



NEVADA STATE CONTRACTORS BOARD

2310 Corporate Circle, Suite 200, Henderson Nevada, 89074 (702) 486-1100 Fax (702) 486-1190 Investigations (702) 486-1110
9670 Gateway Drive, Suite 100, Reno, Nevada, 89521 (775) 688-1141 FAX (775) 688-1271, Investigations (775) 688-1150
Website: www.nscb.nv.gov

APPLICATION TO CHANGE OR ADD A CORPORATE OFFICER OF A CORPORATION – OR – MEMBER / MANAGER OF A LIMITED LIABILITY COMPANY

General Instructions

1. Please type or print in ink when completing this form.
2. Make sure the application is properly signed by a corporate officer or managing member.
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. Attach a copy of your corporate minutes or LLC minutes showing the election of each new officer, member or manager.
6. **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: www.nscb.nv.gov, or from an office of the Board.)
7. Include required fee of \$250.00

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.

License Number: This form can be used for more than one license only if the licenses are held by the same business entity.

Legal Business Name: _____
(Use Name as Set Forth on the License)

License Number (s): _____ **Email Address:** _____

Phone No.: (____) _____ **Facsimile No.:** (____) _____

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Withdrawn Date: _____ Reason: _____ Application No.: _____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: _____

SECTION 2 - BUSINESS ENTITY TYPE

This form can be used to change the corporate officers of an existing corporate license, or the members and managers with managing authority of an existing limited liability company license. **This form cannot be used to change the license entity.**

This application is for a (check the appropriate business entity):

Corporation – Corporations may limit the reporting of personnel changes to: the President, Secretary, Treasurer and any officer who has managerial and/or signatory authority in Nevada or is authorized to legally bind the licensee. **You must attach a copy of the corporate minutes showing the election of any new officer or the change of an existing officer’s title.**

Limited Liability Company – **You must attach a copy of the minutes for the election or appointment of any new members and managers with managing authority. If any of your members are legal entities, or if your LLC has elected officers, please include an organizational chart identifying the individuals associated with the member entities.**

SECTION 3 - PERSONNEL

Personnel: Supply the identifying information below for each person 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 4.

Add Delete Change

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Legal Name: _____	Title: _____

SECTION 4 – OWNERSHIP CHANGE

Has there been a change in ownership of more than 50%?

No Yes – If yes, provide names and addresses of new owner(s) below

_____	_____	_____	_____
(Print Name)	(Percentage of Ownership)	(Print Name)	(Percentage of Ownership)
_____	_____	_____	_____
(Physical Street Address / Mailing Address)		(Physical Street Address / Mailing Address)	
_____	_____	_____	_____
(City, State, Zip Code)		(City, State, Zip Code)	

SECTION 5 - 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 of Corporate Officer or Managing Member)

_____ Date: _____
(Print Name)



- 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
<input type="checkbox"/> Live Scan Prints
<input type="checkbox"/> 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	EYE 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

Applicant Background Disclosure Statement Authorization for Release of Information

In order to comply with the requirements of Nevada's Department of Public Safety, fingerprint cards and LiveScan fingerprints cannot be accepted until **after** 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.

(Please initial) _____

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.

Applicant's Name: _____
(LAST, FIRST MIDDLE) (SIGNATURE)

Address: _____

Date: _____

To Be Completed by Board Staff Only:

Submitted by: NEVADA STATE CONTRACTORS BOARD Date Submitted: _____
 2310 CORPORATE DRIVE, SUITE 200
 HENDERSON, NEVADA 89074

Agency's Representative: _____
(PRINT) (SIGNATURE)



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: _____