



CONTRACTOR LICENSING APPLICATION

QUALIFICATIONS FOR CLASS A, B, C, D, OR E 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 (General, Building and Residential Contractor only); or
- b. Hold a bachelor's degree in engineering, architecture, or construction science from an accredited college or university; or
- c. The Planning and Development Services Department Director may grant licenses of the same or equivalent classification to CODE OF THE CITY OF LAWRENCE, KANSAS 5-1501 general contractors licensed by other municipalities or states, without written examination, upon satisfactory proof furnished to the director that the qualifications of such applicants are equal to the qualifications of holders of similar licenses in the City of Lawrence, Kansas.

Contractor applicants for **E 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. 12-1508 (Plumbing Contractor), K.S.A. 12-1525 (Electrical Contractor), and K.S.A. 12-1541 (Heating, Ventilation and Air Conditioning Contractor); or
- b. The Planning and Development Services Department Director may grant licenses of the same or equivalent classification to CODE OF THE CITY OF LAWRENCE, KANSAS 5-1501 general contractors licensed by other municipalities or states, without written examination, upon satisfactory proof furnished to the director that the qualifications of such applicants are equal to the qualifications of holders of similar licenses in the City of Lawrence, Kansas.

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.



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 Other-Recognized Jurisdiction

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: _____



CONTRACTOR LICENSING APPLICATION

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.

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.

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: _____