

Section 5: APPLICATION FOR QUALIFYING PARTY

Qualifying Party: the person designated by the applicant to take the exam(s) or to hold the classification(s)

- This section must be completed, even if applying as a sole proprietor.
- You must submit a Qualifying Party Application for **EACH** qualifying party, even if the qualifying party has previously tested or is requesting reciprocity.
- Click [HERE](#) for eligibility requirements for Qualifying Party.
- The applicant may have more than one qualifier; Click [HERE](#) for additional Qualifying Party applications.

A. QUALIFYING PARTY ELIGIBILITY

Qualifying Party must meet one of the following: (Please check box that applies.)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Sole Proprietor (<i>Individual</i>) |
| <input type="checkbox"/> | Spouse of Sole Proprietor (<i>Individual</i>) |
| <input type="checkbox"/> | Incorporator, Stockholder or Officer (<i>Corporation</i>) |
| <input type="checkbox"/> | Partner (<i>Partnership</i>) |
| <input type="checkbox"/> | Member or Manager (<i>LLC</i>) |
| <input type="checkbox"/> | Employee (<i>has been in full-time employment for 120 consecutive days immediately preceding the application</i>) |

B. QUALIFYING PARTY INFORMATION

NOTE: All correspondence and examination approval letters will be **EMAILED** to the email address below.

First	<i>(PRINT)</i>	Middle	<i>(PRINT)</i>	Last	<i>(PRINT)</i>	Jr/Sr, etc

Name of Company

Social Security Number (of Qualify Party)	Date of Birth (mm/dd/yyyy)

Mailing Address: (Street or P.O. Box)	City	State	ZIP

Work Number	Cell or Home Number	Fax Number

Email address (of Qualifying Party) **MUST BE PROVIDED**

C. CLASSIFICATION INFORMATION

For which classification(s) will you be representing of the company as a qualifying party? (List Below)

D. BUSINESS AND LAW

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p>Will you be representing the company for the Louisiana Business and Law?</p> <ul style="list-style-type: none"> • Each company must have at least one qualifying party for the Louisiana Business and Law. • The Louisiana Business and Law course must be taken (or previously passed) by at least one qualifying party for the company, <u>no exceptions</u>. |
|------------------------------|-----------------------------|---|

E. QUALIFYING PARTY LEGAL QUESTIONS

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p>Do you have an outstanding notice of child support delinquency which has not been resolved?</p> <p>If YES, you will not be eligible as a qualifying party until the delinquency is resolved.</p> <p>Note: "Resolved" means you are now current with your child support payments or have entered into a payment plan, which is also current.</p> |
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F. QUALIFYING PARTY AFFIDAVIT

Instructions for Qualifying Party Affidavit:

- Qualifying Party must read and initial next to each statement (required)
- Qualifying Party must sign below and have signature notarized.

Initial:	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.
Initial:	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.
Initial:	3. I understand that IF 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.
Initial:	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.
Initial:	5. I understand that any changes to my mailing address and/or email address must be updated with LSLBC.
Initial:	6. I hereby agree to comply with all Contractor Licensing Laws (La. Revised Statutes 37:2150-2192) 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 by clicking HERE . 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.

Statement #7 below must be initialed if Qualifying Party is an EMPLOYEE of the company.

Initial:	7. I certify under penalty of perjury under the laws of the State of Louisiana that the qualifying party listed below is an employee of said applicant and has been in full-time employment for 120 consecutive days, 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 party seeking a license for the four preceding months if so requested by the Board.
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Sworn before me, Notary Public, this _____ day of _____ 20____ in _____, Louisiana.

Print Name of Qualifying Party

Signature of Notary Public

Signature of Qualifying Party (*notarized*)

Notary/Bar #

Signature of Employer - Applicant, Officer or Authorized Representative

(*Employer's signature is required if qualifying party is an employee and initialed #7 above*)