

Board for Contractors

TRADESMAN - INACTIVE/ACTIVATE LICENSE APPLICATION

- Any individual who is not currently employed as a licensed tradesman and who is not performing any of the activities defined in §54.1-1128 of the Code of Virginia may put their license into inactive status for a maximum of three years. All renewal fees must still be paid. To activate your license, any applicable continuing education must be completed for the current licensing cycle.

Select one of the following:

X	Action	Trans
<input type="checkbox"/>	Place License on Inactive Status	3010
<input type="checkbox"/>	Activate Individual License	3020

1. Provide your Virginia license number and expiration date: (Your license must be current and **not expired**.)

VA License Number* Expiration Date _____

* If you do not hold a Virginia license, you may not proceed with this application.

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

 Last (required) First (required) Middle Generation

3. Provide at least **one** of the following identification numbers*:

Social Security Number and/or

Virginia DMV Control Number

- Enter the same identification number as used on examination, previous applications or licenses on file with the department.
- * State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

4. Maiden or Former Name(s) _____

5. Mailing Address (PO Box accepted) _____

 City State Zip Code

6. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

 City State Zip Code

7. Contact Numbers

 Primary Telephone Alternate Telephone

8. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

9. **To activate a license**, continuing education requirements for the current licensing cycle must be met. Provide the provider name and the date that the continuing education was completed or attached a copy of the certificate of completion.

Provider Name _____ Completion Date _____

10. I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve this application.

Signature _____ Date _____