

Board for Contractors
CHANGE OF RESPONSIBLE MANAGEMENT APPLICATION
No Fee Required

1. Virginia License Number

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 Expiration Date _____
2. Business Entity/Sole Proprietor's Name _____
3. Provide **one** of the following identification numbers*:

☐ Business Federal Employer Identification Number (FEIN)

☐ *Sole Proprietor's/Individual's* Social Security Number **or**

☐ **Virginia** Department of Motor Vehicles Control Number

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 Federal Employer Identification Number (12-3456789)

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 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.
4. Contact Numbers

Primary Telephone

Alternate Telephone

Fax
5. Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.
6. List all **Responsible Management** and provide the **member's status** for each:
 (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 the business/company).

Individual's Full Legal Name	Address	Social Security No. or VA DMV Control No.*	Date of Birth	Member's Status
				<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Delete
				<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Delete
				<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Delete
				<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Delete
				<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Delete

OFFICE USE ONLY	SCC	ETS	LICENSE #	ISSUE DATE

Individual's Full Legal Name	Address	Social Security No. or VA DMV Control No.*	Date of Birth	Member's Status
				<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Delete
				<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Delete
				<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Delete
				<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Delete
				<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Delete
				<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Delete

Required Documentation: Must attach a legible copy of a government issued photo ID for all members of Responsible Management.

7. Do any members of **Responsible Managers** (indicated above) hold a **current** or **expired** contractor's license, certification or registration issued by any jurisdiction (including Virginia)?
- No ☐
- Yes ☐ If yes, complete the following table.

Business/Individual's Full Legal Name	State	License, Certification or Registration No.	Expiration Date

8. Has any members of **Responsible Management** ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?
- No ☐
- Yes ☐ If yes, complete the [Disciplinary Action Reporting Form](#).
9. A. Has any members 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 any members of **Responsible Management** been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any non-marijuana **misdemeanor** within the last 3 years from the date of this application?
- No ☐
- Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

10. Has any member of **Responsible Management** ever had any **outstanding/past-due debts** within the time frame specified below (including child support arrearage); judgments; liens; past due 'unpaid' claims or suits; outstanding tax obligations; defaults on bonds; or pending/past bankruptcies?

Class C	Within the past 3 years
Class B	Within the past 4 years
Class A	Within the past 5 years

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.

11. 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 or any statement in this application from any person, or any source the department may desire. 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, Chapter 11, of the *Code of Virginia* and the *Virginia Board for Contractors Regulations*.

Provide signatures on the following page.

Signature(s) of all members of Responsible Management (required):

(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)

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.

1. Print Name _____ Title _____
Signature _____ Date _____
2. Print Name _____ Title _____
Signature _____ Date _____
3. Print Name _____ Title _____
Signature _____ Date _____
4. Print Name _____ Title _____
Signature _____ Date _____
5. Print Name _____ Title _____
Signature _____ Date _____
6. Print Name _____ Title _____
Signature _____ Date _____
7. Print Name _____ Title _____
Signature _____ Date _____
8. Print Name _____ Title _____
Signature _____ Date _____

(Photocopy this page if additional signatures are needed.)

ATTACHMENTS: (Check all attachments/documentation included with this application)

- ☐ Attach a copy of Government Issued Photo IDs for each member of **Responsible Management** listed on this application - question #6
(Photo must be legible)
- ☐ All disclosure forms and supporting documentation - questions #8 -10