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 o	designation(s) for w	hich you are ap	plying.		
			Trade	Designations		Exam	ination	
						1	005	
						Fee \$	5130.00	
			Residential Plu	ımber Tradesman (Pl	.B)	[
		Residential He	ating, Ventilation,	and Air Conditioning	Tradesman (HV	AC) [
						to obtain a Virginia C til all exams/qualifica		
	Provide a <i>current or previously</i> issued license by Department of Professional and Occupational Regulation or from the Virginia Board for Contractors - (if applicable)							
	Virginia l	icense Number				Expiration	Date	
1.	Full Legal	Name (As it appe	ars on your gov	rernment issued ID	or other legal d	locumentation.)		
	Last (require	d)	First	(required)		Middle		Generation
	** <u>Re</u> e	quired Attachme	<u>nt</u> : Provide a	copy of your go	vernment iss	sued ID. Copy m	ust be legib	le.
2.	Provide at	least one of the f	ollowina identii	fication numbers [*]	:			
		al Security Numbe	0					
		-						
		nia DMV Control N						
	* State la	w requires every application	ant for a license, cei	rtificate, registration or o	ther authorization t	es on file with the depart to engage in a business, <u>Virginia</u> Department of N	trade, profession	or occupation issued
3.	Date of Bir	th	()	/lust be at least 18	vears of age.)			
-		MM/DD/	·					
4.	Maiden or	Former Name(s)						
5.	Mailing Ad	dress (PO Box ac	cepted)					
		mailing address will be	Э					
	pri	nted on the license.		City			State	Zip Code
6.	Street Add	ress (PO Box not	t accented)	Chack here if	Straat Addraga is th	a como oo the Mailing /	ddraca liatad aba	
0.	Street Address (PO Box <u>not</u> accepted) Check here if Street Address is the <u>same</u> as the Mailing Address listed above. PHYSICAL ADDRESS REQUIRED				we.			
	FIII		QUINED					
BOARD USE ONLY	ETS			City			State	Zip Code
OFFICE	DATE	FEE	TRANS CODE	ENTITY #		FILE #/LICENSE #		ISSUE DATE
USE					2709			

7.	Contact Numbers					
		Primary Telephone		Alternate Telepho	one	Fax
8.	Email Address					
		Email address is c	considered a public r	ecord and will be d	sclosed upon request from a t	hird party.
9.	Employer's Name					
	Employer's Virginia	Contractor's License No.	(if available)	2 7		
	Employer's Street Ad	ddress				
		City			State	Zip Code
10.	•	ent Tradesman license, co ody? This information ma				ia) local, state or
	No					
Yes 🔲 If yes, complete the following table. Attach a copy of each Certification/Letter of Good Standi						Standing [•] if you
		this license reviewed for				
	State/Jurisdiction	Trade Designation	Examination Yes (Y) or No (N)	Residential (R)	License, Certification or Registration No.	Expiration Date

- Certifications of Licensure/Letter of Good Standing prepared by the state board or regulatory body must include: 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 obtaining licensure (i.e. exam, reciprocity, etc.) and 5) all closed disciplinary actions resulting in violations or undetermined.
- 11. Which of the following requirements have you met in order to qualify for a **residential tradesman** exam license? Select only **one**.

Indicate your experience, vocational training and education.

- Two years of practical experience in the trade and 160 hours of formal vocational training in the trade. Required attachments: Attach a completed <u>Individual Experience Verification Form</u> and certification(s) of completion or official transcript(s)
- Three years of practical experience in the trade and 120 hours of formal vocational training in the trade.
 Required attachments: Attach a completed <u>Individual Experience Verification Form</u> and certification(s) of completion or official transcript(s).
- Four years of practical experience in the trade and 80 hours of formal vocational training in the trade. Required attachments: Attach a completed <u>Individual Experience Verification Form</u> and certification(s) of completion or official transcript(s).
- Five years of practical experience in the trade and 40 hours of formal vocational training in the trade.
 - **Required attachments:** Attach a completed **Individual Experience Verification Form** and certification(s) of completion or official transcript(s).
- ☐ Six or more years of practical experience in the trade. **Required Attachments:** Attach a completed <u>Individual Experience Verification Form</u>.
- □ Individuals currently certified or licensed as a Residential Tradesman by a governing body outside the Commonwealth of Virginia.

Required Attachments: Attach a Certification/Letter of Good Standing and a copy of a currently valid Residential Tradesman license or certification

Certifications of Licensure/Letter of Good Standing prepared by the state board or regulatory body must include: 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 obtaining licensure (i.e. exam, reciprocity, etc.) and 5) all closed disciplinary actions resulting in violations or undetermined.

- 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 Disciplinary Action Reporting Form.
- 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
 - Yes If yes, complete the Criminal Conviction Reporting Form.
 - 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.

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.

- 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.

Signature	Date
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**<u>Required Attachment</u>: Provide a copy of your government issued ID. Copy must be legible.