



CONTRACTOR LICENSE RENEWAL APPLICATION

SECRETARY OF STATE

SFN 12011 (12-2017)

For Office Use Only

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| ID Number: |
| WO Number: |
| Issued By: |
| Filed: |

1. Applicant's name and address as currently licensed with the Secretary of State (alter any incorrect information)

DUE: March 1, 2018

| Class | Contract Value | Renewal Fee on or before March 1 | Renewal Fee after March 1, but on or before June 1 | New License Fee if Alternate Class Preferred |
|---------|-------------------------|----------------------------------|--|--|
| Class A | No limitation | \$90 | \$140 | \$450 |
| Class B | Up to \$500,000 per job | \$60 | \$110 | \$300 |
| Class C | Up to \$300,000 per job | \$45 | \$95 | \$225 |
| Class D | Up to \$100,000 per job | \$30 | \$80 | \$100 |

TYPE OR PRINT LEGIBLY

SEE PAGES 3 AND 4 FOR FILING AND MAILING INSTRUCTIONS.

For reference, see North Dakota Century Code Chapter 43-07.

| | | | | | |
|--|--|--------------------------|---|-------------------------|--|
| 2. Class of license | | 3. License number | 4. Business type | | |
| 5. Social security/Federal ID number (SEE INSTRUCTIONS) | | | 6. Business telephone number | | |
| 7. Expiration date of certificate of liability insurance (attach certificate) | | | 8. Email address | | |
| 9. Do you want to renew the current license or apply for a new license in an alternate class? <input type="checkbox"/> Renew current license <input type="checkbox"/> Apply for a new class of license - Provide class: _____ | | | | | |
| 10A. Did you have any employees during this reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | 10B. North Dakota Workforce Safety account number (complete if blank or correct if necessary) | | |
| 11A. Do you have a North Dakota sales/use tax permit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | 11B. Sales/use tax account number (complete if blank or correct if necessary) | | |
| 12. List the names of any companies or individuals for whom you completed a project, contract, or subcontract in North Dakota, which exceeded \$25,000 during the preceding calendar year (Provide the location in North Dakota, type of work completed, and value of the completed work.) | | | | | |
| NAME | | LOCATION IN NORTH DAKOTA | TYPE OF WORK COMPLETED | VALUE OF WORK COMPLETED | |
| (Example) John Doe Co. | | Bismarck, ND | Concrete work | \$25,500.00 | |
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(continued on page 2)

13. ALL OF THE FOLLOWING MUST BE ANSWERED. If your answer is "yes" to any of the following questions and you have not previously disclosed the information, provide the details on a separate sheet and attach to this application. If you have previously disclosed information regarding any of the following questions and there have been further material developments or actions taken involving you or your business entity, also provide the additional details.

13A. Has any license been denied, suspended, or revoked for any of the following individuals?

| YES | NO | PREVIOUSLY DISCLOSED | N/A | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | You (must be answered) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any officer (must be answered) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any partner (must be answered) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any entity with which you, officers, or partners have any interest in or are associated (must be answered) |

13B. Have you or a corporation, limited liability company, or partnership of which you are or were an officer or partner, been charged with a civil lawsuit in which fraud or misrepresentation was charged or alleged? Yes No Previously disclosed

13C. Have you or a corporation, limited liability company, or partnership of which you are or were an officer or partner, been involved in or initiated any bankruptcy or insolvency proceedings during the past five years? Yes No Previously disclosed

13D. 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? Yes No Previously disclosed

13E. 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.) Yes No Previously disclosed

14. 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.

The undersigned, who is 18 years of age or older, hereby certifies that all payroll taxes (including North Dakota income tax, premiums for workforce safety and insurance, and unemployment insurance) due and payable on the day of this application have been submitted, and that all of the information provided on the renewal application is true and complete.

| | |
|---|------|
| Signature of owner*, partner, or authorized officer | Date |
|---|------|

*** If a sole proprietorship business structure, a spouse is not authorized to sign on behalf of the owner.**

| | | |
|---|---------------|--------------------------|
| 15. Name of person to contact about this document | Email address | Daytime telephone number |
|---|---------------|--------------------------|

Secretary of State
 State of North Dakota
 PO Box 5513
 Bismarck ND 58506-5513

Telephone: (701) 328-3665 Toll-Free: (800) 352-0867 (option 4) Fax: (701) 328-1690 Website: sos.nd.gov

Email: sosadlic@nd.gov

CONTRACTOR LICENSE RENEWAL APPLICATION - 2018

DUE: The renewal is due March 1, 2018. The envelope **must bear a postmark prior to March 2, 2018 to be acceptable without the late filing fee.** On March 2, 2018, the license issued in 2017 will automatically expire. Unless a license has been issued for 2018, you are prohibited by law from contracting for any work over \$4,000 in value. The late filing fee must accompany an application postmarked after March 1, 2018, but on or before June 1, 2018. Any renewal application postmarked after June 1, 2018 cannot be accepted.

LEGAL BUSINESS STRUCTURE CHANGE: If your legal business structure changed during the past licensing cycle (for example, a single proprietorship is now a corporation or a partnership is now a single proprietorship), state law requires that you apply for a new contractors license. The application for a new license is available from the Secretary of States website at sos.nd.gov. The new license fees are provided on page 1 of the application; a renewal fee is not required if an application is being submitted for a new license.

BUSINESS STRUCTURE/BUSINESS NAME REGISTRATION: A contractor that is a corporation, LLC, or LLP must have the business structure active and good standing to be eligible for a license renewal. A sole proprietor or partnership with a business name must have an active business name registration on file with the Secretary of State.

FILING FEES: The table on page 1 lists the license renewal fees as well as the fee if filed after March 1, 2018. Fees for a new license are also provided if an alternate class license is preferred. Checks must be payable to "Secretary of State" and must be for U.S. negotiable funds. Payments may also be made by credit card using Visa, MasterCard, Discover, or American Express.

INSTRUCTIONS: The following numbered instructions correspond to the numbers on the renewal form:

1. The application is addressed to the licensee in the name as currently licensed and to the official address on record. If the address is no longer correct, make any necessary changes.
2. The class of your current license is provided. Do not make changes to this class.
3. The number of your current license is provided. Do not make changes to this number.
4. The type of business defining your legal business structure is provided. If the legal business structure has changed since the prior licensing cycle, a new license is required. See above.
5. If the business type listed in number 4 is sole proprietorship, provide the individual's social security number in number 5.

Privacy: Disclosure of the social security number is required pursuant to 42 U.S.C. 666 (a)(13) and N.D.C.C. ch. 43-50 and may be used for data-matching with other state agencies. It is also used by the Secretary of State to accurately maintain contractor records and to facilitate the process. Failure to provide social security number will result in the rejection of the application. The social security number will not be released to the public.

If the business type listed in number 4 is anything other than sole proprietorship, provide the federal ID number. Disclosure of the federal ID number on this form is voluntary. The number will not be released to the public and is used by the Secretary of State to accurately maintain contractor records and to facilitate the process.

6. The business telephone previously provided is preprinted on the form. If that number is no longer correct, make the necessary change.
7. The expiration date of your current certificate of liability insurance is provided. **Attach a CURRENT CERTIFICATE OF INSURANCE to the renewal application.** If the preprinted expiration date is earlier than your submission date, an updated certificate of insurance must be submitted before your license can be renewed.
8. The email address previously provided is preprinted on the form. If that address is no longer correct, make the necessary change.
9. Check the box indicating whether this application applies to renewal of the current license or if an alternate class of license is preferred. If an alternate class of license is preferred, enter the class of license preferred on the blank. If this line item is not completed, the current license will be renewed.
- 10A. Check the box indicating whether you had employees during this reporting period.
- 10B. The North Dakota Workforce Safety account number previously reported is preprinted. If blank, or if the number is not correct, provide the correct Workforce Safety account number.
- 11A. Check the box indicating whether you have a North Dakota sales/use tax permit number.
- 11B. The North Dakota sales/use tax account number previously reported is preprinted. If blank, or if the number is not correct, provide the correct sales/use tax account number.
12. **If you completed projects, contracts, or subcontracts that exceeded \$25,000, provide the name of the party for whom the work was completed, the location of the project, type of work completed, and the value of the project.** If additional lines are required, provide the details on a separate sheet and attach. If this section is not completed, it will be construed that there were no projects exceeding the value of \$25,000 and the certification statement signed in number 14 states that the renewal application is true and complete.

