

## **NEVADA STATE CONTRACTORS BOARD**

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#### APPLICATION FOR CONVERSION OF ENTITY

#### **General Instructions**

- 1. Please type or print in ink when completing this form.
- 2. Make sure the application is properly signed.
- 3. Read all instructions carefully. The Nevada State Contractors Board (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 this application. Incomplete applications will be returned to you.
- 4. Complete each section, and answer all questions on this form.
- 5. This form cannot be used to change the qualified person. If there has been a disassociation of the qualified person, you must notify the Board in writing, within 10 days (including the date of disassociation), and file the necessary change application. (The required application form is available on our web site, or from an office of the Board.)
- 6. Include Required Fee of \$300.00

SECTION 1 – BUSINESS NAME:						
Current Business Name:						
(Use Name Currently Shown on Your License)						
License Number: Email Address:						
<b>Business Name:</b> The legal business name is the name that will appear on the license and is the actual name under which the contracting business will be conducted. If you will be using a fictitious business name (doing business as), list that name also, and include a filed copy of your fictitious name certificate.						
Legal Business Name of Resulting Entity:						
Nevada Business ID:  All businesses are required to have a Nevada State Business License which has a unique Nevada Business ID. Contact the Nevada Secretary of State to obtain a Nevada State Business License. They can be reached at (702) 486-2880 or www.sos.state.nv.us.						
SECTION 2 – BUSINESS ENTITY						
Nevada Revised Statute, Chapter 92A provides for the conversion of certain entity types when the constituent or resulting entity is a domestic entity organized and existing under the laws of the State of Nevada. If neither the constituent nor the resulting entity is a domestic entity organized and existing under the laws of the State of Nevada, see Notice Regarding Conversion of Foreign Entity on page 2.						
You should consult with your legal counsel regarding plans of conversion, and whether or not such action is applicable to your business.						
FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE						
Date Received: Amount: Receipt #: Data Entry:						
Withdrawn: Approved: Denied:						
Data Entry Change Request:File Closed:						

Business Entity: Designate the entity type and State of origin for both the constituent and resulting entity by placing a check mark in the appropriate box and provide the State of origin for both the constituent entity and resulting entity.

CONSTITUENT ENTITY

RESULTING ENTITY

Corporation – State of Origin \_\_\_\_\_\_

Corporation – State of Origin \_\_\_\_\_\_

Limited Liability Company – State of Origin \_\_\_\_\_\_

You must attach a copy of the filed Articles of Conversion, along with the certificate of authority issued by the Nevada Secretary of State. Additional documents required are as follows:

Limited Partnership – State of Origin

If the resulting entity is a Limited Liability Company: Submit a copy of your Articles of Organization and Operating Agreement.

If the resulting entity is a Limited Partnership: Submit a copy of your partnership agreement.

NOTICE REGARDING CONVERSION OF FOREIGN ENTITY: If the resulting entity is not a Nevada business entity, whose conversion is governed by Nevada Revised Statute, Chapter 92A, you must provide a written legal opinion from your own legal counsel regarding the authority for conversion. The opinion must cite the statutory authority which provides for the conversion, and address whether or not the laws governing conversions in that State provide that the resulting entity is a continuation of the constituent entity, and whether or not the liability of the constituent entity flows to the resulting entity.

#### **SECTION 3 – PERSONNEL OF RESULTING ENTITY**

☐ General Partnership – State of Origin \_\_\_\_\_

☐ Limited Partnership – State of Origin \_\_\_\_\_

Personnel: Supply the identifying information below for each person (or company if an LLC) to be added or deleted from this license.

**Background Disclosure Statement:** Each person you are adding to this license must complete a background disclosure statement. The required form is on page 6. A separate form must be completed for each person.

Add	Delete	Char	nge	
			Full Legal Name:	Title:
			Full Legal Name:	Title:
			Full Legal Name:	Title:
			Full Legal Name:	Title:
			Full Legal Name:	
			Full Legal Name:	Title:
			Full Legal Name:	Title:
			Full Legal Name:	Title:

Note: Attach a copy of your corporate minutes showing the election or appointment of each officer, member or manager with managing authority to be added to this license.

If additional space is needed, please attach a separate sheet

#### **SECTION 4 - CONTRACTORS LICENSES**

Each **new person** that you are adding to this license must provide a list of Contractors licenses on which they have appeared, whether in Nevada or any other state. If your response to this section is "none", or if you are not adding any new personnel, indicate same in the space below.

Company Name	State	Lic. No.	Issue Date	Current License Status

#### **SECTION 5 - GENERAL QUESTIONS**

Answer all questions and attach any supplemental information required. Your answer to each question applies to the constituent and resulting entities, as well as all personnel listed above in section 3.

1.	other state?	or revoked by Nevada or any of you, had a contractor's license denied, suspended or revoked by Nevada or any or been connected with any person, firm, partnership or corporation whose contractor's license was denied, or revoked by Nevada or any other state?
	☐ No	☐ Yes - attach a detailed explanation including State, license number, and date.
2.	Are there an	y judgments, suits or claims pending or recorded against you?
	□ No	☐ Yes - attach a detailed explanation.
3.	Are there an	y liens or stop notices for labor or materials filed on any of your work anywhere?
	☐ No	☐ Yes - attach a detailed explanation.
4.	Since obtain	ing this license, have you or any of you, pled "guilty" or "no contest" to, or been convicted of a crime?
	□ No indictment a	☐ Yes - attach a detailed explanation for each instance, including copies of the original complaint, information, or nd final judgment or conviction for any/ and all arrests.

#### **SECTION 6 - FINANCIAL RESPONSIBILITY**

1.	Has there been	a materiai chang	e in ownersnip	as a result of	the conversion?
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- □ No □ Yes If yes, provide names and addresses of persons holding at least a 25% interest.
- Were all of the assets and liabilities of the constituent entity transferred to the resulting entity?
  - No Yes
- 3. **Financial Statement Requirements:** You must submit a current financial statement (statement) with this application that meets the following criteria.
  - Financial statements must be for the <u>resulting</u> entity.
  - All statements must be in U.S. dollars.
  - Business statements must include a classified balance sheet.
  - Personal statements that have been prepared by a Certified Public Accountant must include a supplemental schedule disclosing working capital and net worth.

#### For License Monetary Limits of \$10,000 or less you must provide one of the following:

- A current financial statement prepared by an independent certified public accountant; or
- A current financial statement submitted on a form prescribed by the Board (available on the Board's website www.nscb.nv.gov, click on contractor forms); or
- A current financial statement (Balance Sheet) prepared using accounting software in accordance with generally accepted accounting principles and accompanied by an affidavit that verifies the accuracy of the financial statement.

\*To prevent a delay in the processing of your application, if you are unfamiliar with preparing your own financial statement, you are encouraged to seek the advice of an Accountant.

Note: Self-prepared or compiled statements must be current to within six months from the date the application is received.

#### For License Monetary Limits more than \$10,000 but less than \$50,000 you must provide one of the following:

- A compiled financial statement prepared by an independent certified public accountant, current within 6 months from the date the application is received; or
- A reviewed or audited financial statement, prepared by an independent certified public accountant, current within one (1) year from the date the application is received.

#### For License Monetary Limits of \$50,000 or more but less than \$250,000 you must provide one of the following:

- A compiled financial statement with full disclosures, prepared by an independent certified public accountant, current within 6 months from the date the application is received; or
- A reviewed or audited financial statement, prepared by an independent certified public accountant, current within one (1) year from the date the application is received.

For License Monetary Limits of \$250,000 or more: you must provide a financial statement that is prepared and reviewed or audited by an independent certified public accountant, current within one (1) year from the date the application is received.

### **SECTION 7 – QUALIFIED INDIVIDUAL**

**Qualified Individual:** This form cannot be used to change the qualified person on this license. If there has been a disassociation of the qualified person, you must notify the board in writing, within 10 days (including the date of disassociation), and file the necessary change application. (The required application form is available on our web site, or from an office of the Board.) Check the appropriate box to indicate whether or not the current qualified individual is still associated with the resulting entity, or if they have terminated their employment or association. **All qualified individuals must sign.** 

Signature of qualified person	Print Name
Signature of qualified person	Print Name

#### **SECTION 8 - BOND RIDER**

If your license currently maintains a surety bond, attach an original rider from your surety company amending the name on your bond to the Resulting Entity name.

#### **SECTION 9 - AFFIDAVIT AND AUTHORIZED SIGNATURE**

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

To the best of the licensee's / 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 the licensee's / 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.

The licensee / applicant will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting documents meets the same standard as set forth above.

The licensee / 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.

The licensee / 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:		Title:	
	(Signature)		
_		Date:	
	(Print Name)		



# NEVADA STATE CONTRACTORS BOARD APPLICANT BACKGROUND DISCLOSURE STATEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION A separate form MUST be completed by EACH Person including the Qualified Individual

NR:	BUSINESS NAME:  IRS 624.263 and NRS 624.265 authorizes the Nevada State Contractors Board (NSCB) to conduct background vestigations, obtain credit reports, and to request fingerprints for submission to the Nevada Highway Patrol (NHP) and the BI for a determination of identity, fugitive status or prior criminal history.								nts												
FIF	RST NAME						MIDDLI	E NAME					L	AST NAME							
SUFFIX OTHER NAME USED				DATE (	OF BIRTH					С	CITY & STATE OF BIRTH	ł									
SEX RACE WEIGHT HAIR COLOR EYE COLOR EMAIL ADDRESS (CANNOT BE A THIRD PARTY)																					
RE	ESIDENCE ADDRESS (AND MAILING ADDRESS IF DIFFERENT)  CITY  STA						ATE ZIP														
SC	OCIAL SECUR	ITY NUM	BER			-		-			O	R INDIV	VIDUAL TAX ID NUMBER 9				-		-		
The Repchadoc 1.  Apprevious Boa FIN 2.	No Yes  Applications are not automatically denied because of information obtained through the background disclosure and criminal history verification. When eviewing 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. It is your responsibility to provide any supporting documentation requested by the Board related to any past convictions or pending criminal charges.  FINANCIAL DISCLOSURES																				
3.	,	•	ate filing b	ankrupto	cy withir	the	next 6	months	s?												
4.	□ No □ Yes 4. 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 – Are there now any unpaid past due bills for materials, services rendered, or labor?																				
	<b>-</b> 1	No	☐ Yes –	Attach a	detailed	ехр	lanatio	<u>n.</u>													
5.	license o	denied	suspend	ed, revol	ked, or	othe	rwise	discipli	ned E	BY NE	VAD	A OR A	٩NY	r, associate, or qua YOTHER STATE? OR ANY OTHER S	Are the	ere ar					s
	□ I <u>bus</u>	No iness n		Attach a	detailed	d exp	olanatio	n inclu	ding t	he na	me o	f the sta	ate i	n which the license	e was h	<u>ield, l</u>	icense	numb	er, an	<u>d</u>	
6.	Do you h	ave a	oroprietary	y interes	t (i.e., o	wner	ship, s	tock, sh	ares)	in thi	s app	olicant?	(Th	his question does r	not pert	tain to	sole	proprie	tors).		
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In order to comply with the requirements of Nevada's Department of Public Safety, fingerprint cards and LiveScan fingerprints cannot be accepted until <u>after</u> you submit your application and completed Fingerprint Background Waiver form(s) to the Board.

Once these forms has been submitted to the Nevada State Contractors Board you may proceed with obtaining the required fingerprints.

In consideration for processing my application for a Nevada State Contractor's License, I, the undersigned whose name and personal information voluntarily appear above, do hereby and irrevocably agree to the following:

- 1. I hereby authorize the **NEVADA STATE CONTRACTORS BOARD** (hereinafter "BOARD") to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me. In giving this authorization, I expressly understand that the information 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 agencies. 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. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons and current and/or prior gaming and non-gaming sheriff's work cards that were issued to me.
- 2. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the BOARD.
- 3. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, the Nevada State Contractors Board, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the **BOARD** 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 and the **BOARD** on the basis of their disclosures. I have signed this release voluntarily and of my own free will.
- 4. In giving the above authorization, I understand that all information provided to the **BOARD** may be reviewed by the **BOARD** or any other employee within the **BOARD'S** organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the **BOARD** and of the criminal justice agencies in the performance of their official duties, and may not be further disseminated.

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.

PURSUANT TO NRS 199.120, I CERTIFY THAT I HAVE CAREFULLY REVIEWED THE INFORMATION CONTAINED IN THIS DOCUMENT AND I ATTEST TO THE TRUTH AND ACCURACY OF THE INFORMATION CONTAINED IN THIS BACKGROUND DISCLOSURE STATEMENT UNDER PENALTY OF PERJURY.

Signature:	Date:	



As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- 1. You must be notified by **Nevada State Contractors Board** (*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. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
- 3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
- 4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
- 5. If you have a criminal history record, you should be afforded a reasonable amount to time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:	
Initial	Date

- 6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a> and <a href="https://www.edo.cjis.gov">https://www.edo.cjis.gov</a>.
- 7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <a href="https://www.edo.cjis.gov">https://www.edo.cjis.gov</a>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- 8. 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.
- 9. I hereby authorize **Nevada State Contractors Board** (*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.
- 10. 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 Name	First Name	Middle
A 1: ./ C: .			
Applicant's Signature:			
Date:			
Agency Account #:			
Agency Representative:			
PLEASE PRINT	Last Name	First Name	Middle
Agency Representative S	ignature:		
Date:			