Date:

## **Louisiana State Licensing Board for Contractors**

600 North Street, Baton Rouge, LA 70802 225.765.2301 Fax: 888.510.0130 www.lacontractor.org

# ADDING A QUALIFYING PARTY TO AN EXISTING LICENSE

(To add a NEW qualifying party for a classification currently on the license)

License Number:



- > To report that a qualifier has left your company and to add a replacement, click **HERE**.
- To add <u>NEW</u> classifications not currently on the license for the company, click <u>HERE</u>.
- ➤ If paying by credit card or electronic checking, please email this form to <u>licensing@lslbc.gov</u>.

Name on Contractor's License:								
Ma	Mailing Address:							
Phone Number: Email:				Email:				
NO	NOTE: For each new qualifying party listed below, the form "Application for Qualifying Party" is also required.  The form is found at: <a href="http://www.lslbc.louisiana.gov/wp-content/uploads/application_QP.pdf">http://www.lslbc.louisiana.gov/wp-content/uploads/application_QP.pdf</a> .							
1	A.	. NAME OF QUALIFYING PARTY TO BE ADDED:						
	Name:							
	B.	CLAS	SIFICAT	ION INFORMATION:				
	Ent	er name	or code of	classification(s) that will be represented by	new qualifying party below:			
	1.				4.			
	2.				5.			
	3.				6.			
	C.	BUSI	NESS ANI	D LAW:				
	☐ YES ☐ NO Will this person be representing the company for the Louisiana Business and Law?							
	D.	RECI	RECIPROCITY AND/OR NASCLA:					
		YES	□ NO	Are you requesting reciprocity with a using NASCLA for the qualifying par	state with which Louisiana has a reciprocal agreement and/or ty?			
	<del></del>							
2	A.	NAM	E OF QUA	ALIFYING PARTY TO BE ADDED	:			
	Name:							
	B. CLASSIFICATION INFORMATION: (classification(s) that will be represented by new qualifying party)							
	Enter name or code of classification(s) that will be represented by new qualifying party below:							
	1.				4.			
	2.				5.			
	3.				6.			
	C.	BUSINESS AND LAW:						
		YES	ES NO Will this person be representing the company for the Louisiana Business and Law?					
	D.	RECI	PROCITY	AND/OR NASCLA:				
		☐ YES ☐ NO Are you requesting reciprocity with a state with which Louisiana has a reciprocal agreement and/or using NASCLA for the qualifying party?						

If you answered YES to question (D.), please see the information below
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1. Regarding reciprocity, Which state(s) are you reciprocating from:

Note: Provide a *Reciprocity Request* form, which was completed by the reciprocal state, and submit with this form. Click HERE for reciprocity information and obtain the verification of license form.

2. Regarding NASCLA, please see page 3 for further information.

<u>FEES</u>	Quantity	Amount		
Exam/Admin. Fee (per Classif		\$		
Business and Law Fee \$120.00				\$
Payment Method – Processing Fee (select one of the following)				
Pay by credit card	\$2.00 convenience charge + 2.5% is added to the total arr	ount		
Pay by electronic checking	\$2.00 convenience charge + \$1.00 is added to the total amount			
Pay by check/money order	No charge (Make payable to "LSLBC")			
TOTAL FEES \$				

Print Name and Title of Person Authorized\* to make changes to your license (required)

Signature of Person Authorized\* to make changes to your license (required)

<sup>\*</sup>Person(s) Authorized to make changes include: Sole Proprietor, Member of LLC, Corporate Officer or Partner

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# **PAYMENT INFORMATION PAGE**

NOTE: Submit this completed form to licensing@lslbc.gov. If you would like to pay by check or money order instead of using one of the payment methods below, please make the check or money order payable to "LSLBC" and submit with your forms by mail to the address above.

PAYMENT INFORMATION					
Name on Contractor's License:					
License Number(s):					
Email Address (for receipt):					
*Complete all information below depending on payment method selected					
Credit Card Information					
❖ Processing Fee: \$2.00 convenience charge + 2.5% is added to subtotal amount					
Name on the Card:					
Address of Cardholder:					
Credit Card Type: (VISA, MasterCard, American Express, etc.)					
Credit Card Number:					
Expiration Date: Security Code:					
Electronic Checking Information					
(ACH Transaction)  ❖ Processing Fee: \$2.00 convenience charge + \$1.00 is added to the subtotal amount					
Name on the Bank Account:					
Name of Authorized Signer:					
Address on the Account:					
Bank Routing Number:					
Bank Account Number:					
Account Type: (select one) Checking $\square$ Savings $\square$ Is this a Business Account? $\square$ Yes $\square$ No					

### **ADDITIONAL INFORMATION**

#### **CLASSIFICATION INFORMATION**

- LSLBC's Classification List provides a full list of the classifications, classification codes and links to testing information. This information is found at: <a href="http://www.lslbc.louisiana.gov/examsclassifications/">http://www.lslbc.louisiana.gov/examsclassifications/</a>.
- The qualifying party will be emailed the classification exam information (if applicable) after the qualifier has been approved for the exam(s).
- Classifications may not be added to a MOLD LICENSE.
- Residential Classifications may only be added to an existing Residential License.
- ➤ Commercial Classifications may only be added to an existing Commercial License.

#### BUSINESS AND LAW INFORMATION

- Business and Law is not required for new qualifying party(ies), if there is currently an active qualifying party on the license for Business and Law.
- However, if you want to take or hold the Business and Law for the company, the course fee will be required, even if previously taken.
- ➤ Business and Law is an online, 1 (one) hour course, which is taken on the qualifier's home or office computer. This is not an exam. The qualifier will be emailed the Business and Law information after the qualifier has been approved for the course.

### RECIPROCITY AND/OR NASCLA INFORMATION

- > Reciprocity and/or NASCLA information can be found at: https://lslbc.louisiana.gov/reciprocity-process/.
- > For Reciprocity requests, the Reciprocity Request form must be completed by the reciprocal state and then with this form and fees
- For NASCLA, be sure to contact NASCLA and have the qualifier's exam transcript released to this board so we are able to view the qualifier's exam transcript on their website.
  - o NOTE (1): We cannot accept NASCLA transcripts from the company.
  - o NOTE (2): The NASCLA Building exam will only give credit to the Building Construction and/or Residential Construction exams with this board. The NASCLA Electrical exam will only give credit for the Electrical exam.
- ➤ If you have any questions regarding Reciprocity and/or NASCLA please contact us at licensing@lslbc.gov or (225) 765-2301.

	APPLICATION FOR QUALIFYING PARTY					
Oua	Qualifying Party: the person designated by the applicant/licensee to take the exam(s) or to hold the classification(s)					
• }	<ul> <li>You must submit a Qualifying Party Application for <u>EACH</u> qualifying party.</li> <li>Click <u>HERE</u> for eligibility requirements for Qualifying Party.</li> </ul>					
Α.	QUALIFYING PARTY	ELIGIBILITY				
	ifying Party must meet one of the		to represent the applic	cant/licensee: (S	Select box below that applie	s to you.)
	Sole Proprietor (Individual		1	(	TI	
	Spouse of Sole Proprietor					
	Incorporator, Stockholde	,	ration)			
	Partner (Partnership)	( 2 · F				
	Member or Manager (L.	LC)				
	Employee (is currently	<u> </u>	as defined by the IR	S. of applicant	t/licensee)	
В.	QUALIFYING PARTY			~, cj upp		
	<b>TE:</b> All correspondence and exa			FD to the emi	ail addrass balow	
First	(PRINT)	Middle	(PRINT)	Last	(PRINT)	Jr/Sr, etc
THSt	(IMMI)	Wilder	(I III/I)	Last	(I IIIIII)	31/51, etc
Name	of Company					
Socia	l Security Number (of Qualify Party	·)		Date of Birth	n (mm/dd/yyyy)	
Maili	ng Address: (Street or P.O. Box)		City		State	ZIP
			-			
Worl	x Number	Cell or Home N	Numbar		Fax Number	
***************************************	Trumber	cen or Home i	Number .		rax Number	
Emai	l address (of Qualifying Party) MUS	T BE PROVIDED				
C	CLASSIFICATION INF	ODMATION				
			C .1	1:0:	( 0 (I ' (D 1 )	
For	which classification(s) will	you be representing	g of the company a	s a qualitying	g party? (List Below)	
D.	BUSINESS AND LAW					
		epresenting the appl	licant/licensee for t	he Louisiana	Business and Law cour	se?
	Each applicant/licensee must have					
	The Louisiana Business and Law of			a Business and I	Law. (no exceptions)	
E.	QUALIFYING PARTY	LEGAL QUEST	TIONS			
1.	Yes No Do you h	ave an outstanding	notice of child sup	port delinque	ncy which has not been	resolved?
	If <b>YES</b> , you will not be eligible as	a qualifying party until	the delinquency is res	solved.		
	Note: "Resolved" means you are r				into a payment plan, which	is also current.
2.	Yes No Have you	been convicted of a fe	elony or a misdeme	anor other tha	n violation of traffic laws	?
	If <u>YES</u> , please explain below:					

3.	Yes No Are there now any liens, judgments, or attachments pending or recorded against you, or against any firm in which you had interest at the time such indebtedness was created, or against any property involved under any of your contracts arising out of your previous operations in ANY state?
	If <u>YES</u> , provide a certificate of release or a payment plan, along with a statement from the legal agency showing that the plan is current.
F.	QUALIFYING PARTY AFFIDAVIT
•	Qualifying Party must read and agree to each statement listed below. (#8 must be agreed to only if an Employee) Qualifying Party must print, sign and date below.
	1. I certify under penalty of perjury under the laws of the State of Louisiana that all statements, answers and representations on this form are true and accurate, and I acknowledge that any purposeful false information submitted on behalf of myself and verified by this signature is cause to have license denied or revoked by the Louisiana State Licensing Board for Contractors.
	2. I understand that I must notify LSLBC in writing if I leave the company's employment or if I am no longer affiliated with the company listed on this application as the qualifying party.
	3. I understand that <b>IF</b> I am a qualifying party for a classification(s) that requires a current, active credential, such as a certification or license, from an outside agency or organization then I understand that the credential must remain current and active with that outside agency or organization while representing the classification(s) on the active contractor's license with LSLBC.
	4. I understand that the licensing board will use the mailing address and/or email address provided as official means of communication. I also acknowledge and understand that I will monitor the email address provided for official correspondence from LSLBC.
	5. I understand that any changes to my mailing address and/or email address must be updated with LSLBC within 30 days.
	6. I hereby agree to comply with all Contractor Licensing Laws (La. Revised Statutes 37:2150-2165) and Contractor Rules and Regulations (Title 46 of the Professional and Occupations Standards) Part XXIX, Contractors, Chapters 1 – 7. A copy of this document can be viewed and downloaded from our website at: <a href="http://www.lslbc.louisiana.gov/wp-content/uploads/blue_book.pdf">http://www.lslbc.louisiana.gov/wp-content/uploads/blue_book.pdf</a> . I understand that the Louisiana State Licensing Board for Contractors may take action to issue fines and penalties, and/or suspend or revoke the qualifying party status for violation of the laws and Rules and Regulations governing the licensing of contractors in Louisiana.
	7. I understand that LSLBC will be performing a financial review on the qualifying party listed on this form. I understand that if LSLBC staff finds an outstanding lien and/or judgment attached to the qualifying party listed on this form, I will be required to provide a certificate of release or a payment plan, along with a statement from the legal agency showing that the plan is current. I also understand that I will be required to adhere to the payment plan agreement while being an active qualifying party with this board. Failure to do so may result in the suspension of the license(s) I represent.
If (	Qualifying Party is an Employee, Statement #8 must be agreed to, and Employer <u>must</u> sign below.
	8. I certify under penalty of perjury under the laws of the State of Louisiana that I am currently a full-time employee, as defined by the IRS, of said applicant/licensee, and I acknowledge that any purposeful false information submitted on behalf of myself and verified by the signature below is cause to have qualifying party application denied or the license and qualifying party status revoked by the Louisiana State Licensing Board for Contractors. The employee shall be prepared to provide evidence of eligibility by furnishing evidence satisfactory to the board of employee's employment with the licensee or part seeking a license if so requested by the Board.
	Signature of Employer - Owner, Officer or Authorized Representative *Employer's signature is required if qualifying party is an employee.
Pri	nt Name of Qualifying Party
Sig	nature of Qualifying Party
 Dat	