



# NEVADA STATE CONTRACTORS BOARD

2310 Corporate Circle, Suite 200, Henderson, Nevada, 89074 (702) 486-1100 Fax (702) 4861190 Investigations (702) 4861110  
5390 Kietzke Lane, Suite 102, Reno, Nevada, 89511 (775) 688-1141 Fax (775) 688-1271 Investigations (775) 688-1150  
Website: www.nscb.nv.gov

## APPLICATION TO CHANGE OR ADD A QUALIFIED EMPLOYEE

### 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.
6. **NOTE:** This application cannot be used to change corporate officers, if a corporation, or managing members, if a limited liability company. If the loss or addition of a qualified employee has resulted in a change to your corporate officers or managing members, a separate change application will be required.

### 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 – QUALIFIED PERSONNEL

**Personnel:** Supply the identifying information below only for each individual that will be added as a qualified employee to this license.

\*If there are multiple sub-classifications within the classification for which you are licensed, the trade qualifier must substantiate experience for the full scope of your license. Separate qualifiers for individual sub-classifications are not allowed.

**Background Disclosure Statement:** A separate background disclosure statement must be completed for each individual listed below. The required form is on page 6 of this application.

FIRST NAME	MIDDLE NAME	LAST NAME	TITLE

FIRST NAME	MIDDLE NAME	LAST NAME	TITLE

### 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

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



**SECTION 3 – DISASSOCIATION OF QUALIFIED EMPLOYEE**

The purpose of this application is:

- Add a qualified employee
- Replace the existing qualified employee

**Disassociation of Qualified Employee:** Check the appropriate box to indicate whether or not the current qualified employee is still associated with this licensee, or if they have terminated their employment or association.

- The qualified employee currently listed on this license is still an employee, officer, director, manager, or associate of this licensee.
- The qualified employee currently listed on this license terminated their employee or association with this licensee effective on the following date: \_\_\_\_\_.

**SECTION 4 – CONTRACTORS' LICENSES**

- If you or anyone appearing on this application have **EVER** been listed on a contractor's license in Nevada or **ANY** other state at any time – past or current – please fill in the information below for all licenses obtained.
- Past licenses include ANY licenses that are revoked, suspended, withdrawn, inactive, cancelled, etc.**
- Indicate **N/A** in the field below if you have not.

Company Name	State	License #	Issue Date	License Status

**(ATTACH A SEPARATE SHEET IF NECESSARY)**

**SECTION 5 – EXPERIENCE QUALIFICATIONS**

**Qualified Employee (Qualifier):** The qualifier can be an owner, officer, member, manager or employee of the company. You may have more than one qualified employee. Each qualifier must be a bona fide member or employee of this company, and when you are actively engaged in the contracting business, the qualified employee shall exercise authority in the following manner:

- To make technical and administrative decisions;
- Hire, superintend, promote, transfer, lay off, discipline or discharge other employees and direct them, either by himself or through others, or effectively to recommend such action on behalf this company; and
- To devote himself or herself solely to this business, not taking any other employment that would conflict with his or her duties.

**Management Qualifier:** This individual must take and pass the construction management survey examination. This exam includes topics such as general knowledge of the Nevada contractors' law, mechanics lien law, laws regarding industrial insurance, and common knowledge of business administration.

**Trade Qualifier:** This individual must have, within the 10 years immediately preceding the filing of this application, at least 4 years of experience 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.



\* 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:** You are required to submit with this application, four (4) Reference Certificates (certificates) for each trade qualifier. 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. The certificates must verify the experience requirements as stated above. 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 13-16.

**Resume of Experience:** Complete the Resume of Experience form found on page 17 for each trade qualifier. 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.

**Previously Qualified and Reciprocal Applicants:** The Reference Certificates and Resume of Experience may not be required if you:

1. Have served as a qualified employee in the same classification on another Nevada state contractor's license within the last five (5) years; or,
2. If you meet the terms of reciprocity described in section 6.

**Important Notice:** If for any reason your qualified employee(s) terminates his or her employment or association with this license you are required to notify the Nevada State Contractors Board, in writing, within ten (10) days, and replace that individual(s) within 30 days. Failure to do so will result in automatic suspension of the license.

**Ownership Requirement:** A qualified individual may not qualify on behalf of another for more than one active license unless that individual owns at least 25% of each licensee for which he or she qualifies; or one licensee owns at least 25% of the other licensee. If you will be qualifying more than one active license, other than a sole proprietorship owned by you, attach proof of ownership for each license.

## SECTION 6 – 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 10.
- The Board reserves the right to require an examination of any applicant regardless of current or previous licensure.**





**SECTION 8 – 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:** \_\_\_\_\_



- You **MUST** include **ANY and ALL criminal convictions** incurred as an individual or as the principal of a corporation or other business entity.
  - Failure to disclose a conviction is misrepresentation or omission which violates NRS 624.3016(7) and NRS 624.3013(2).
  - **Reportable offenses include any of the following, whether you pled guilty or no contest, AND regardless of the outcome of the case:**
    - Non-violent misdemeanor, including DUI, *within the past (15) years*
    - Misdemeanor crimes involving violence against another person, fraud or theft
    - Felony convictions or felony arrests (even if charges were reduced/dismissed).
  
- I understand the Board utilizes information from the Federal Bureau of Investigations (FBI) and the Nevada Criminal History Repository to compare with the information I disclose on this application.
  - I am aware that these records are likely to include all instances of criminal activity, including those matters that may have been sealed, expunged, had the charges reduced or dismissed.
  - I understand it is my responsibility to be honest about any such activities that have occurred in my life and I will err on the side of caution by including any and all such instances.
  
- My application **will not be automatically denied** because of information obtained through the background disclosure and criminal history verification.
  - When reviewing prior criminal convictions, the NSCB considers such additional factors as the seriousness of the crime, the time that has passed since the conviction and any evidence of rehabilitation the applicant submits.
  - **If you misrepresent, omit or lie on your application, your application MAY be denied.**
  - If you have any questions concerning the disclosure of arrests or convictions, please call the Investigations Department of the NSCB, at 702-486-1160 in Henderson or 775-688-7884 in Reno.
  
- FINANCIAL DISCLOSURES**
  - You **MUST** disclose any unpaid or unresolved liens, lawsuits, judgments and claims, including tax claims.
  - You are advised to obtain a copy of your credit report, Experian recommended, which will provide you with any unpaid, unresolved liens or claims, all lawsuits, and all judgments. **Pay particular attention to any tax claims or liens that have been made or filed against you.**
  - If you have entered into any repayment or credit consolidation agreements, attach copies of those agreements to your application.

**I HEREBY CERTIFY I HAVE READ THIS NOTICE.**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_





# NEVADA STATE CONTRACTORS BOARD APPLICANT BACKGROUND DISCLOSURE STATEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

**BUSINESS NAME:** \_\_\_\_\_

**For Board Staff Only**

- Live Scan Prints  
 Hard Copy Prints

NRS 624.263 and NRS 624.265 authorizes the Nevada State Contractors Board (NSCB) to conduct background investigations, obtain credit reports, and to request fingerprints for submission to the Nevada Highway Patrol (NHP) and the FBI for a determination of identity, fugitive status or prior criminal history.

**A separate form MUST be completed by EACH Principal and Qualified Employee**

**\*\*\* A COPY OF A VALID DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO I.D. MUST ACCOMPANY THIS FORM. \*\*\***

FIRST NAME	MIDDLE NAME	LAST NAME			
TITLE	DATE OF BIRTH	PLACE OF BIRTH		SOCIAL SECURITY NUMBER	
OTHER NAME USED, (IF APPLICABLE)	SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR
RESIDENCE ADDRESS (AND MAILING ADDRESS IF DIFFERENT)			CITY	STATE	ZIP
EMAIL ADDRESS			MARRIED (For Sole Proprietors Only) YES / NO		

1. Have you ever, as an individual or principal of a corporation or other business entity, been convicted of, or pled guilty or no contest to a **felony crime**?  
 No     Yes – You must complete a criminal disclosure statement for EACH incident.
  
2. Have you ever, as an individual or principal of a corporation or other business entity, been convicted of, pled guilty, or no contest to any **misdemeanor crime**? (Limit to misdemeanor convictions **within the last 15 years**, **UNLESS** the crime involved violence against another person, fraud or theft).  
 No     Yes – You must complete a criminal disclosure statement for EACH incident.
  
3. Are there currently **criminal charges pending** against you?  
 No     Yes – Attach a detailed explanation, including a copy of the complaint, and/or charging document.
  
4. Within the last 7 years, have you **filed or been adjudicated Bankrupt** under your individual name, a corporate name or any other business entity name?  
 No     Yes – Attach a copy of the discharge document. If discharged less than 3 years, attach a complete copy of the proceedings, including a schedule of creditors listed in the bankruptcy petition. If the bankruptcy has not been discharged, include your plan of reorganization and proof of compliance.
  
5. Do you **anticipate filing bankruptcy** within the next 6 months?  
 No     Yes
  
6. Have you, or any business entities of which you were a member, partner, officer, director, or associate received any **notice of liens, suits, judgments, or claims (including tax claims)** which remain unresolved or unsatisfied – OR – have you entered into payment agreements regarding past due taxes or other debts?  
 No     Yes – Attach a detailed explanation.
  
7. Are there now any **unpaid past due bills** for materials, services rendered, or labor?  
 No     Yes – Attach a detailed explanation.
  
8. Have you, or any business entities of which you were a member, partner, officer, director, associate, or qualified employee **had a contractor's license denied, suspended, revoked, or otherwise disciplined** BY NEVADA OR ANY OTHER STATE? Are there any disciplinary proceedings currently pending against you, or any license on which you have appeared IN NEVADA OR ANY OTHER STATE?  
 No     Yes – Attach a detailed explanation including the name of the state in which the license was held, license number, and business name.
  
9. Do you have a **proprietary interest** (i.e., ownership, stock, shares) in this applicant? (This question does not pertain to sole proprietors)  
 No     Yes – Percentage Owned: \_\_\_\_\_%
  
10. Are you a **citizen of the United States of America**?  
 No – Attach a copy of INS card and Social Security Card.     Yes











## FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) \_\_\_\_\_ that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) \_\_\_\_\_, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

Submitting Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Agency representative: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: \_\_\_\_\_

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



# 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

## RECIPROCITY EXAM WAIVER

This form may be completed if licensure currently exists with Arizona, California, or Utah.

Applicant Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

### INSTRUCTION TO APPLICANT

Insert your name and address and complete the top 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.

I am requesting licensure in the State of Nevada as a \_\_\_\_\_.  
I am/have been licensed in the State of \_\_\_\_\_ issued under the company name of \_\_\_\_\_.  
My Social Security # is \_\_\_\_\_.  
I authorize you to release, to the State of Nevada, all information pertaining to license number: \_\_\_\_\_.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

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

**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.

Company Name \_\_\_\_\_  
Type of License (Classification) \_\_\_\_\_  
Original Date of Issue \_\_\_\_\_ License Number \_\_\_\_\_  
Amount of Limit (If any) \_\_\_\_\_ Amount of Bond (If any) \_\_\_\_\_  
Any record of suspensions, revocations, other disciplinary actions, or current Complaints? \_\_\_\_\_, If yes, please provide a copy of the action.  
Current Status of License: \_\_\_\_\_ If not Active, Reason: \_\_\_\_\_  
Name of Qualifying Individual & Title \_\_\_\_\_  
Licensed by:  Waiver of Exam (Basis of Waiver): \_\_\_\_\_  
 Successful Completion of Exam - Specify Type: \_\_\_\_\_  
 Endorsement from the State of: \_\_\_\_\_  
Other Personnel Listed & Titles \_\_\_\_\_

AGENCY SEAL

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_





# 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

## REFERENCE CERTIFICATE

Name of Qualifying Individual: \_\_\_\_\_

**TO THE CERTIFIER:** *You must have direct knowledge of this individual's experience, and be able to certify that he or she has demonstrated a level of knowledge and skill expected of a journeyman or better.* Journeyman is defined as a person who is fully qualified to perform, without supervision, work in the classification in which he or she is applying, or has successfully completed a program of apprenticeship approved by the state apprenticeship council, or an equivalent program accepted by the Board.

**All portions of this form must be completed.**

**DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED BY THIS INDIVIDUAL AT THE LEVEL OF JOURNEYMAN OR BETTER.**  
**\*\* LIST SPECIFIC TRADES AND DUTIES \*\***  
**PLEASE TYPE OR PRINT IN INK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above-stated work was performed from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full-time       Part-time (If part-time specify total # of years \_\_\_\_\_ and/or months \_\_\_\_\_)

Check the box that identifies the level that this individual worked at while performing the trade(s) or craft(s) listed above.

Journeyman     Foreman     Supervisor     Contractor

Check the box that identifies your business relationship to this individual, at the time the experience was gained by them.

Employer       Union Representative     Building Inspector     Engineer     Architect       Contractor

Supervisor     Other, specify relationship \_\_\_\_\_

**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: \_\_\_\_\_





# 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

## REFERENCE CERTIFICATE

Name of Qualifying Individual: \_\_\_\_\_

**TO THE CERTIFIER:** *You must have direct knowledge of this individual's experience, and be able to certify that he or she has demonstrated a level of knowledge and skill expected of a journeyman or better.* Journeyman is defined as a person who is fully qualified to perform, without supervision, work in the classification in which he or she is applying, or has successfully completed a program of apprenticeship approved by the state apprenticeship council, or an equivalent program accepted by the Board.

**All portions of this form must be completed.**

**DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED BY THIS INDIVIDUAL AT THE LEVEL OF JOURNEYMAN OR BETTER.**  
**\*\* LIST SPECIFIC TRADES AND DUTIES \*\***  
**PLEASE TYPE OR PRINT IN INK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above-stated work was performed from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full-time       Part-time (If part-time specify total # of years \_\_\_\_\_ and/or months \_\_\_\_\_)

Check the box that identifies the level that this individual worked at while performing the trade(s) or craft(s) listed above.

Journeyman     Foreman     Supervisor     Contractor

Check the box that identifies your business relationship to this individual, at the time the experience was gained by them.

Employer       Union Representative     Building Inspector     Engineer     Architect       Contractor

Supervisor     Other, specify relationship \_\_\_\_\_

**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: \_\_\_\_\_





# 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

## REFERENCE CERTIFICATE

Name of Qualifying Individual: \_\_\_\_\_

**TO THE CERTIFIER:** *You must have direct knowledge of this individual's experience, and be able to certify that he or she has demonstrated a level of knowledge and skill expected of a journeyman or better.* Journeyman is defined as a person who is fully qualified to perform, without supervision, work in the classification in which he or she is applying, or has successfully completed a program of apprenticeship approved by the state apprenticeship council, or an equivalent program accepted by the Board.

**All portions of this form must be completed.**

**DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED BY THIS INDIVIDUAL AT THE LEVEL OF JOURNEYMAN OR BETTER.**

**\*\* LIST SPECIFIC TRADES AND DUTIES \*\***

**PLEASE TYPE OR PRINT IN INK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above-stated work was performed from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full-time       Part-time (If part-time specify total # of years \_\_\_\_\_ and/or months \_\_\_\_\_)

Check the box that identifies the level that this individual worked at while performing the trade(s) or craft(s) listed above.

Journeyman     Foreman     Supervisor     Contractor

Check the box that identifies your business relationship to this individual, at the time the experience was gained by them.

Employer       Union Representative     Building Inspector     Engineer     Architect       Contractor

Supervisor     Other, specify relationship \_\_\_\_\_

**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: \_\_\_\_\_







# RESUME OF EXPERIENCE

(READ INSTRUCTIONS REGARDING EXPERIENCE REQUIREMENTS AND RESUME' ON PAGE 3 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

---

---

---

---

---

---

---

---

---

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

---

---

---

---

---

---

---

---

---

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

---

---

---

---

---

---

---

---

