

Louisiana State Licensing Board for Contractors
 600 North Street, Baton Rouge, LA 70802 225.765.2301 Fax: 888.510.0130
www.lacontractor.org



FINANCIAL STATEMENT

(INSTRUCTIONS AND STATEMENT PAGE)

All applicants for a commercial, residential or mold remediation license must complete and submit the Financial Statement.

Exception:

- o If an applicant has an active commercial, residential or mold remediation license with this board and is applying for another license in the exact same name, the applicant has already met this requirement.

INSTRUCTIONS

- o Name of Applicant, Financial Information and Signature of Applicant:
 - a) If you are applying for a license in your in your **individual name**:
 1. **Name of Applicant** would be your individual name.
 2. The Financial Information should be your personal financial information.
 3. You would then sign your name for the **Signature of Applicant**.
 - b) If you are applying for a license in a **business name** (INC., LLC, LP, etc.):
 1. **Name of Applicant** would be the name of the business.
 2. The financial information should be the business's financial information.
 3. An owner, officer or authorized representative of the business must print and sign their name for **Signature of Applicant**.
- o Net Worth - An applicant's Financial Statement must demonstrate a net worth of at least \$10,000 to be eligible.
 - o If the Financial Statement does not show a net worth of at least \$10,000, the applicant may **also** provide a bond, letter of credit or other security acceptable to the Board to satisfy the net worth requirement.
- o Financial Statement shall be accurate as of the date submitted and comply with La. R.S. 37:2156.1(c).
- o For the **Prepared on (date)**, this is the date the financial statement was prepared. The financial statement must be current to within twelve (12) months of the date of filing the application.

FINANCIAL STATEMENT

A. FINANCIAL INFORMATION

*Section A. **MUST** be completed by a CPA, Bookkeeper or Accountant.*

Name of Applicant:	
Prepared on (date):	
Total Assets:	\$
Total Liabilities:	\$
NET WORTH:	\$

B. CERTIFICATION OF INFORMATION

The undersigned applicant and preparer declare to the best of their knowledge that the information provided in this financial statement of assets, liabilities and other information is true, correct and complete under penalties of perjury.

 Print Name of Applicant
(Individual, Owner, Officer or Authorized Representative)

 Print Name of Preparer

 Signature of Applicant, Officer or Authorized Representative

 Signature of Preparer

 Date

Title of Preparer - *Select one of the following:*

- Certified Public Accountant
- Accountant
- Bookkeeper