--	--	--	--	--	--

2. Business or Sole Proprietor Name _____

3. Trade, "Doing Business As" (DBA), or "Fictitious Name" _____

4. Provide **one** of the following identification numbers*:

Business Federal Employer Identification Number (FEIN)

--	--

 -

--	--	--	--	--	--	--	--

Federal Employer Identification Number (12-3456789)

Sole Proprietor's/Individual's Social Security Number **or**

--	--	--

 -

--	--

 -

--	--	--	--	--	--

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

Virginia Department of Motor Vehicles Control Number

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

* 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.

5. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

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

7. Does the **Qualified Individual(s)** hold a current or expired contractor's license, certification or registration in another state (outside of Virginia)?

No

Yes If yes, complete the following table.

Business/Individual Full Legal Name	State/ Jurisdiction	License, Certification or Registration Number	Expiration Date

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #		ISSUE DATE
			9100		2705		
BOARD USE ONLY	SCC	ETS	CLASS A	CLASS B	VIRGINIA	TECHNICAL	

8. 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/escalator	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	FLR	Flooring & Floor Cover'g Contracting	RFC	Recreational facility
CBC	Commercial Building	FRM	Framing Sub Contractor	REF	Refrigeration
CIC	Commercial improvement	GLZ	Glass & Glazing Contracting	RBC	Residential Building
CEM	Concrete	H/H	Highway/heavy	ROC	Roofing
DLR	Drug, Lab, Remediation	HIC	Home Improvement	STL	Steel Erection Contracting
DRY	Drywall Company	IBC	Industrial building contracting	POL	Swimming pool construction
ESC	Electronic/communication service	INS	Insulation & Weather Stripping Contracting	TMC	Tile, Marble, Ceramic & Terrazzo Contracting
EMW	Environmental monitoring well				
ENV	Environmental specialities	ISC	Landscape irrigation	UUC	Underground Utility & Excavating Contracting
EMC	Equipment/machinery	LSC	Landscape services		
FIC	Farm improvement	MCC	Marine facility	VCC	Vessel construction
FIN	Finish Carpentry Contracting				
* All qualified individuals must submit an <i>Experience Verification Form</i> for these designations.					

- 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 8.B.
- Yes If yes, complete the following table: (Do not complete question #8.B.)

Select	3-letter Code	Last Name	First Name	MI	Years of Exp.	Exam Date	Social Security No. or VA DMV Control No. *	VA Qualifying License No. (if applicable)	Birth Date
<input type="checkbox"/>	CBC								
<input type="checkbox"/>	CIC								

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.)

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

➤ 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)**.

9. Has the **Qualified Individual(s)** ever been subject to a **disciplinary action** taken by **any** (including Virginia) local, state or national regulatory body?

No

Yes If yes, complete the [Disciplinary Action Reporting Form](#).

10. A. Has the **Qualified Individual(s)** 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, complete the [Criminal Conviction Reporting Form](#).

B. Has the **Qualified Individual(s)** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** within the last three years? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

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.

11. 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 *Board for Contractors Regulations*.

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(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.)

ATTACHMENTS: (Check all attachments/documentation included with this application)

- Attach a copy of Government Issued Photo IDs for each new person listed as a **Qualified Individuals** on this application.
(Photo must be legible)
- Any new person listed as a **Qualified Individual** on this application must submit verification of employment (I9, W2 or others) if **not** a member of Responsible Management.
- Qualified Individual(s)** must attach a copy of any certifications - if required - question #8.
- Experience Verification Form*** completed for each **Qualified Individual** who is seeking pre-approval for an examination (only) per the designation requested - question #8.
- All disclosure forms and supporting documentation - questions #9 -10