

**STATE OF IDAHO
DIVISION OF BUILDING SAFETY
PUBLIC WORKS CONTRACTORS LICENSE
RENEWAL APPLICATION**



**1090 EAST WATERTOWER STREET, SUITE 150
MERIDIAN, ID 83642**

(208) 334-4057 FAX (877) 810-2840 EMAIL: public.works@dbs.idaho.gov

TOLL FREE (800) 955-3044

WEBSITE: <https://dbs.idaho.gov/programs/public-works-contractors/>

**GOVERNOR BRAD LITTLE
ADMINISTRATOR RON WHITNEY**

RENEWAL APPLICATION INSTRUCTIONS FOR STATE OF IDAHO PUBLIC WORKS CONTRACTOR LICENSE

IF THERE ARE ANY MISSING ITEMS FROM YOUR APPLICATION, YOU WILL BE NOTIFIED. NO REFUNDS WILL BE GIVEN.

CHECK LIST

- R** Complete pages 4 & 5 of application. **Be sure to sign page 5.**
- E** Make checks payable to **DBS-PUBLIC WORKS CONTRACTORS** or use credit card authorization form at bottom of page.
- N** Submit the appropriate financial statement for the class of license for which you are applying. See page 3 for the financial guidelines.
- W** Companies must be registered with the Idaho Secretary of State (208) 334-2301.
- A**
- L**
- S**

Please complete this form to charge a credit card. Company name is mandatory to ensure proper application of payment.

	Card Number	CVC #	Expiration Date	Authorized Dollar Amount
<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

VISA

MASTERCARD

Name of Cardholder (as it reads on credit card)

Billing Address

City

State

Zip Code

Name on Public Works Contractors License

License Number

Signature of Cardholder

FINANCIAL STATEMENT REQUIREMENTS

NOTE: Tax returns or drafts will not be accepted for any class of license.

<u>Class</u>	<u>Type of Financial Statement Required:</u>
D or C	Financial statements must either be on the DBS multi-purpose balance sheet; submit all 8 pages (information can not be more than six months old) on QuickBooks or otherwise prepared by a LICENSED CPA or LPA. Statements prepared by a CPA or LPA must include the accountant's report and may be compiled, reviewed or an audited. Financial statements can not be more than 12 months old.
CC or B	Requires a Compiled financial statement prepared by a LICENSED CPA or LPA. MUST include the accountant's report and financial statements can not be more than 12 months old.
A, AA or AAA Unlimited	Requires either a Reviewed or Audited financial statement prepared by a LICENSED CPA or LPA. MUST include the accountant's report and financial statements can not be more than 12 months old.
Parent Co.	When submitting a parent company's financial statement for qualification it must reflect your company's name in the financial statement and include a guarantor agreement which is located on our web-site.

If the financial statement fails to meet the financial guidelines, you may INCLUDE one or all of the following along with your financial statement.

Personal or Parent Co. Financials	A personal or parent company financial statement may be provided. The financial statements must meet the same financial requirements for the class of license the company is seeking . A guarantor agreement , must accompany the personal or parent company's financial statement. NOTE: The guarantor listed MUST reflect the exact name(s) listed on the personal/company financials.
Bonding Letter	A letter from bonding company, NOT an insurance agent , stating the dollar amount of the bonding capability per project and in aggregate.
Line of Credit	Letter must be on the financial institutions letterhead and reflect in dollar amount the current credit available for company use. NOTE: The available credit shown will be applied to the working capital.

FINANCIAL GUIDELINES

Your financial statement must qualify in the areas of net worth and working capital for the class of license for which you are applying.

<u>Class</u>	<u>Bid Limit</u>	<u>Net Worth</u>	<u>Working Capital</u>
D	\$50,000	\$10,000	\$3,000
C	\$200,000	\$25,000	\$7,500
CC	\$400,000	\$75,000	\$25,000
B	\$600,000	\$150,000	\$50,000
A	\$1,250,000	\$300,000	\$100,000
AA	\$3,000,000	\$450,000	\$150,000
AAA	\$5,000,000	\$600,000	\$200,000
Unlimited	No Bid Limit	\$1,000,000	\$600,000



PUBLIC WORKS CONTRACTORS LICENSE RENEWAL APPLICATION

Idaho Public Works License Number _____

Date of Application _____

Company Name. Maximum 50 characters including punctuation and spaces.

Check for change of address:

Mailing Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Cell Number _____

E-mail address of contact person _____ Contact Name _____

Business Structure: Individual Partnership LLC Corporation Other _____

Date of Organization: _____ State: _____

Sole proprietorship, note your social security number (SSN): - -

Federal Tax ID Number (TIN) or Employer ID Number (EIN):

Check all that apply:

- Renewal - annual renewal
- Downgrade - (decrease classification)

License Class & Fee	
<input type="checkbox"/> D Pgs. 1 - 8 of balance sheet or CPA/LPA Financial Statement	\$40.00
<input type="checkbox"/> C Pgs. 1 - 8 of balance sheet or CPA/LPA Financial Statement	\$80.00
<input type="checkbox"/> CC Compiled, Reviewed or Audited Financial Statement	\$100.00
<input type="checkbox"/> B Compiled, Reviewed or Audited Financial Statement	\$120.00
<input type="checkbox"/> A Reviewed or Audited Financial Statement	\$160.00
<input type="checkbox"/> AA Reviewed or Audited Financial Statement	\$280.00
<input type="checkbox"/> AAA Reviewed or Audited Financial Statement	\$360.00
<input type="checkbox"/> Unlimited Reviewed or Audited Financial Statement	\$440.00

In accordance with Public Works Contractors Chapter 19 Title 54-1911 & 1912 there will be NO REFUNDS.

Mailing Address:
 PUBLIC WORKS CONTRACTOR LICENSING
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APPLICANT'S STATEMENT OF EXPERIENCE

- 1 How many years has your organization been in construction under your present name? _____
- 2 How many years experience has your firm had as a **general contractor**: _____ **sub-contractor**: _____ **specialty contractor**: _____
- 3 Has any officer, partner, or member of the applicant ever served as an officer, partner, or member of an organization that defaulted on a contract; had a project completed at the expense of a bonding or surety company; been adjudged to be bankrupt; been disbarred; or had a license revoked or suspended?

YES NO If yes, please give details on a separate sheet of paper.

- 4 Are you financially affiliated with any other firm(s) that are licensed by this program?

YES NO Company _____

- 5 Do you currently have an Idaho electrical, HVAC, plumbing or FPSC contractor license? YES NO

Idaho Electrical # _____ Idaho HVAC # _____ Idaho Plumbing # _____ FPSC# _____

- 6 Who is or will be the qualifying individual for this company (took or will take the Public Works Licensing exam)? *

Individuals Name	Position In Organization	Years of Construction	Type of Work Performed
	President		
	Vice President		
	Secretary		
	Treasurer		
	Owner/Proprietor		
	Owner/Proprietor		
	Partner or Member		
	Partner or Member		

The undersigned deposes and says that they have familiarized themselves with the provisions of the Public Works Contractors License Act as amended; have read the instructions and information contained herein and the foregoing is a true statement of facts concerning the individual, partnership, corporation or other business organization herein named as of the date indicated; that the financial statement taken from the books of said firm or individual is a true and accurate statement of the financial condition of said firm or individual as of the date thereof; that the answers to the foregoing questions are true; and that any depository, vendor or other agency herein named is hereby authorized to supply the Public Works Contractors License Program with any information necessary to verify this statement. The individual who signs this application guarantees the truth and accuracy of all statements and answers.

Applicant's Complete Business Name

Applicant's Signature

Applicant's Printed Name and Title

* Required Field