

Louisiana State Licensing Board for Contractors  
 600 North Street, Baton Rouge, LA 70802 225.765.2301 Fax: 888.510.0130  
[www.lacontractor.org](http://www.lacontractor.org)



**DISASSOCIATION OF A QUALIFYING PARTY**  
**(To REMOVE a qualifying party currently listed on the license)**

- To add NEW classifications not currently on the license for the company, click [HERE](#).
- To add an additional qualifier for classification(s) currently active on the license, click [HERE](#).
- To submit completed and signed form by email, send to [licensing@lslbc.gov](mailto:licensing@lslbc.gov).

Date:	License Number:
Name on Contractor's License:	
Mailing Address:	
Phone Number:	Email:

A. Name of Qualifying Party to be REMOVED:	
Name:	Date Left:
B. CLASSIFICATIONS INFORMATION:	
List the name or code of classification(s) held by the disassociated qualifying party below:	
1.	4.
2.	5.
3.	6.

Is another Qualifying Party already listed on the license for all of the classification(s) listed above?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<ul style="list-style-type: none"> <li>If you answered <b>YES</b>, STOP HERE (disregard remaining sections and fees)</li> <li>If you answered <b>NO</b>, please complete the remainder of the form to indicate who will be representing the classifications that will now be without a qualifier.</li> </ul>		

**NOTE:** For each new qualifying party listed below, the form "*Application for Qualifying Party*" is also required.

- The form is found at: [http://www.lslbc.louisiana.gov/wp-content/uploads/application\\_QP.pdf](http://www.lslbc.louisiana.gov/wp-content/uploads/application_QP.pdf).

1	A. NAME OF QUALIFYING PARTY TO BE ADDED:	
	Name:	
B. CLASSIFICATION INFORMATION:		
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:		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Will this person be representing the company for the Louisiana Business and Law?
D. RECIPROCITY AND/OR NASCLA:		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you requesting reciprocity with a state with which Louisiana has a reciprocal agreement and/or using NASCLA for the qualifying party?

<b>2</b>	<b>A. NAME OF QUALIFYING PARTY TO BE ADDED:</b>		
	Name:		
	<b>B. CLASSIFICATION INFORMATION:</b>		
	Enter name or code of classification(s) that will be represented by new qualifying party below:		
	1.	4.	
	2.	5.	
	3.	6.	
	<b>C. BUSINESS AND LAW:</b>		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Will this person be representing the company for the Louisiana Business and Law?
	<b>D. RECIPROCITY AND/OR NASCLA:</b>		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you requesting reciprocity with a state with which Louisiana has a reciprocal agreement and/or using NASCLA for the qualifying party?

<b>If you answered YES to question (D.), please see the information below:</b>	
<b>1.</b>	Regarding reciprocity, Which state(s) are you reciprocating from: Note: Provide a <b><i>Reciprocity Request</i></b> form, which was completed by the reciprocal state, and submit with this form. Click <a href="#">HERE</a> for reciprocity information and obtain the verification of license form.
<b>2.</b>	Regarding NASCLA, please see page 3 for further information.

<u><b>FEES</b></u>		<u><b>Price</b></u>	<u><b>Quantity</b></u>	<u><b>Amount</b></u>
<b>Exam/Admin. Fee</b> (per Qualifying Party, no exceptions)		\$120.00		\$
<b>Business and Law Fee</b>		\$120.00		\$
Payment Method – Processing Fee ( <i>select one of the following</i> )				
Pay by credit card	\$2.00 convenience charge + 2.5% is added to the total amount			<input type="checkbox"/>
Pay by electronic checking	\$2.00 convenience charge + \$1.00 is added to the total amount			<input type="checkbox"/>
Pay by check/money order	No charge (Make payable to “LSLBC”)			<input type="checkbox"/>
<b>TOTAL FEES</b>				\$

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

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

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

\*Qualifying Party can print and sign form if submitting form to remove oneself from the license.



## ***PAYMENT INFORMATION PAGE***

NOTE: Submit this completed form to [licensing@lsibc.gov](mailto:licensing@lsibc.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 ☐      Savings ☐      Is this a Business Account?      ☐ Yes      ☐ 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: <http://www.lslbc.louisiana.gov/examsclassifications/>.
- 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.
  - NOTE (1): We cannot accept NASCLA transcripts from the company.
  - 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](mailto:licensing@lslbc.gov) or (225) 765-2301.

# APPLICATION FOR QUALIFYING PARTY

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

- You must submit a Qualifying Party Application for **EACH** qualifying party.
- Click [HERE](#) for eligibility requirements for Qualifying Party.

## A. QUALIFYING PARTY ELIGIBILITY

Qualifying Party must meet one of the following to be eligible to represent the applicant/licensee: (Select box below that applies to you.)

<input type="checkbox"/>	Sole Proprietor (Individual)
<input type="checkbox"/>	Spouse of Sole Proprietor (Individual)
<input type="checkbox"/>	Incorporator, Stockholder or Officer (Corporation)
<input type="checkbox"/>	Partner (Partnership)
<input type="checkbox"/>	Member or Manager (LLC)
<input type="checkbox"/>	Employee (is currently a full-time employee, as defined by the IRS, of applicant/licensee)

## B. QUALIFYING PARTY INFORMATION

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

First	(PRINT)	Middle	(PRINT)	Last	(PRINT)	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

Yes	No	Will you be representing the applicant/licensee for the Louisiana Business and Law course?
<ul style="list-style-type: none"> <li>Each applicant/licensee must have at least one qualifying party for the Louisiana Business and Law. (no exceptions)</li> <li>The Louisiana Business and Law course is an online course. <b><i>It is not an exam.</i></b></li> </ul>		

## E. QUALIFYING PARTY LEGAL QUESTIONS

1.	Yes	No	Do you have an outstanding notice of child support delinquency which has not been resolved?
If <b><u>YES</u></b> , you will not be eligible as a qualifying party until the delinquency is resolved. <b>Note:</b> "Resolved" means you are now current with your child support payments or have entered into a payment plan, which is also current.			
2.	Yes	No	Have you been convicted of a felony or a misdemeanor other than violation of traffic laws?
If <b><u>YES</u></b> , please explain below:			

3.	Yes	No	<b>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?</b>
If <b>YES</b> , 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 **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.

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: [http://www.lslbc.louisiana.gov/wp-content/uploads/blue\\_book.pdf](http://www.lslbc.louisiana.gov/wp-content/uploads/blue_book.pdf). 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 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 must sign below.

8. I certify under penalty of perjury under the laws of the State of Louisiana that the qualifying party listed below is 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.*

\_\_\_\_\_  
Print Name of Qualifying Party

\_\_\_\_\_  
Signature of Qualifying Party

\_\_\_\_\_  
Date