



## **WEST VIRGINIA CONTRACTOR LICENSING BOARD**

### **CONTRACTOR LICENSE APPLICATION/AFFIDAVIT**

This application/affidavit is to be used when applying for a license to perform contracting work in the State of West Virginia.

Upon completion, please return the application/affidavit and **\$90.00** fee to the:

**West Virginia Contractor Licensing Board**

1900 Kanawha Boulevard East  
State Capitol Complex - Building 3, Room 200  
Charleston, WV 25305  
Phone: (304) 558-7890  
[labor.wv.gov](http://labor.wv.gov)

**★ READ FIRST ! ★**  
**★ IMPORTANT INSTRUCTIONS ★**

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PLEASE READ EACH QUESTION CAREFULLY AND *PRINT* OR  
*TYPE* YOUR RESPONSES IN A LEGIBLE MANNER.

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FAILURE TO FULLY ANSWER ALL QUESTIONS WILL BE  
SUFFICIENT GROUNDS FOR REJECTION OF THE  
APPLICATION/AFFIDAVIT.

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ENCLOSE A CHECK, CERTIFIED CHECK, CASHIERS CHECK OR  
MONEY ORDER IN THE AMOUNT OF NINETY DOLLARS **\$90.00**  
WITH THIS APPLICATION/AFFIDAVIT. **NO CASH PLEASE.**

MAKE PAYABLE TO:

**WEST VIRGINIA CONTRACTOR LICENSING BOARD**  
**1900 Kanawha Boulevard East**  
**State Capitol Complex**  
**Building 3, Room 200**  
**Charleston, WV 25305**  
**(304) 558-7890**

Please read the following instructions carefully prior to filling out your application/affidavit. These instructions refer to the information requested on pages 1,2,3 and 4.

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**PAGE 1, SECTION 1: GENERAL INFORMATION ABOUT YOUR BUSINESS**

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This Section is to be used by you to supply the Licensing Board with general information concerning your business. The information requested is generally self-explanatory. However, the last two (2) questions are to be answered in the following manner.....

**Will you start working in West Virginia within ninety (90) days?:**

This means within ninety (90) days from the date your license application is submitted to the Contractor Licensing Board.

**Current or anticipated number of employees working in West Virginia:**

Only list current or anticipated employees in West Virginia. Do not list employees working for you in another state.

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**PAGE 1, SECTION 2: INFORMATION CONCERNING OTHER AGENCIES**

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In this Section, list the account numbers requested on the form which apply to your business.

The first number is your **Federal Employer Identification Number**.

The second number is your **WV Business Registration Tax Number**, which is obtained from the West Virginia State Tax Department. **(304) 558-3333**. (Must submit a current **Letter of Good Standing**)

The third number is your Unemployment Compensation Number. If you employ a West Virginia resident, this number must be assigned to your business by Workforce West Virginia's Unemployment Compensation Division **(304) 558-2624**. If you do not have any employees, mark **"No Employees"** in the space provided. If **ALL** of your current or anticipated employees who will be working in WV reside out-of-state, submit proof of coverage from your state with this application/affidavit.

The fourth number is your **Workers' Compensation Policy Number**. State law requires employers to obtain Workers' Compensation coverage for employees in the event of a workplace injury. If you employ one person in West Virginia you are required by law to obtain Workers' Compensation Insurance. If you do not have any employees, write **"No Employees"** in the space provided.

**ELECTION:** The Workers' Compensation Act requires that wages be reported and premiums paid for sole proprietors, partners in a partnership and corporate officers, including Board of Director members. The employer may elect to not report these wages and not provide the benefits and protections of the Workers' Compensation Act for these persons, but failure to inform the Office of the West Virginia Insurance Commissioner of this election makes the employer liable.

**EXTRA-TERRITORIAL COVERAGE:** Certain out-of-state employers who have their permanent employees working in West Virginia only temporarily and who meet other legal tests may be exempt from the requirement to obtain Workers' Compensation Insurance coverage from an insurer licensed in this state. ("**Temporarily**" means **working no more than thirty (30) days within a three hundred sixty five (365) day period**)

Employers must apply directly to a private carrier for this insurance coverage. Workers' Compensation Insurance is available from insurers licensed in this state to provide such coverage.

For information regarding available insurers or possible exemptions, contact the **Office of the West Virginia Insurance Commissioner** at **(304) 558-6279**.

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### PAGE 1, SECTION 3: WAGE BOND INFORMATION

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A wage bond is required in West Virginia for a contractor who has not been actively and actually engaged in construction work in West Virginia for at least one (1) year preceding the completion date of this application/affidavit form.

If an employer meets one of the following, they shall be exempt from the requirements of this sub-section:

- (1) Has been in business in another state for at least five years;
- (2) Has at least \$100,000 in assets; or
- (3) Is a subsidiary of a parent company that has been in business for at least five years.

A wage bond is **NOT** required for a contractor who only performs residential (**Single Family Dwelling**) work.

This bond is equal to the total of four (4) weeks gross payroll at full capacity or production, plus fifteen (15%) percent for benefits.

If this section does not apply to you, simply mark the **"NOT APPLICABLE"** box. If this section does apply to you, mark the **"APPLICABLE"** box and answer the other questions in this section.

**If you are required to obtain a wage bond or need further information about being exempt, please contact the West Virginia Division of Labor at (304) 558-7890 Ext. 10475 or send an email to [WageandHour@wv.gov](mailto:WageandHour@wv.gov).**

**The wage bond affidavit MUST be completed and notarized regardless if you are posting a bond or not. This form must be submitted with the application/affidavit.**

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### INSTRUCTIONS FOR PAGES 2, 3 and 4

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If your business is a Corporation, General Partnership, Limited Liability Company, Limited Liability Partnership or Limited Partnership, answer the applicable questions on page 2.

If your business is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership, you must obtain a Certificate of Authority from the Secretary of State, **(304) 558-8000**, before your application can be processed.

Page 3 must be signed to attest to the information you have given in this application/affidavit by signature and notarization.

You must complete page 4 listing the name(s) and last 4 digits of the social security number(s) of the person(s) who tested to qualify your company. Mark the appropriate exams that were taken. The person(s) must submit a notarized statement, with the application, allowing the use of his or her test scores to qualify this applicant.





**VERIFICATION STATEMENT**

The person or firm whose name appears on this application/affidavit certifies compliance with WV Business Registration Tax provisions and is registered and in compliance with Workers' Compensation, Unemployment Compensation and the Wage Bonding Law, if applicable.

The undersigned hereby represent(s) that the forgoing statements and answers are true and correct to the best of his or her knowledge, information and belief.

**IF A SOLE PROPRIETORSHIP (INDIVIDUAL) . . .**

Print or type name of owner here \_\_\_\_\_

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Date)

**IF A GENERAL PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP OR A LIMITED PARTNERSHIP . . .**

Print or type partner name here \_\_\_\_\_

\_\_\_\_\_  
(Signature of Partner)

\_\_\_\_\_  
(Date)

**IF A CORPORATION . . .**

Print or type name and title here \_\_\_\_\_

\_\_\_\_\_  
(Signature of Corporate Officer)

\_\_\_\_\_  
(Date)

**IF A LIMITED LIABILITY COMPANY OR P.L.L.C. . . .**

Print or type name of owner here \_\_\_\_\_

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Date)

**AFFIDAVIT**

STATE OF \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me, the undersigned Notary Public, in and for the State or County

aforesaid this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. My Commission

expires the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**THIS PAGE MUST BE COMPLETED**

Please indicate the exam(s) you have passed by placing an X in front of the exam category.

**Contractor License Exams**

_____	Business & Law	(Required of all applicants)		
_____	Electrical Contractor		_____	Concrete
_____	General Building Contractor		_____	Excavation
_____	General Engineering Contractor		_____	Manufactured Home Installation
_____	Heating, Ventilating & Cooling Contractor		_____	Masonry
_____	Multi-Family Contractor		_____	Remodeling & Repair Contractor
_____	Piping Contractor		_____	Sprinkler & Fire Protection
_____	Plumbing Contractor		_____	Steel Erection (Structural Steel)
_____	Residential Contractor		_____	Utilities (Sewer & Water) Contractor

If you are a **Specialty Contractor only**, please describe the type of work your business performs.

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Please list the name(s) of the person(s) who passed the examination(s) for your business:

Name: \_\_\_\_\_ Last Four Digits of SS #: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Name: \_\_\_\_\_ Last Four Digits of SS #: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Name: \_\_\_\_\_ Last Four Digits of SS #: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Name: \_\_\_\_\_ Last Four Digits of SS #: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**If the person(s) who tested is not an Owner, Partner, Member or Corporate Officer of the company, payroll records must accompany this application/affidavit. The person(s) taking the exam to qualify your company must be a full-time employee at the time of testing and renewal. The person(s) must submit a notarized statement, with this application, allowing the use of his or her test scores to qualify this applicant.**

**PRIVACY NOTICE**

The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws.

# West Virginia Division of Labor

## Wage Bond Status Affidavit

Wage & Hour Section  
 1900 Kanawha Boulevard East  
 State Capitol Complex, Building 3, Room 200  
 Charleston, WV 25305



Phone: 304 558 7890  
 Fax: 304 558 3797  
 Email: [wageandhour@wv.gov](mailto:wageandhour@wv.gov)  
<http://www.labor.wv.gov>

Enter Full Company Name (to include dba) as Registered with the WV State Tax Department

Current Business Mailing Address

Email Address			
9 Digit FEIN #		PHONE #	

**Type of Business:** Construction  Mining  Transportation of Minerals  **Not Applicable** \*  (attach a scope of work)

**Exemptions** Please ✓ only 1 box. (See back of form for exemptions that require additional verification)

- \_\_\_\_\_ **Work performed in West Virginia is limited to single family dwellings and/or family farming enterprises.**
- \_\_\_\_\_ **Company does not have any employees working within the state of West Virginia.**
- \_\_\_\_\_ **Company has been in business with employees in the state of West Virginia for a period of one year. \***
- \_\_\_\_\_ **Company has been in business in another state for a period of five years. \***
- \_\_\_\_\_ **Company has \$100,000.00 or more in available assets and would like to claim that as an exemption. \***
- \_\_\_\_\_ **Company is a subsidiary of a parent company that has been in business for more than five years. \***

To claim this exemption, enter the name and address of the qualifying parent company below:

\_\_\_\_\_

**Bond Required** - Companies that do not qualify for one of the above exemptions must post a wage bond with the Division of Labor for a period of 1 year. To determine the amount of bond required enter the following information.

1. 4 weeks' payroll in WV @ maximum capacity or production \$ \_\_\_\_\_
2. Enter 15% of the amount of line 1. \$ \_\_\_\_\_

Total the amounts on Lines 1 & 2 to determine bond amount. \$ \_\_\_\_\_

Enter the number of employees working in WV \_\_\_\_\_

I, \_\_\_\_\_, as \_\_\_\_\_  
(Print Name of Owner, Partner, LLC Member or Corp Officer) (Enter Title)

of the above named business entity understand that it is my responsibility to increase my wage bond whenever my workforce increases and that a failure to maintain an adequate wage bond may result in administrative and/or criminal action.

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Enter Date)

Taken, subscribed, and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Notary Public Signature)

My commission expires \_\_\_\_\_



## Wage Bond Status Reporting

A company that's engaged in construction, mining, or the transportation of minerals within the state of West Virginia must register with the Division of Labor concerning its wage bond status. The completion of a "Wage Bond Status Affidavit" allows a company to register with the Division of Labor by claiming a wage bond exemption, or to declare the number of employees working in West Virginia and the amount of bond required.

### Exemptions

Not all companies must post a wage bond. Any company that qualifies for one of the exemptions stated below may claim that exemption by submitting a completed "Status Affidavit". *Please note that some exemptions require additional evidence to verify that the company qualifies for the exemption, while others do not. The exemptions listed on the front of the affidavit that may require additional evidence are marked with an asterisk \*.*

#### Exemptions that DO NOT require additional evidence or verification to qualify include:

- Companies that have been in business in West Virginia, with employees, for a period of at least one (1) year and have reported employee wages to an unemployment account registered with WorkForce West Virginia within that same year.
- Companies that do not have employees physically working in West Virginia.
- Companies that are engaged solely in the construction of single family dwellings and/or family farming enterprises.
- Companies that are a subsidiary of a parent company that is registered with the Division as exempt.
- Out-of-state companies that have maintained one or more of the following licenses or registrations for a period of at least five years.
  - A West Virginia Contractor License.
  - A Business Registration Certificate with the West Virginia State Tax Department.
  - A Corporate Registration with the West Virginia Secretary of State.

#### Exemptions that MAY require additional evidence or verification to qualify include:

- Companies that have been in business in another state for 5 years but do not hold any of the above stated registrations or licenses MUST attach evidence to verify business activity within another state.
- Companies that have been working in West Virginia, with employees, for a period of 1 year that do not have a WorkForce West Virginia unemployment account must submit additional evidence to verify employee activity in this state.
- Companies that choose to claim the exemption for \$100,000.00 in available assets MUST submit evidence to support the exemption.

### Industry Specific Determinations/Exemptions

Companies that wish to obtain an opinion from the Division of Labor that the nature of their work does not fall within the definitions of construction, mining, or the transportation of minerals as defined in §21-5-1 may apply for an exemption by completing a Status Affidavit and checking the box titled as: "**Not Applicable** ✓". All such requests require a complete description or scope of work that's being performed.

### Bond Required

Companies that do not qualify for a wage bond exemption and have employees working in West Virginia must post a wage bond with the Division of Labor in the amount of 4 weeks' payroll, plus an additional 15%, at maximum productivity. A completed Status Affidavit must accompany all new wage bonds submitted.

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*The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please submit a written request to [LaborAdministration@wv.gov](mailto:LaborAdministration@wv.gov).*

**All applicants must take the West Virginia Business & Law Examination**

**Tested Classifications**

- |          |                     |            |  |
|----------|---------------------|------------|--|
| <b>A</b> | Electrical          | <b>002</b> | Excavation   |
| <b>B</b> | General Building    | <b>004</b> | Masonry  |
| <b>C</b> | General Engineering | <b>005</b> | Remodeling & Repair  |
| <b>D</b> | HVAC                | <b>007</b> | Concrete   |
| <b>E</b> | Multi-Family        | <b>011</b> | Structural Steel   |
| <b>F</b> | Piping              | <b>013</b> | Manufactured Home Installation<br>(HUD Certified Homes Only) |
| <b>G</b> | Plumbing            | <b>014</b> | Sprinkler & Fire Protection                                  |
| <b>H</b> | Residential         | <b>021</b> | Utilities (Sewer & Water)                                    |
| <b>I</b> | Specialty           |            |  |
| <b>X</b> | WV Business & Law   |            |  |

**Untested Specialties - Limit three (3)**  
**Business & Law Exam Only**



- |            |                                       |            |  |
|------------|---------------------------------------|------------|--|
| <b>001</b> | Drywall                               | <b>060</b> | Locksmith                                      |
| <b>003</b> | Landscaping                           | <b>061</b> | Storage Tank Removal (*DEP)                    |
| <b>006</b> | Asphalt                               | <b>062</b> | Asbestos Removal (*OEHS)                       |
| <b>008</b> | Residential Pools                     | <b>063</b> | Septic & Sewer Systems (*OEHS)                 |
| <b>009</b> | Siding                                | <b>064</b> | Water Well Drilling (*OEHS)                    |
| <b>010</b> | Roofing                               | <b>068</b> | Cable Television                               |
| <b>012</b> | Low Voltage Systems (Under 50 Volts)  | <b>069</b> | Window Installation                            |
| <b>015</b> | Painting                              | <b>071</b> | Welding  |
| <b>016</b> | Demolition                            | <b>079</b> | Environmental/Hazardous Waste                  |
| <b>017</b> | Doors                                 | <b>082</b> | Glass & Glazing                                |
| <b>018</b> | Caulking                              | <b>083</b> | Decks  |
| <b>019</b> | Communication & Sound                 | <b>084</b> | Ceilings                                       |
| <b>020</b> | Cable                                 | <b>086</b> | Tile Installation                              |
| <b>023</b> | Fencing                               | <b>087</b> | Stucco   |
| <b>024</b> | Land Clearing                         | <b>088</b> | Soil Stabilization                             |
| <b>025</b> | Sheet Metal                           | <b>089</b> | Foundation Support Systems                     |
| <b>026</b> | Insulation                            | <b>999</b> | Specialty                                      |
| <b>027</b> | Floor Covering                        |            |  |
| <b>030</b> | Gutters                               |            | *Refer to other Agency.                        |
| <b>031</b> | Highway Striping                      |            |  |
| <b>034</b> | Instrumentation                       |            | DEP - Department of Environmental Protection   |
| <b>035</b> | Plastering                            |            | OEHS – Office of Environmental Health Services |
| <b>036</b> | Drilling                              |            |  |
| <b>037</b> | Crane (Operator(s) must be certified) |            |  |
| <b>051</b> | Carpet Installation                   |            |  |
| <b>053</b> | Pressure Washing / Sandblasting       |            |  |
| <b>054</b> | Sign Installation (No Electrical)     |            |  |
| <b>058</b> | Finished Carpentry                    |            |  |