COMPLETE, PRINT, SIGN IN THE PRESENCE OF A NOTARY PUBLIC AND MAIL

CONTRACTOR LICENSE APPLICATION

SECRETARY OF STATE

SFN 12012 (08-2015)

For Office Use Only

ID Number:
WO Number:
License Number:
Issued By:

Secretary of State
State of North Dakota
600 E Boulevard Avenue Dept 108
Bismarck ND 58505-0500
Telephone: 701-328-3665
Toll Free: 800-352-0867, option 4
Website: sos.nd.gov

Contractors working on any project where the cost, value, or price per job or contract exceeds $4,000.00 must hold a North Dakota Contractors License.

As stated in North Dakota Century Code, Chapter 43-07-07, the contractor license class and fee are based on how much the cost, value, or price is per job. The license class and fee are listed below. Make checks payable to the Secretary of State. Credit cards also accepted.

Class	Contract Value	Fee
Class A	Over $500,000 per job	$450
Class B	Up to $500,000 per job	$300
Class C	Up to $300,000 per job	$225
Class D	Up to $100,000 per job	$100

SEE INSTRUCTIONS FOR FILNG AND MAILING INFORMATION

1. Class of License:
☐ Class A ☐ Class B ☐ Class C ☐ Class D

2. Name of Applicant or Business Name requested on the license as registered with North Dakota's Secretary of State			3. Social Security/Federal ID Number
4. Complete Mailing Address	City	State	ZIP Code
5. Email Address			6. Business Telephone Number

7. Business Type:

☐ Sole Proprietorship (complete 7A below)
☐ Limited Liability Company - State of Origin: _____
☐ General Partnership (complete 7B below)
☐ Corporation - State of Origin: _____
☐ Limited Liability Partnership - State of Origin: _____

7A. Name of Owner	Social Security/Federal ID Number		Home Telephone Number
Complete Mailing Address	City	State	ZIP Code
7B. Name of General Partner	Social Security/Federal ID Number		Home Telephone Number
Complete Mailing Address	City	State	ZIP Code
Name of General Partner	Social Security/Federal ID Number		Home Telephone Number
Complete Mailing Address	City	State	ZIP Code
Name of General Partner	Social Security/Federal ID Number		Home Telephone Number
Complete Mailing Address	City	State	ZIP Code
Name of General Partner	Social Security/Federal ID Number		Home Telephone Number
Complete Mailing Address	City	State	ZIP Code

8. Does the applicant have a North Dakota Sales and Use Tax Permit?
☐ Yes - Provide the permit number: _____ ☐ No

9. Does the applicant hold a contractor license in another state?
☐ Yes - Indicate state(s): _____ ☐ No

10. Provide the applicant's experience and/or qualifications to act in the capacity of a contractor. This may include, but is not limited to, the number of years in the business, licenses in other states, detailed explanation of the type of work being done, training, school, and any other pertinent information.

11. All applicants must answer the following questions. If you answer "Yes" to any of the following questions, provide details on a separate sheet and attach to this application.

YES	NO	
☐	☐	Have you had any license denied, suspended or revoked?
☐	☐	Has any officer had any license denied, suspended or revoked?
☐	☐	Has any partner had any license denied, suspended or revoked?
☐	☐	Have you, any officer, or any partner been associated with any entity that has had any license denied, suspended or revoked?
☐	☐	During the past year, have there been any civil lawsuits or arbitration proceedings in which you (or a corporation, limited liability company, or partnership of which you are or were an officer or partner) were involved as a defendant in which fraud or misrepresentation was charged?
☐	☐	During the past year, have there been any civil lawsuits or arbitration proceedings in which you (or a corporation, limited liability company, or partnership of which you are or were an officer or partner) were involved as a plaintiff in which fraud or misrepresentation was charged?
☐	☐	Have you or a corporation, limited liability company, or partnership of which you are or were an officer or partner, been involved in bankruptcy proceedings during the past five years?
☐	☐	Are there any judgments, arbitration awards, mechanics liens or federal or state tax liens against you, or a corporation, limited liability company, or partnership of which you are an officer or partner, in North Dakota or elsewhere?
☐	☐	Has the applicant, or officers or partners of the applicant been charged with or convicted of a felony or misdemeanor within the last five years? If "Yes," indicate the date, name of the individual charged or convicted, city, state, disposition, and whether a felony or misdemeanor. (This includes ALL crimes, including nonsufficient funds checks, no account checks, and DUIs.)

AFFIDAVIT

(sign in the presence of a notary public)

The Applicant, who is 18 years of age or older, being first duly sworn on oath deposes and says that he or she:

- Is the above-named applicant, or represents the corporation, limited liability company, or a member of the firm, association, or co-partnership which has caused said application to be filed,
- Is duly authorized and empowered to make this affidavit for and on behalf of said applicant;
- Has read the within and foregoing application and knows the contents thereof, and that the statements therein contained are true of his/her own personal knowledge, except as to such statement therein made upon information and belief, and as to such statements he or she believes the same to be true.

12. Signature	Date
Printed Name	Title (if applicable)

State	County	Notary Stamp
The foregoing instrument was acknowledged before me on	Date	
Signature of Notary Public or Other Authorized Officer		
Commission Expiration Date (if not listed on stamp)		

INSTRUCTIONS FOR CONTRACTOR LICENSE APPLICATION

ADDITIONAL REQUIREMENTS: An application for a contractor license must be accompanied by:

- **A statement from North Dakota Workforce Safety & Insurance** that the applicant has secured satisfactory **WORKERS COMPENSATION** coverage (N.D.C.C. § 43-07-04). If you do not have any employees, **a verification of nonemployment from North Dakota Workforce Safety & Insurance is required to be filed**. For details, contact Workforce Safety & Insurance, 1600 East Century Avenue Suite 1, Bismarck, North Dakota 58506, (701-328-3800) or (800-777-5033).

- A **CERTIFICATE OF INSURANCE** indicating that the applicant has secured liability insurance. The certificate holder must be: ND Secretary of State, 600 E Blvd. Ave, Dept. 108, Bismarck, ND 58505-0500.

In addition to a contractor's license, the applicant may need to obtain other licenses or permits from other state agencies or boards as required by law (e.g. the State Electrical Board, the State Plumbing Board, Transient Merchant License from the Attorney General or Asbestos Abatement from the Health Department).

Once the licensing process has started and the requirements are not completed or perfected within 90 days, one half of the filing fee (not to exceed $100) will be retained as a handling charge and the remainder will be returned to the applicant.

In compliance with the Federal Privacy Act of 1974, the disclosure of the social security number or Federal ID number on this form is voluntary. They are not disclosed to the public. The numbers are used by the Secretary of State to maintain accurate contractor files. Therefore, while voluntary disclosure is requested, failure to do so will not invalidate this application.

Specific Line Instructions:

1. Indicate the class of license.

2. Provide the applicant's name or business name as registered with the North Dakota Secretary of State's office.

3. Provide the applicant's social security number or federal ID number.

4. Provide the applicant's mailing address.

5. Provide the applicant's email address.

6. Provide the applicant's business telephone number.

7. Indicate the business type of the applicant. If a sole proprietorship, complete section 7A. If a general partnership, complete section 7B. If a limited liability partnership, limited liability company or corporation, provide the state of origin.

   If a **GENERAL PARTNERSHIP** and the partnership uses a fictitious name, the fictitious name must be registered with the Secretary of State's Business Registration Unit (701-328-2904).

   If a **LIMITED LIABILITY PARTNERSHIP**, it must be registered with the Secretary of State's Business Registration Unit (701-328-2904).

   If the business is a **CORPORATION or LIMITED LIABILITY COMPANY**, it must be registered with the Secretary of State's Business Registration Unit (701-328-2904) by filing either Articles of Incorporation or Articles of Organization if a domestic organization, or Certificate of Authority if a foreign (out-of-state) organization. If the corporation or limited liability company uses a trade name, the trade name must also be registered.

   If the business is a **SOLE PROPRIETORSHIP** that uses a trade name, the trade name must be registered with the Secretary of State's Business Registration Unit (701-328-2904).

7A. Provide the name, social security number or federal ID number, home telephone number and mailing address of the owner (sole proprietorships only).

7B. Provide the name, social security number or federal ID number, home telephone number and mailing address of all partners (general partnerships only). If adequate space is not provided, attach an additional sheet listing all other partners.

8. Indicate whether the applicant has a North Dakota Sales and Use tax permit. If "Yes," provide the permit number. For information regarding this permit, contact the North Dakota Tax Department at (701) 328-1241.

9. Indicate whether the applicant holds a contractor license in another state. If "Yes," indicate which state(s).

10. Provide the applicant's experience and/or qualifications to act in the capacity of a contractor. For example, the number of years in the business, licenses in other states, detailed explanation of the type of work being done, training, school and any other pertinent information.

11. Applicants are required to answer all questions. If any questions are answered "Yes," provide details on a separate sheet and attach it to this application.

12. The application must be signed by the applicant or a representative of the corporation, limited liability company or member of the firm, association or partnership. If signing as a representative or member, provide a title. The applicant's signature must be notarized. North Dakota Century Code, Section 43-07-19 states every applicant who is not a resident of the state of North Dakota, by signing and filing the application, appoints the Secretary of State as the applicant's true and lawful agent upon whom may be served all lawful process in any action or proceeding against such non-resident contractor.

CREDIT CARD PAYMENT AUTHORIZATION

SECRETARY OF STATE

SFN 51478 (04-2014)

(All items required to complete transaction)

Name			Telephone Number
Address	City	State	ZIP Code

Amount Authorized

☐ VISA ☐ MasterCard ☐ Discover

Account Number

CSC Number *

Card Expires Month Year

Signature (Required by Credit Card Companies)

Date

* (CSC is the three-digit security code on the back of your card by the signature)