Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8511
www.dpor.virginia.gov



Board for Contractors RESIDENTIAL TRADESMAN EXAM & LICENSE APPLICATION

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select the designation(s) for which you are applying.

Trade Designations	Examination
	1005
	Fee \$130.00
Residential Plumber Tradesman (PLB)	
Residential Heating, Ventilation, and Air Conditioning Tradesman (HVAC)	
plicant performing work over \$4,000 must contact the Board for Contractors to obtain	a Virginia Contractora Lie

Any applicant performing work over \$1,000 must contact the Board for Contractors to obtain a Virginia Contractors License.

Note: If more than one trade is selected, the license will not be issued until all exams/qualifications are met.

	Provide a <u>curre</u> /irginia Board fo	-	-	•	nt of Professional and Occupa	ational Regulati	ion or from the
	Virginia Lice	nse Number			Expiratio	n Date	
1.	Full Legal Nan	ne (As it appe	ars on your gov	ernment issued ID c	or other legal documentation.)		
	Last (required)		First	(required)	Middle		Generation
	** <u>Requir</u>	<u>ed Attachmer</u>	<u>nt</u> : Provide a	copy of your gov	ernment issued ID. Copy n	าust be legible).
2.	Social So	ecurity Number DMV Control Nume identification numous every application of the current of the cu	r and/or umber mber as used on ex ant for a license, cer	tificate, registration or oth	ications or licenses on file with the deparence authorization to engage in a businesser issued by the <i>Virginia</i> Department of	s, trade, profession o	or occupation issued
3.	Date of Birth	MM/DD/Y		flust be at least 18 ye	ears of age.)		
4.	Maiden or For	mer Name(s)					
5.	The maili	ss (PO Box acong address will be on the license.	. ,	City		State	Zip Code
6.	Street Address PHYSICA	s (PO Box <u>not</u> L address re c	. ,	Check here if St	treet Address is the <u>same</u> as the Mailing	Address listed above	е.
BOARD USE ONLY	ETS			City		State	Zip Code
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY#	FILE #/LICENSE #		ISSUE DATE

	Contact Numbers	Primary Telephone		Alternate Telepho		Fax	
8.	Email Address	Timaly Telephone		Alternate Telepho	nic .	ı ux	
		Email address is o	considered a public r	ecord and will be d	sclosed upon request from a th	nird party.	
9.	Employer's Name						
	Employer's Virginia (Contractor's License No.	(if available)				
	Employer's Street Ac	ddress					
		City			State	Zip Code	
10.	national regulatory b No Yes If yes	nt Tradesman license, cody? This information ma	ay be used to qua	alify you for the opy of each Ce	by any (excluding Virgini	ia) local, state or	
	State/Jurisdiction	Trade Designation	Examination Yes (Y) or No (N)	Residential (R)	License, Certification or Registration No.	Expiration Date	
11.	exam, reciprocity, etc.) <u>and</u> 5) all closed disciplinary actions resulting in violations or undetermined. Which of the following requirements have you met in order to qualify for a <u>residential tradesman</u> exam license? Select only <u>one</u> . Indicate your experience, vocational training and education.						
	•	ctical experience in the tr	rade and 160 hou ad <i>Individual Exp</i>	urs of formal voc	cational training in the trac ion Form and certification(s		
			ed <u>Individual Exp</u>		ocational training in the tr ion Form and certification(s		
			d Individual Exp e		ational training in the trad ion Form and certification(s		
	· · · · · · · · · · · · · · · · · · ·		ed <u>Individual Exp</u>		ational training in the trade ion Form and certification(s		
	•	s of practical experience hments: Attach a complete		erience Verificat	ion Form.		
	Commonwealth of	of Virginia. hments: Attach a Certific	cation/Letter of G		nan by a governing bo	•	
	◆ Cortifications of I	Tradesman licer	nse or certification	the state hoard of	or regulatory hody must inclu	ide: 1) the license/	

certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) the means of

12.	Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state or national regulatory body? No
	Yes If yes, complete the <u>Disciplinary Action Reporting Form.</u>
13.	 A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u>? Any plea of nolo contendere shall be considered a conviction. No
	 B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>non-marijuana misdemeanor</u>? No
	Yes If yes, complete the Criminal Conviction Reporting Form.
14.	If the requested exam is offered in a different language, which language would you prefer? ☐ English or ☐ Spanish
	➤ If this question is not answered, the exam language will default to English.
a Virg appoir your tr served trade which 18-V resid depa	ning this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold jinia Contractors License, you understand that this application serves as a written power of attorney, whereby you not the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be do and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the or profession practiced; and that by submitting this application, you hereby agree that any lawful process against you is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you. ACC-50-30-30.7 of the Board for Contractors Individual License and Certification Regulations states, "Each non-dent applicant for a license or certificate shall file and maintain with the department an irrevocable consent for the artment to serve as service agent for all actions filed in any court in this Commonwealth. In those instances where ice is required, the director of the department will mail the court document to the individual at the address of record."
15.	 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 contact. 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 Individual License and Certification Regulations.

**Required Attachment: Provide a copy of your government issued ID. Copy must be legible.

Signature

Date