



# NEVADA STATE CONTRACTORS BOARD

5390 KIETZKE LANE, SUITE 102, RENO, NEVADA, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150  
2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NEVADA, 89074 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110  
www.nscb.nv.gov

## BROADENING OF CLASSIFICATION APPLICATION

### General Instructions

1. Please type or print in ink when completing this form.
2. Make sure this application is properly signed by a principal.
3. Include the required application fee of \$250.00.
4. **Read all instructions carefully.** The Board desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process complete applications only. A complete application includes all applicable supporting documents and fees. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your license application. Incomplete applications will be returned to you.
5. **Leave no space blank.** If a particular question or request for information does not apply to you, put "NA" in the blank space to indicate the question has received your attention.

### SECTION 1 – BUSINESS NAME; LICENSE NUMBER

**Business Name:** Use the legal business name as it appears on your license. If there has been a change in your legal business name, a separate change of name application is required.

**Legal Business Name:** \_\_\_\_\_  
(Use Name as Set Forth on the License)

**License Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Phone No.:** (\_\_\_\_) \_\_\_\_\_ **Facsimile No.:** (\_\_\_\_) \_\_\_\_\_

### SECTION 2 – CLASSIFICATION REQUESTED

This application can only be used to broaden your license within the existing category. For example, if you currently hold a C4-a (Painting) license, you can broaden to include any other subcategories within the C4 classification. This application cannot be used to obtain a license in a different category or to change or replace your qualified employee.

You will find a classification list on pages 4 and 5. For a complete description of each classification and sub-classification visit our web site.

Classification Requested: \_\_\_\_\_

- If there are multiple sub-classifications within the classification for which you are requesting to broaden, the trade qualifier must substantiate experience for the full scope of work for which you are applying. Separate qualifiers for individual sub-classifications are not allowed.
- Reference certificates must substantiate a minimum of four (4) years experience in the classification for which the application is being submitted.
- Supporting documentation must be included for the classification for which the application is being submitted.

### SECTION 3 – QUALIFICATION REQUIREMENTS

It will be necessary to demonstrate at least 4 years of experience, within the 10 years immediately preceding the filing of this application, as a journeyman, foreman, supervising employee or contractor in the specific classification requested.

Training received in a program offered at an accredited college or university or an equivalent program accepted by the Board may be used to satisfy not more than 3 years of experience.



A "journeyman" is defined as a person who is fully qualified to perform, without supervision, work in the classification applied for; or has successfully completed a program of apprenticeship that has been approved by the state apprenticeship council, or equivalent program accepted by the Board.

- **Reference Certificates:** You are required to submit with this application a minimum of four (4) Reference Certificates verifying that you meet the experience requirements as stated above for the category desired. The certificates should be completed by employers, other than the applying company, or if a self-employed contractor, by customers for whom the work was performed. Relatives cannot complete the certificates, unless that relative was your employer. References that are not complete or not specific regarding the actual work performed will not be accepted. Any reference determined to be false or misleading may be considered misrepresentation or omission of a material fact, in violation of NRS 624.3013(2). The required certification forms are on pages 6-9.
- **Resume of Experience:** Complete the Resume of Experience form found on page 11. Include name, current address, phone number and dates of employment for each employer. Describe in detail the work performed. Specify type(s) of construction projects, trades(s), craft(s), tasks and duties performed. If self-employment is being relied upon to establish any portion of the experience requirement, include on the Resume of Experience form customers for whom you worked, including their complete mailing address and phone number.

**Reciprocal Applicants:** The Reference Certificates and Resume of Experience may not be required if you meet the terms of reciprocity described in section 4.

**SECTION 4 – EXAMINATION REQUIREMENTS**

- Examination Requirements:** A management (CMS) and trade examination will be required. The trade exam will be specific to the classification requested. You will receive an Examination Eligibility form after the application is submitted and experience is verified. Candidate information bulletin, exam content outlines, and order forms for the "CMS" exam and trade exam(s) reference manuals are available on the Board's website.
- Examination Fees:** \$140 when the CMS and one Trade Exam are scheduled at the same time – OR – \$95 per each exam. Contact PSI Exams at (800) 733-9267 for additional examination details and information.
- You May Be Eligible for Waiver of An Exam If:**
  1. **Current/Recent Nevada Qualified Employee:** If you have served as a qualified employee on a license in the State of Nevada in the same classification requested in good standing within the last 5 years.
  2. **B or B-2 Exam Waiver:** Applicants for a full "B" General Building or "B-2" Residential and Small Commercial license may be considered for waiver of the trade exam if they have passed the National Association of State Contractor Licensing Agencies (NASCLA) Accredited Exam administered by PSI.
    - Trade Qualifiers must submit a copy of their transcript from NASCLA along with 4 Reference Certificates and a completed Resume of Experience.
    - If you are applying for the "B" General Building license, you will be required to submit 4 Reference Certificates and a completed Resume of Experience that demonstrate experience in complete construction of high rise structures.
  3. **Reciprocity Exam Waiver** – Please fill out the form located on page 4.
- The Board reserves the right to require an examination of any applicant regardless of current or previous licensure.**

**I am requesting NSCB waive the exam requirements based on my prior licensure in the States of Arizona, California, Nevada, and/or Utah:**

COMPANY NAME	LICENSE #	STATE



**SECTION 5 – AFFIDAVIT AND AUTHORIZED SIGNATURE**

I am authorized to sign this Affidavit and Release Authorization on behalf of the applicant described and identified in this application.

The applicant is qualified in all respects for the license for which it is applying in this application.

To the best of applicant’s knowledge, the information contained in the application and its supporting documents are free of fraud, misrepresentation, or omission of material fact. To the best of applicant’s knowledge, the information contained in the application and its supporting documents are truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant’s qualification for licensure.

Applicant will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting documents meet the same standard as set forth above.

Applicant understands to apply for or obtain a license or to otherwise deal with the Nevada State Contractors’ Board through the use of fraud, forgery, intentional deception, misrepresentation, misstatement, or omission is cause for denial of this application.

Applicant understands that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information classified as confidential pursuant to NRS 624.110. Confidential information includes; credit reports, references, financial information, and investigative memoranda.

Applicant understands that the Nevada State Contractors’ Board has the authority to conduct appropriate background investigations for the purpose of verifying all statements and facts represented in this application and supporting documentation.

**Signature Requirements:** A principal of the applying company must sign this application.

By: \_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_ File No.: \_\_\_\_\_

Withdrawn: Date: \_\_\_\_\_ Reason: \_\_\_\_\_ Application No: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Transaction Closed: Date: \_\_\_\_\_ Entered by: \_\_\_\_\_

QI: \_\_\_\_\_ CMS TRD; File#: \_\_\_\_\_ Type: PQ 1020 3030 App #: \_\_\_\_\_ Status: A D W

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## CERTIFICATION OF WORK EXPERIENCE

**PART 1: QUALIFYING INDIVIDUAL (APPLICANT) INFORMATION:** The qualifying individual must complete part 1 in its entirety before the certifier completes part 2.

**APPLICANTS FULL LEGAL NAME:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Page 2 of 9

**CLASSIFICATION OF LICENSE REQUESTED** (code and description):

**CHECK THE BOX THAT IDENTIFIES YOUR BUSINESS RELATIONSHIP TO THE CERTIFIER AT THE TIME EXPERIENCE WAS GAINED**

Supervisor  Foreman  Journeyman  Contractor  Employee  Supplier

**PART 2: WORK EXPERIENCE AND CERTIFICATION STATEMENT:** The certifier must complete Part 2 in its entirety after the qualifying individual (applicant) has completed Part 1.

**CHECK THE BOX THAT IDENTIFIES THE LEVEL OF WORK THAT THE ABOVE INDIVIDUAL PERFORMED:**

Supervisor  Foreman  Journeyman  Contractor  Employee

FULL TIME  PART TIME (aggregate total of part time)

FROM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ = \_\_\_\_ YEAR(S) AND \_\_\_\_ MONTH(S)  
MONTH DAY YEAR MONTH DAY YEAR

*(Do not claim credit for full-time work if applicant worked only part-time or if trade duties in requested classification were only one component of entire job)*

**IN THE SPACE BELOW, LIST ALL SPECIFIC TRADE DUTIES APPLICANT PERFORMED OR SUPERVISED IN THE CLASSIFICATION OR TRADE AREA LISTED IN PART 1 SECTION 2. IF ADDITIONAL SPACE IS REQUIRED PROVIDE A SIGNED ATTACHMENT BY THE CERTIFIER.**

**IMPORTANT:** You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate(s) you have completed

I certify that I have direct knowledge of the work covering the period outlined above. I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein.

\_\_\_\_\_  
(Signature of the Certifier) Number: \_\_\_\_\_ State: \_\_\_\_\_  
(Contractor's license number and state, if applicable)

\_\_\_\_\_  
(Print name) (Company or business you are affiliated with)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

(\_\_\_\_\_) \_\_\_\_\_  
(Daytime Telephone Number) (Fax Number) (Email Address)

**This Certificate Must Be Notarized**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_, Notary Public in and for County of \_\_\_\_\_ State of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_



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**APPLICANTS FULL LEGAL NAME:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

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FROM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ = \_\_\_\_ YEAR(S) AND \_\_\_\_ MONTH(S)  
MONTH DAY YEAR MONTH DAY YEAR

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**IMPORTANT:** You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate(s) you have completed

[Large empty box for listing trade duties]

I certify that I have direct knowledge of the work covering the period outlined above. I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein.

\_\_\_\_\_  
(Signature of the Certifier) Number: \_\_\_\_\_ State: \_\_\_\_\_  
(Contractor's license number and state, if applicable)

\_\_\_\_\_  
(Print name) (Company or business you are affiliated with)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

(\_\_\_\_\_) \_\_\_\_\_  
(Daytime Telephone Number) (Fax Number) (Email Address)

**This Certificate Must Be Notarized**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_, Notary Public in and for County of \_\_\_\_\_ State of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_



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## Request for Verification of Licensure

### APPLICANT INFORMATION

**INSTRUCTION TO APPLICANT:** Complete the Applicant Information portion of this request. Give the form to the appropriate agency. The verifying agency will mail the completed verification to you at the address you have listed. Include the completed form with your application.

Applicant Business Name \_\_\_\_\_

Full Legal Name of Qualifier \_\_\_\_\_ | \_\_\_\_\_  
*First Middle Last Date of Birth*

Mailing Address \_\_\_\_\_  
*Street/P O Box City State/Zip*

License Number \_\_\_\_\_ State \_\_\_\_\_

I authorize you to release, to the State of Nevada, all information pertaining to the above license number.

\_\_\_\_\_  
Signature

### NOTE TO APPLICANT: COMPLETE A SEPARATE FORM FOR EACH LICENSE NUMBER

### LICENSE INFORMATION

**TO VERIFYING STATE:** Please furnish the information requested. Sign and verify the document. Place the completed form in an envelope, seal the envelope, and provide it to the applicant either in person or by mail.

Business Name \_\_\_\_\_

Name of Qualified Person \_\_\_\_\_ Date Added to License \_\_\_\_\_

Classification of License Issued: (code and description) \_\_\_\_\_

License Number \_\_\_\_\_ Current Status \_\_\_\_\_

Original Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Continuously Licensed?  Yes  No. If no, please explain \_\_\_\_\_

Licensed by:  Exam. Type \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_\_

Endorsement from the State of: \_\_\_\_\_

Waiver. Please state basis of waiver: \_\_\_\_\_

Experience Required for Licensure \_\_\_\_\_

Is there a record of disciplinary action or pending disciplinary action against this license?

No  Yes. If yes, please attach a copy of the action.

Name of Verifying Official \_\_\_\_\_  
*Print Name Signature*

Title \_\_\_\_\_

{Agency Seal}

Agency \_\_\_\_\_

Date \_\_\_\_\_



# RESUME OF EXPERIENCE

(READ INSTRUCTIONS REGARDING EXPERIENCE REQUIREMENTS AND RESUME ON PAGE 2 BEFORE COMPLETING THIS FORM. USE ADDITIONAL FORMS AS NEEDED.)

**EXPERIENCE RECORD OF:** \_\_\_\_\_  
(Print name of qualified individual)

Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ Email Address. \_\_\_\_\_  
Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Full-time  Part-time (If part-time specify aggregate total \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.)

Check all job positions held for this employer

Journeyman  Foreman  Supervisor  Contractor  Self Employed  Other, specify \_\_\_\_\_

DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED

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Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ Email Address. \_\_\_\_\_  
Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Full-time  Part-time (If part-time specify aggregate total \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.)

Check all job positions held for this employer

Journeyman  Foreman  Supervisor  Contractor  Other, specify \_\_\_\_\_

DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED

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Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ Email Address. \_\_\_\_\_  
Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Full-time  Part-time (If part-time specify aggregate total \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.)

Check all job positions held for this employer

Journeyman  Foreman  Supervisor  Contractor  Other, specify \_\_\_\_\_

DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED

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