

Board for Contractors

CHANGE IN QUALIFIED INDIVIDUAL AND/OR DESIGNATED EMPLOYEE APPLICATION

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.

Select the transaction type you are requesting. Select all that apply.

X	Change Request	Fee
<input type="checkbox"/>	Change in Designated Employee	9220 \$125.00
<input type="checkbox"/>	Change in Qualified Individual	9210 \$125.00

Total amount included with this application: _____

- Provide your Virginia Contractor's License Number

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- Business Entity/Sole Proprietor's Name _____
- 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.
- Contact Numbers

_____ Primary Telephone
_____ Alternate Telephone
_____ Fax
- Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.
- Does your **Designated Employee** or **Qualified Individual** have a current or expired contractor's license, certification or registration from any jurisdiction (outside Virginia)?

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

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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					2705	
BOARD USE ONLY	SCC	ETS	EXAMS			

7. Residential building energy analysts applicants - skip to question #8

Complete the following information for the **New Designated Employee**:

- The **new** Designated Employee has to have successfully completed the appropriate business examinations and is either a full-time employee (not a 1099 employee) of the business or a member of Responsible Management. For licensure information, contact the Board for Contractors by phone at 804-367-8511 or email at contractor@dpor.virginia.gov.

Required examinations per class: Class A - Advanced, General, and Virginia exam; and Class B - General and Virginia exam.

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

Last (required) First (required) Middle Generation

Required Documentation: If the Designated Employee is not a member of Responsible Management, attach a legible copy of a government issued photo ID and provide fulltime employment verification (I9, W2, or other similar documentation).

- ii) 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.

- iii) Date of Birth _____ iv) Examination Date _____
MM/DD/YYYY MM/DD/YYYY

8. Complete the following information for the **New Qualified Individual**:

- The **new** Qualified Individual must meet the following criteria: 1) must be either a fulltime employee of the business (working a minimum of 30 hours or more with the business) or who is listed as a member of Responsible Management, 2) must have the minimum years of experience in the classification or specialty they are applying - 2 years for a Class C License, 3 years for a Class B License and 5 years for a Class A License. (An **Experience Verification Form** must be submitted for each Qualified Individual who is requesting a designation that requires pre-approval for an examination), and 3) have successfully completed the appropriate prerequisite for the classification or specialty designation selected. For more information on these please see the [Requirements for the Qualified Individual Form](#).

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

Last (required) First (required) Middle Generation

Required Documentation: If the Qualified Individual is not a member of Responsible Management, attach a legible copy of a government issued photo ID and provide fulltime employment verification (I9, W2, or other similar documentation).

- ii) 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.

- iii) Date of Birth _____
MM/DD/YYYY

- iv) Virginia Qualifying License Number (if applicable)

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- v) Residential building energy analysts applicants - *Skip to question #9*

List the classification or specialty designation assigned to the **Qualified Individual** (only one per application):

License Classifications and Specialty Designations

Applicants must hold a Certification for the following classification and/or specialty:

BEC	Blast/explosive	MHC	Manufactured home contracting	RMC	Radon mitigation
SPR	Fire sprinkler				

Applicants must hold a valid license issued from DPOR for the following designation:

ADS	Alternative Disposal System	ELE	Electrical	LPG	Liquefied petroleum gas
ASB	Asbestos	EEC	Elevator/escalator	NGF	Natural gas fitting provider
ASC	Accessibility Services	GFC	Gas fitting	PLB	Plumbing
ASL	Accessibility Services with LULA	HVA	HVAC	WWP	Water well/pump
CDS	Conventional Disposal System	LAC	Lead abatement		

*** Applicants are required to be pre-approved and pass an examination for the following classification and/or specialty:**

AES	Alternative energy systems	FAS	Fire alarm systems	BRK	Masonry
PAV	Asphalt paving & seal coating	FSP	Fire suppression	PTC	Painting & wall covering
BSC	Billboard/sign	FLR	Flooring & Floor Cover'g Contracting	RFC	Recreational facility
CBC	Commercial Building	FRM	Framing Sub Contractor	REF	Refrigeration
CIC	Commercial improvement	GLZ	Glass & Glazing Contracting	RBC	Residential Building
CEM	Concrete	H/H	Highway/heavy	ROC	Roofing
DLR	Drug, Lab, Remediation	HIC	Home Improvement	STL	Steel Erection Contracting
DRY	Drywall Company	IBC	Industrial building contracting	POL	Swimming pool construction
ESC	Electronic/communication service	INS	Insulation & Weather Stripping	TMC	Tile, Marble, Ceramic
EMW	Environmental monitoring well		Contracting		& Terrazzo Contracting
ENV	Environmental specialties	ISC	Landscape irrigation	UUC	Underground Utility
EMC	Equipment/machinery	LSC	Landscape services		& Excavating Contracting
FIC	Farm improvement	MCC	Marine facility	VCC	Vessel construction
FIN	Finish Carpentry Contracting				

*** All qualified individuals must submit an Experience Verification Form for these designations.**

Applicants are required to receive special approval by the Board for the following specialty:

MSC	Miscellaneous Contracting
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3-letter Code	Classification or Specialty Designation	Years of Exp.*	Exam Date

Required Attachment: Complete an Experience Verification Form for the new Qualified Individual who is seeking pre-approval for a designation that **requires an examination (only)**. **IF applying for the MSC specialty**, provide the Board for Contractors with all required documentation to support your request for this designation.

9. Has the **Designated Employee** and/or **Qualified Individual** 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](#).
10. A. Has the **Designated Employee** and/or **Qualified Individual** 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 **Designated Employee** and/or **Qualified Individual** 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](#).

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 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, Chapter 11 of the *Code of Virginia*, and the *Board for Contractors Regulations*.

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 _____

Photocopy this page if additional signatures are needed.

Signature of Designated Employee: (Who are listed on this application (if applicable) and not a member of Responsible Management)

1. Print Name _____ Title _____
Signature _____ Date _____

Signature(s) of Qualified Individual: (Who are listed on this application (if applicable) and not a member of Responsible Management)

1. Print Name _____ Title _____
Signature _____ Date _____