

Board for Contractors
FIRM - RESIDENTIAL BUILDING ENERGY ANALYST LICENSE APPLICATION
Fee \$240.00

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

1. Business Entity/Sole Proprietor Name _____
 ➤ A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name. All names must be the same as displayed on government issued ID or organization/business documents.
2. Assumed or Fictitious Name [▲] _____
 ▲ If an **assumed/fictitious name** is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to [§59.1-69](#) of the *Code of Virginia* must be attached to this application.
3. A. Type of business entity (select only **one**)

☐ Sole Proprietorship ☐ General Partnership ☐ Solely Owned LLC ☐ Corporation
☐ Limited Partnership ☐ Limited Liability Company ☐ Other, please specify: _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

 B. State Corporation Commission (SCC) Number: _____ (If applicable)
 ➤ All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No **person, partnership, limited liability company or corporation** shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.
4. Provide **one** of the following identification numbers:

☐ Business Federal Employer Identification Number (EIN) ❖
 ❖ Board for Contractor's requires verification from the IRS. (www.irs.gov)
☐ Sole Proprietor's/Individual's Social Security Number **and/or**
☐ **Virginia** Department of Motor Vehicles Control Number *

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 Federal Employer Identification Number (12-3456789)

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

 ➤ Enter the same identification number as used on previous applications or licenses on file with the department.
 * State law requires every applicant, *who is not a sole proprietor or solely owned LLC*, to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.
5. Mailing Address (PO Box accepted) _____
 The mailing address will be printed on the license.

City _____

State _____

Zip Code _____
6. Street Address (PO Box not accepted) _____
PHYSICAL ADDRESS REQUIRED
if mailing address is a PO Box.

City _____

State _____

Zip Code _____

BOARD USE ONLY	ETS					
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		2707	

7. Contact Numbers

Primary Telephone

Alternate Telephone

Fax

8. Email Address

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

9. Does the **Firm, Qualified Individual or any member of Responsible Management** hold a current or expired residential building energy analyst or Home Inspection license, certification or registration from any jurisdiction (including Virginia)?

No ☐Yes ☐ If yes, complete the following table.

Business Name	State/Jurisdiction	License, Certification or Registration No.	Expiration Date

10. List all members of the **Responsible Management** (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation).

Individual's Full Legal Name	Address	Social Security No. or VA DMV Control No.	Date of Birth

11. Provide the following information for the **Qualified Individual** who is a full-time employee or a member of Responsible Management for the firm:

A. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required)

First (required)

Middle

Generation

B. Provide one of the following identification numbers*:

☐ Social Security Number and/or

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☐ Virginia DMV Control Number

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

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

C. Date of Birth

D. Virginia License No.

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Expiration Date

12. Has the firm obtained a liability insurance policy for a minimum amount of at least \$500,000?
- No ☐
- Yes ☐ If yes, provide a copy of the certificate of liability insurance along with this application. The firm's name must be listed as the policy holder.
13. Has the **Firm, Qualified Individual or any member of Responsible Management** ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body? This includes, but is not limited to, an monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action or voluntary termination of a license in Virginia or in any other jurisdiction
- No ☐
- Yes ☐ If yes, complete the [Disciplinary Action Reporting Form](#).
14. A. Has the **Firm, Qualified Individual or any member of Responsible Management** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**?
- No ☐
- Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Has the **Firm, Qualified Individual or any member of Responsible Management** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any non-marijuana **misdemeanor**?
- No ☐
- Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).
15. During the past five years, has **any member of Responsible Management** had any **outstanding/past-due debts**; (including child support arrearage); judgments; liens; past due 'unpaid' claims or suits; outstanding tax obligations; defaults on bonds; or pending/past bankruptcies?
- No ☐
- Yes ☐ If yes, complete the [Adverse Financial History Reporting Form](#).

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Contractors License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application, you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

16. By signing this application, I certify the following statements:
- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me, the firm, the qualified individual(s), or any member of responsible management or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.

- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter11 of the *Code of Virginia*, and the *Board for Contractors Regulations*.
- I certify that I am a member of responsible management as defined in 18VAC50-22-10 of the Board for Contractors regulations and am authorized to bind the applicant to contracts and other legal obligations.

Signature of one member of Responsible Management (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation)

Print Name _____ Title _____

Provide either Social Security No. or VA DMV Control No.*

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

Date of Birth _____

Signature _____ Date _____