



## CONTRACTOR LICENSING APPLICATION

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### QUALIFICATIONS FOR CLASS A, B, C, D, E OR L CONTRACTOR:

Contractor applicants for **A, B, C, or D License** shall satisfy one or more of the following provisions:

- a. Obtain a certificate of competence from a nationally-recognized testing institution as contemplated by K.S.A. 12-1556; or
- b. Hold a bachelor's degree in engineering, architecture, or construction science from an accredited college or university; or

Contractor applicants for **E License** shall satisfy the following provision:

- a. Obtain a certificate of competence from a nationally-recognized testing institution as contemplated by K.S.A. 12-1508 (Plumbing Contractor), K.S.A. 12-1525 (Electrical Contractor), and K.S.A. 12-1541 (Heating, Ventilation and Air Conditioning Contractor)

Contractor applicants for **L License** shall satisfy the following provision:

- a. Provide credentials to demonstrate knowledge and ability to perform specialized work for which the license is requested.

**Disclosure** - The contractor-applicant shall disclose, at the time of application, any current or previous contractor license(s) held in Kansas or any other state and any disciplinary actions taken against such contractor-applicant. If the contractor-applicant is employed by/or a principle of a firm, the applicant shall disclose whether the firm or the firm's employees or principals have had any contractor-applicant disciplinary action taken against them in Kansas or any other state.



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### Complete Separate Application for each License (CLASS A, B, C, D, E AND L)

**LICENSE APPLYING FOR:**

- Class A General Contractor** (Requires 10 years experience). Shall entitle the holder to construct, remodel, repair, demolish any structure and perform work described as Class D, Building Specialties.
- Class B Building Contractor** (Requires 6 years experience). Shall entitle the holder to construct, remodel, repair, demolish all structures not exceeding three stories in height, perform work described as Class D, Building Specialties and perform non-structural remodeling, tenant-finish, and repairs of all structures.
- Class C Residential Contractor** (Requires 4 years experience). Shall entitle the holder to construct, remodel, repair, and demolish single family or duplex residences, buildings accessory thereto and perform work described as Class D, Building Specialties.
- Class D Framing Contractor** (Requires 2 years experience). Shall entitle the holder to construct, remodel, and repair framing work of a structure.
- Class D Concrete Contractor** (Requires 2 years experience). Shall entitle the holder to do general concrete work.
- Class E Electrical Contractor** (Requires 4 years experience). Shall entitle the holder to construct, remodel, and repair electrical work of a structure.
- Class E Fireplace Contractor** (Requires 4 years experience). Shall entitle the holder to construct, remodel, and repair fireplace work of a structure.
- Class E Mechanical Contractor** (Requires 4 years experience). Shall entitle the holder to construct, remodel, and repair mechanical work of a structure.
- Class E Plumbing Contractor** (Requires 4 years experience). Shall entitle the holder to construct, remodel, and repair plumbing work of a structure.
- Class L Limited Contractor** - Shall entitle the holder to perform work limited in scope as approved by the Contractor Licensing Board.

Fees	<input checked="" type="checkbox"/> \$65.00 Application Fee (Non-refundable)	<b>AND</b>	<input type="checkbox"/> \$65.00 License Fee	<input type="checkbox"/> Change of Qualifying Party (application fee only)	<input type="checkbox"/> Additional Qualifying Party (application fee only)
Company Name: _____					
Mailing Address: _____					
City: _____ State: _____ Zip Code: _____ Phone No: _____					
Owner or Authorized Individual: _____					
<div style="display: flex; justify-content: space-between;"> <span>printed name</span> <span>signature</span> </div>					
Email Address: _____					



## CONTRACTOR LICENSING APPLICATION

### QUALIFYING INDIVIDUAL

(Complete separate work experience affidavit for each Qualifying Individual)

**QUALIFYING INDIVIDUAL – MUST BE SIGNED BY QUALIFYING INDIVIDUAL**

The contractor-applicant (qualifying individual) shall disclose any current or previous contractor license(s) held in Kansas or any other state and any disciplinary actions taken against such contractor-applicant or company. Attach documentation.

Please Print Full Name: \_\_\_\_\_

Qualifying Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Qualifications :  Degree  Test

### QUALIFYING INDIVIDUAL WORK EXPERIENCE AFFIDAVIT

From \_\_\_\_ To \_\_\_\_ Job Title: \_\_\_\_\_ Total Years \_\_\_\_ Months \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Verify by calling: \_\_\_\_\_ Telephone: \_\_\_\_\_

Duties: \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Job Title: \_\_\_\_\_ Total Years \_\_\_\_ Months \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Verify by calling: \_\_\_\_\_ Telephone: \_\_\_\_\_

Duties: \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Job Title: \_\_\_\_\_ Total Years \_\_\_\_ Months \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Verify by calling: \_\_\_\_\_ Telephone: \_\_\_\_\_

Duties: \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Job Title: \_\_\_\_\_ Total Years \_\_\_\_ Months \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Verify by calling: \_\_\_\_\_ Telephone: \_\_\_\_\_

Duties: \_\_\_\_\_



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### WORK EXPERIENCE AFFIDAVIT

I, \_\_\_\_\_, as sole owner/operator of \_\_\_\_\_ upon oath and affirmation of belief and personal knowledge that the work experience described above are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF KANSAS            )  
                                          )        SS.  
COUNTY OF DOUGLAS    )

**BE IT REMEMBERED**, that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Before me, the undersigned, a Notary Public in and for the County and State aforesaid came \_\_\_\_\_, who is personally known to me to be the same person who executed the within instrument of writing, and such person duly acknowledged the execution of the same.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my seal the day and year first above written.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_



## CONTRACTOR LICENSING APPLICATION

### INSURANCE VERIFICATION REQUIREMENTS

The contractor shall be required to maintain and carry in force for the duration of the contract, insurance coverage of the types and minimum liability as set forth below.

**All Class A, B, C, D or E contractors shall submit an original certificate of insurance. The certificate holder on the Certificate of Insurance shall be as follows:**

**City of Lawrence, Kansas**

Planning and Development Services Department  
1 Riverfront Plaza, Level 1, Suite 110  
Lawrence, Kansas 66044

**A. General Liability** Class A, B, and C contractors shall maintain general liability coverage in the amount of not less than \$1,000,000 per occurrence single limit for bodily injury and property damage. Class D and E contractors shall maintain general liability coverage in an amount not less than \$500,000 per occurrence single limit for bodily injury and property damage. Class L Limited contractors shall maintain general liability coverage as required for Class A, B, and C contractors, or for Class D and E contractors, as deemed appropriate by the Contractor Licensing Board.

**B. Worker's Compensation and Employer's Liability**

1. Worker's Compensation as required by State Statutes. If the contractor is exempt from the Worker's Compensation requirement, the contractor must submit a letter stating the exemption.
2. Employer's Liability \$100,000 each occurrence. (Include all states endorsements)

Before a license will be issued, the contractor shall furnish to the City of Lawrence, Planning and Development Services Department with a Certificate of Insurance verifying such coverage.

Name of Insurance Carrier (Liability): _____
Agent's Name: _____ Agent's Telephone No. _____
Name of Insurance Carrier (Workmen's Comp.): _____
Agent's Name: _____ Agent's Telephone No. _____



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### WORKER'S COMPENSATION WAIVER

If the company has no employees, the following statement must be signed by the owner/operator of the Company and witnessed by a Notary.

I, \_\_\_\_\_, as sole owner/operator of \_\_\_\_\_ do not have any employees, and therefore requesting to be exempted from carrying worker's compensation. I understand that at any time in the future I employ another individual I must provide Worker's Compensation Insurance Coverage as required by the State of Kansas and furnish City of Lawrence, Planning and Development Services Department with a Certificate of Insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF KANSAS            )  
                                          )        SS.  
COUNTY OF DOUGLAS    )

**BE IT REMEMBERED**, that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Before me, the undersigned, a Notary Public in and for the County and State aforesaid came \_\_\_\_\_, who is personally known to me to be the same person who executed the within instrument of writing, and such person duly acknowledged the execution of the same.

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