



Expedited Class A License - Introduction

Before completing the application, please review the Contractor Licensing Information and the Board for Contractors Regulations. This booklet includes the current statutes or laws (Title 54.1, Chapter 11 of the Code of Virginia) and the regulations of the Board for Contractors. Eligibility for a contractors license is based on the knowledge, skills, abilities, financial position, and other entry requirements set forth in §54.1-1106, §54.1-1108 and § 54.1-1108.2 (subject to the exemptions in §54.1-1101) of the Code of Virginia. Please note that although a Virginia contractor's license may be granted to your business, the business must also comply with local licensing requirements set forth by the localities (cities, towns, and counties) in which your business plans to do work, contact your local Commissioner of the Revenue and Building Official for more information.

To obtain your license, the following questions must be answered, the appropriate fee must be remitted, and any additional required documentation must be included with this application package to the Board at the following address:

Department of Professional and Occupational Regulation
Perimeter Center - Board for Contractors
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233.

All applicants must have a thorough understanding of the Virginia Board regulations and meet the eligibility requirements at the time the completed application package is received at the Board office. For more information, please refer to the Board for Contractors web page - www.dpor.virginia.gov/Boards/Contractors/.

NOTE: This application is for business entities who have not been licensed in Virginia for this profession or business entities whose license is expired more than one (1) year.



Board for Contractors
EXPEDITED CLASS A LICENSE APPLICATION
Expedited Fee \$ 250.00 and Application Fee* \$ 385.00
TOTAL Fee Due \$ 635.00

* License fee may be adjusted per designation selection. (See question #12.A.)

A credit card form must be included with this application and payment must be processed successfully prior to this application being reviewed. (Credit Card Payment form is attached.)

APPLICATION FEES ARE NOT REFUNDABLE.

FINANCIAL REQUIREMENTS:

Class A Applicant must provide proof of a net worth/equity of \$45,000 by providing one of the following: (a) Financial Statement Form, (b) CPA review/audit **OR** (c) Surety Bond Form. Applicants who do not meet these requirements may qualify for a Class B or Class C license.

1. Business or Sole Proprietor Name _____
 > A sole proprietor should enter his/her full legal name and the company name should be entered below as the Trade/DBA name. All names must be the same as the name on your government issued ID or organization/business documents.

2. Trade, "Doing Business As" (DBA) or Fictitious Name [▲] _____
 ▲ All Sole Proprietorships and General Partnerships with DBA or Fictitious names must attach a copy of the certificate filed with the Clerk of the Court or a copy of your valid business license.

3. A. Type of business entity (select only **one**)
 Sole Proprietorship General Partnership Solely Owned LLC [♦] Other, please specify:
 Corporation [♦] Limited Partnership [♦] Limited Liability Company [♦] _____
Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned)

- B. State Corporation Commission Number: _____ (If applicable)
 ♦ If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission and the clerk of court in the county or jurisdiction where the business is to be conducted. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

4. Provide **one** of the following identification numbers*:
 Business Federal Employer Identification Number (FEIN) [❖] -
[❖] Board for Contractor's requires verification from the IRS. (www.irs.gov) Federal Employer Identification Number (12-3456789)
 Sole Proprietor's/Individual's Social Security Number **or** - -
 Virginia Department of Motor Vehicles Control Number 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.

OFFICE USE ONLY	DATE	FEE	TRANS CODE 1023	ENTITY #	FILE #/LICENSE # 2705	ISSUE DATE
BOARD USE ONLY	SCC	ETS	ADVANCED	GENERAL	VIRGINIA	TECHNICAL

5. Mailing Address (PO Box accepted) _____
 The mailing address will be printed on the license. _____
 City State Zip Code

6. Street Address (PO Box not accepted) _____
 PHYSICAL ADDRESS REQUIRED _____
 City State Zip Code

7. Contact Numbers _____
 Primary Telephone Alternate Telephone Fax

8. Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.

9. Does your **Business, Designated Employee, Qualified Individual(s) or Responsible Management** have a current or expired contractor's license, certification or registration from any jurisdiction (outside of Virginia)?
 No
 Yes If yes, complete the following table.

Business/Individual Full Legal Name	State/Jurisdiction	License, Certification or Registration Number	Expiration Date

10. List all **Responsible Management** (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):

Individual's Full Legal Name	Title	Address	Social Security No. or VA DMV Control No.*	Date of Birth

Required Documentation: Must attach a legible copy of a government issued photo ID for all members of Responsible Management.

11. All business entities applying for a license are required to have a **Designated Employee** or a member of **Responsible Management** complete a board approved pre-license education course approved by the Board of Contractors. Enter the following information for the individual who has successfully completed this requirement.

NOTE: Completion of this course cannot be used to substitute the business exams taken by the Designated Employee or Qualified Individual.

Full Name _____ Date of Birth _____

Provide either Social Security No. or VA DMV Control No.*: - -
 Social Security or Virginia DMV Number (123-45-6789)

Course Date Completed* _____
MM/DD/YYYY

* If a course was completed within the last fourteen (14) business days, please fax the Certificate of Completion to the Board for Contractors at 866-430-1033.

Provider Name _____

12. Below is a chart listing the license classifications and specialty designations issued by the Virginia Board for Contractors. A definition of the type of work that each of these classifications and designations may perform is available in the [Board for Contractors Regulations](#).

➤ Each business will select a classification/specialty designation for which they are applying for and provide **one Qualified Individual** for each designation in section A or B below. The **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.
3. Have successfully completed the appropriate prerequisite for the classification or specialty designation selected below. The prerequisite for each is listed in the box below. For more information on these please see the [Requirements for the Qualified Individual Form](#).

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:					
ASB	Asbestos	GFC	Gas fitting	PLB	Plumbing
ASC	Accessibility Services	HVA	HVAC	SDS	Sewage disposal system
ASL	Accessibility Services with LULA	LAC	Lead abatement	WWP	Water well/pump
ELE	Electrical	LPG	Liquefied petroleum gas		
EEC	Elevator/escalator	NGF	Natural gas fitting provider		

* 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 Contracting	TMC	Tile, Marble, Ceramic & Terrazzo Contracting
EMW	Environmental monitoring well				
ENV	Environmental specialities	ISC	Landscape irrigation	UUC	Underground Utility & Excavating Contracting
EMC	Equipment/machinery	LSC	Landscape services		
FIC	Farm improvement	MCC	Marine facility	VCC	Vessel construction
FIN	Finish Carpentry Contracting				
* All qualified individuals must submit an <i>Experience Verification Form</i> for these designations.					

A. Are you applying for a Commercial Building Contractor (CBC) classification, and/or a Commercial improvement (CIC) specialty; ***with no other*** classification/specialty requested for this license?

No If no, complete section 12.B.

Yes If yes, complete the following table*: (Do not complete question #12.B.)

* Modification to your application fee is as follows: **Class A: \$360.00** Class B: \$345.00** Class C: \$210.00****

** *Contractor's Recovery fund fee is not required for CBC/CIC only.*

Select	3-letter Code	Last Name	First Name	MI	Years of Exp.	Exam Date	Social Security No. or VA DMV Control No. *	VA Qualifying License No. (if applicable)	Birth Date
<input type="checkbox"/>	CBC								
<input type="checkbox"/>	CIC								

Required Attachment: Complete an ***Experience Verification Form*** for each Qualified Individual listed in this table.

B. If you answered "no" in Section A, select **all** the license classification and specialty designations you are requesting for this license:

(This section can include CBC/CIC designation, but only if your request includes other classification/specialties. There is **no fee reduction to your application fee**. Contractor's Recovery fund fee is required for all other classification/specialty designations.)

3-letter Code	Last Name	First Name	MI	Years of Exp.	Exam Date	Social Security No. or VA DMV Control No. *	VA Qualifying License No. (if applicable)	Birth Date

➤ Any business requesting a license may have **more than one** classification or specialty designation.

Required Attachment: Complete an **Experience Verification Form** for each Qualified Individual who is seeking pre-approval for a designation that requires an examination (only).

13. All Class A license applicants must declare a **Designated Employee** who has 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 Contractor's by phone at 804-367-8511 or email at contractor@dpor.virginia.gov.

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

Complete the following information for the **Designated Employee** of this business:

Full Name _____ Date of Birth _____

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).

Provide either Social Security No. or VA DMV Control No.*:

- -

Social Security or Virginia DMV Number (123-45-6789)

Exam Date* _____

* If an exam was completed within the last seven (7) business days, please fax the **Score Report** to the Board for Contractors at 866-430-1033.

14. All applicants are required to furnish proof of financial responsibility. Excluding any property owned as tenants by the entirety, every applicant for a Class A license must document a net worth or equity of \$45,000.

Does your company meet this qualification?

No If no, your company **does not qualify** for a Class A license.

Yes If yes, your firm must complete the financial statement below or submit either (a) CPA review/audit or (b) a **Surety Bond Form** with this application.

➤ **All ASSETS and LIABILITIES must be for the firm applying for the license and must be in the company name.** Financial information reported must not be more than one year old. Verification of each line item may be requested when the application is reviewed (unless a CPA review/audit is submitted, as provided below).

➤ Applicants may substitute a **current** financial statement that duplicates the information below **only if it includes** the signature statement listed on this form and is signed by the preparer. The board will accept a CPA review or audit in lieu of the financial statement, without requiring additional independent verification.

Effective Balance Sheet as of _____ MM/DD/YYYY

Contracting Business Name _____

Is a **substitute** Financial Statement attached?

No If no, applicant shall complete the financial statement below **OR** submit the Surety Bond Form with this application.

Yes If yes, applicant shall include it, signed as required by the preparer (or a CPA review/audit) along with this application or fax copies to the Board for Contractors at 866-430-1033.

ASSETS	
1.	Current Assets
2.	Cash and Investments**
3.	Accounts Receivable (Net)
4.	Inventories
5.	Prepaid Expenses
6.	Other Current Assets
7.	Total Current Assets (sum of lines 2 through 6)
8.	Land, Buildings and Equipment (Net) **
9.	Other Non-Current Assets **
10.	TOTAL ASSETS (sum of lines 7 through 9)

** Items in these categories require documentation for independent verification unless a CPA review or audit is submitted. This includes bank statements, titles, deeds, etc. and may delay processing of your application.

LIABILITIES AND OWNER'S EQUITY	
11.	Current Liabilities
12.	Accounts Payable
13.	Current Portion of Long Term Debt (payable within the next 12 months)
14.	Accrued Taxes
15.	Accrued Payroll
16.	Other Current Liabilities
17.	Total Current Liabilities (sum of lines 12 through 16)
18.	Long-term Debt
19.	Other Long-term Liabilities
20.	Total Liabilities (sum of lines 17 through 19)
21.	OWNER'S EQUITY (NET WORTH) (line 10 minus line 20)
22.	TOTAL LIABILITIES & OWNER'S EQUITY (sum of lines 20 and 21)

Is a substitute Financial Statement Attached?
 No
 Yes

Signature of Financial Statement Preparer

To the best of my knowledge, this financial statement accurately represents the firm's financial position as of the date indicated and the current financial position is essentially as good, or better than shown in the furnished statement.

Printed Name _____ Title _____

Signature _____ Date _____

- 15. Has your **Business, Designated Employee, Qualified Individual(s) or Responsible Management** ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?
 No
 Yes If yes, YOU CAN NOT PROCEED WITH THIS EXPEDITED CLASS A APPLICATION. You may submit the regular application titled LICENSE APPLICATION ([27lic.pdf](#)) located on the Board website.
- 16. A. Has this **Business, Designated Employee, Qualified Individual(s) or Responsible Management** ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? Any plea of nolo contendere shall be considered a conviction.
 No
 Yes If yes, YOU CAN NOT PROCEED WITH THIS EXPEDITED CLASS A APPLICATION. You may submit the regular application titled LICENSE APPLICATION ([27lic.pdf](#)) located on the Board website.

B. Has this **Business, Designated Employee, Qualified Individual(s) or Responsible Management** ever been convicted in any jurisdiction of any **misdemeanor** within the last three years? Any plea of nolo contendere shall be considered a conviction.

No

Yes If yes, YOU CAN NOT PROCEED WITH THIS **EXPEDITED CLASS A APPLICATION**. You may submit the regular application titled LICENSE APPLICATION ([27lic.pdf](#)) located on the Board website.

17. During the past five years, has any member of **Responsible Management** had any **outstanding/past-due debts** (including child support arrearage); judgments; liens; past due 'unpaid' claims or suits; outstanding tax obligations; defaults on bonds; or pending/past bankruptcies?

No

Yes If yes, YOU CAN NOT PROCEED WITH THIS **EXPEDITED CLASS A APPLICATION**. You may submit the regular application titled LICENSE APPLICATION ([27lic.pdf](#)) located on the Board website.

18. Do all members of **Responsible Management** understand that all Class A Contractors must comply with the local licensing requirements of all counties, cities and towns in which work is performed?

No **IF NO, THIS APPLICATION CANNOT BE PROCESSED.**

Yes

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.

19. 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 desire. 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 Virginia Board for Contractors Regulations.

Please note, that this application will not be reviewed until all fees are successfully processed and any additional documentation required by the Board of Contractors is received.

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 _____

(Photocopy this sheet if additional signatures are needed.)

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

1. Print Name _____ Title _____
Signature _____ Date _____

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

1. Print Name _____ Title _____
Signature _____ Date _____
2. Print Name _____ Title _____
Signature _____ Date _____

(Photocopy this sheet if additional signatures are needed.)

(Credit Card Form to follow)



COMMONWEALTH of VIRGINIA

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION, P.O. Box 29570, Richmond, VA 23242-0570

This form is to be used for CREDIT CARD PAYMENT ONLY. Complete and submit along with your application. Incomplete forms may be returned for completion and delay license processing.

Credit Card Number:

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VISA, MasterCard and Discover Card are accepted

Payment Amount: \$635.00 or \$610.00 Card Expiration Date: _____ / _____
* Refer to question #12 if application fee needs to be modified. Month Year

Applicant Name: _____

Date of Application: _____

Cardholder Name: _____

Cardholder's Billing Address: _____
City State Zip Code

Daytime Phone Number: _____

The cardholder authorizes the Department of Professional & Occupational Regulation to initiate charges to the credit card account indicated above for the purpose of paying the amount noted above for the application submitted in the name above. The cardholder also acknowledges that this document is record of such payment.

Print Form

Save As

Reset Form

(File Name should be: Last Name.First Initial.pdf)

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					2705	