Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8511 www.dpor.virginia.gov



Examination 1005

Board for Contractors RESIDENTIAL TRADESMAN EXAM & LICENSE APPLICATION

A check or money order payable to the TREASURER OF VIRGINIA, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Select the designation(s) for which you are applying.

Trade Designations

																Fee \$	150.00)			
		Residential Plumber Tradesman (PLB)														1					
		Residential Heating, Ventilation, and Air Conditioning Tradesman (HVAC)														1					
			performing													•					
	rovide a <u>cu</u> irginia Boa			•			e by I	Depa	rtmer	nt of F	Profe	essi	iona	l an	d Oc	cupat	ional	Regu	ulation	ı or from	the
	Virginia l	icen	se Numbe	r											Expii	ration	Date	·			
	Full Legal	Nam	e (As it ap	pears o	n your	govern	ıment	issue	d ID c	or othe	er leg	jal c	docu	men	tation	.)					
	Last (require	d)				First (re	quired)					_	Mic	ddle						Generat	ion
	** <u>Re</u>	quire	d Attachr	nent: P	Provid	le a co	ру о	f you	r gov	ernn/	nent	iss	sued	d ID.	Coj	оу т	ust b	e leg	ible.		
	Provide at		one of th		•	entifica	ıtion r	numb	ers*:] -]			- [Щ				
	Virgi	<i>nia</i> D	MV Contro	l Numbe	r																
	* State la	w requ	e identification prices every ap price on the price of th	plicant for	a licens	e, certific	ate, reg	gistratio	n or otl	her auth	noriza	tion	to en	gage i	n a bu	siness,	trade, ¡			ccupation is	sued
	Date of Bir	th	MIV	I/DD/YYYY		(Mus	t be a	t leas	t 18 y	ears c	of ago	e.)									
	Maiden or	Form	er Name(s)																	
		mailin	address wi	ll be	ed)	_															
	pri	ntea c	n the licens	3 .		Cit	ty											State		Zip Code	
	Street Add		(PO Box Address		•	d) _] c	heck h	ere if S	treet Ad	ddress	s is th	he <u>sa</u>	me as	the M	ailing A	Address	listed a	above.		
D	ETS					Cit	y											State		Zip Code	

DATE

FEE

TRANS CODE

ENTITY#

2709

3.

5.

6.

BOARD USE ONLY

OFFICE

ONLY

ISSUE DATE

FILE #/LICENSE #

7.	Contact Numbers	Primary Telephone		Alternate Telepho		Fax							
8.	Email Address	Tillialy Telephone		Alternate Telephi	one.	I GA							
Email address is considered a public record and will be disclosed upon request from a third party.													
9.	Employer's Name												
	Employer's Virginia	Contractor's License No.	(if available)	2 7									
	Employer's Street A	Address											
		City				State	Zip Code						
10.	Do you hold a <u>current</u> Tradesman license, certification or registration issued by any (excluding Virginia) local, state or national regulatory body? This information may be used to qualify you for the tradesman examination. No Yes If yes, complete the following table. Attach a copy of each Certification/Letter of Good Standing if you want this license reviewed for experience or reciprocity.												
	State/Jurisdiction	Trade Designation	Examination Yes (Y) or No (N)	Residential (R)	License, Certi Registration		Expiration Date						
11.	exam, reciprocity, etc.) <u>and</u> 5) all closed disciplinary actions resulting in violations or undetermined. Which of the following requirements have you met in order to qualify for a <u>residential tradesman</u> exam license? Select only <u>one</u> . Indicate your experience, vocational training and education.												
				•									
		actical experience in the tr chments: Attach a complete official transcript(s	ed <u>Individual Exp</u>										
		practical experience in the chments: Attach a complete official transcript(s,	ed <u>Individual Exp</u>										
	•	ractical experience in the to hments: Attach a complete official transcript(s)	d Individual Expe		•								
	•	actical experience in the tr chments: Attach a complete official transcript(s,	ed <u>Individual Exp</u>		•								
	•	rs of practical experience chments: Attach a complete		erience Verificat	ion Form.								
	Commonwealth	rently certified or licens of Virginia. chments: Attach a Certific				-	•						
	•	Tradesman licer	nse or certification	•									
	▼ Certifications of	Licensure/Letter of Good Sta	nding prepared by	the state board of	or regulatory boo	ıv must inclu	de: 1) the license/						

certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) the means of

obtaining licensure (i.e. exam, reciprocity, etc.) and 5) all closed disciplinary actions resulting in violations or undetermined.

12.	Have body' No	?	en subject to a <u>disciplin</u>	<u>nary action</u> taken by <u>any</u> (inc	cluding Virginia) local, state or nation	nal regulatory
	Ye	s 🗌 If ye	es, complete the Discipli	inary Action Reporting Form.		
13.		United States	s of any <u>felony</u> ?		manner of adjudication, in any juris	diction of the
	_	Yes		riminal Conviction Reporting		
		United States	er been convicted or for s of any <u>non-marijuana</u>		manner of adjudication, in any juris	diction of the
		No Yes	If yes, complete the C	riminal Conviction Reporting	Form.	
14.	If the	requested ex	kam is offered in a differ	rent language, which languag	je would you prefer?	
	>	•	is not answered, the exam	m language will default to Englis	sh.	
trade which	or prof is duly	fession practi y served on s	iced; and that by submi said agent and attorney-	itting this application, you he in-fact shall be of the same le	alf in any case or proceedings arisi ereby agree that any lawful process egal force and validity as if served u	s against you
15.	•	I am aware	•	•	ent or material information in connectation or denial of license.	ction with this
	•	I will notify requested I	the Board of any cha	anges to the information pro registration including, but not	ovided in this application prior to t limited to any disciplinary action or	•
	•	person, or		tment may contact. I also	ne or any statement in this applicate agree to present any credentials of	•
	•		-	ocal government agency, cunich may be required for a ba	urrent or former employer, or other ckground investigation.	individual or
	•	of Title 54.	•	•	nia related to this profession under t inia Board for Contractors Individua	•
		Signature			Date	

**Required Attachment: Provide a copy of your government issued ID. Copy must be legible.