



NEVADA STATE CONTRACTORS' BOARD

9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150
4220 SO. MARYLAND PKWY, BLDG D, STE 800, LAS VEGAS, NEVADA, 89119, (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110
Web Site: www.state.nv.us/nscb

APPLICATION FOR ONE TIME RAISE IN LIMIT

IMPORTANT INFORMATION:

In accordance with NAC 624.670, a licensee may apply to increase the established monetary limit for a single project only. **This application must be received by the Nevada State Contractors' Board at least 2 working days before the date of the bid, not including the bid date.**

If the application is made in a timely manner, you may submit your bid before the Board acts on the application. **You must submit with the bid a statement that the bid is contingent upon the approval of this application by the Board.**

The Board has the authority to establish conditions for the approval of the application, such as requiring a payment and performance bond, or any other condition the Board finds necessary to protect the public interest. These contingencies must be met in order for the limit increase to be valid.

If approved, the approval will be valid for 60 days. If the bid date is delayed, or project re-bids after this time, it will be necessary to submit a new one-time raise in limit application.

The owner and/or general contractor to whom you are bidding will receive a copy of the decision.

General Instructions

- 1. Please type, or print in ink when completing this form.**
- 2. Make sure the application is properly signed by a principal of the company and notarized.**
- 3. Complete all portions of the application and attach all required supplemental information.**
- 4. Attach all required financial information:**
 - Financial Statement Requirements**
 - The statement must be for the entity licensed. Sole proprietorships and general partnerships may submit business and/or personal statements.
 - All statements must be in U.S. dollars.
 - All statements must be prepared by a Certified Public Accountant or Licensed Public Accountant.
 - Compiled statements must be current within six (6) months of the date the application is received. Reviewed or audited statements must be current within one (1) year from the date the application is received.
 - Bank Verification Form:** The bank verification form found on page 3 must be completed by your bank and submitted with this application.
- 5. Include required fee of \$75.00**

License No: _____

Business Name: _____
(Use Name as Set Forth on the License)

Phone No.: (____) _____ Facsimile No.: (____) _____

Project Name (include bid reference number if applicable): _____

Address of Project: _____
(Street Address)

(City, State, Zip)



Description of Work: _____

Bid Date: _____

Limit Requested: _____

General Contractor or Project Owner: _____

Address: _____
(Mailing Address)

(City, State, Zip)

Phone No: (____) _____

List all current projects, with contract amount, percentage completed, and location. (If additional space is needed, attach a separate sheet).

Project	Contract Amount	Percentage Completed	Project Location

Note: Make sure this application is properly signed:

Sole Proprietorship - Must **PERSONALLY** sign this application.

General Partnership - A **PARTNER** must sign this application.

Limited Partnership - A **GENERAL PARTNER** must sign this application.

Corporation - An **OFFICER** of the corporation must sign this application.

Limited Liability Company - A **MEMBER OR MANAGER** must sign this application.

I certify under penalty of perjury to the truth and accuracy of the statements contained herein and all information submitted in connection with this application.

By: _____
(Signature)

Title: _____

(Print Name)

ALL SIGNATURES MUST BE NOTARIZED

Subscribed and sworn to before me this _____ Day of _____, _____

_____ Notary Public in and for County of _____ State of _____





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BANK VERIFICATION FORM

Name of Licensee/Application: _____

Date: _____

Items 1 through 3 of the following report are to be completed by the applicant. Items 4 through 10 are to be completed by the verifying bank. If the answer to any item is "none," please indicate same in the appropriate space. After completion by your bank, submit this form with your application.

ITEMS NUMBERED ONE (1) THROUGH (3) TO BE COMPLETED BY THE APPLICANT

1. Name and address of bank: _____

2. Signatures of account holder(s):

Signature _____ Print Name _____
Signature _____ Print Name _____

3. Information to be verified:

Type of Account	Account Name	Account Number	Current Balance

ITEMS NUMBERED FOUR (4) THROUGH TEN (10) TO BE COMPLETED BY VERIFYING BANK

4. Classification of Account: Individual Corporation Partnership
 Limited Partnership Limited Liability Company

5. Deposit accounts of applicants:

Account Name	Type	Account Number	Current Balance	Six (6) Month Average	Date Opened

6. Outstanding Loans:

Loan #	Date of Loan	Original Amount	Current Balance	Installments Monthly/Quarterly	Secured by	# of late payments
				\$ Per		
				\$ Per		
				\$ Per		

7. Additional information that may be of assistance in determination of credit worthiness: (Please include information on loans paid in full.)

8. Bank Stamp: _____

9. Name and Title: _____

10: Date: _____