

SECTION I: CURRENT COMPANY INFORMATION

Company Name: _____

License Type (circle all that apply): A B C DE DF DFA DM DP DR DS DW

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-Mail: _____

SECTION II: NEW COMPANY INFORMATION

Company Name: _____

License Type (circle all that apply): A B C DE DF DFA DM DP DR DS DW

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-Mail: _____

Has the contractor or any qualifying individual working for the contractor or firm ever had a professional license or registration to perform work as a contractor, suspended or revoked in any jurisdiction due to being disciplined, fined, sanctioned, or cited? **Select One: Yes** ____ **No** ____

If yes, attach supporting documentation for our review. Include jurisdiction, action taken, dates, etc.

SECTION III: QUALIFYING INDIVIDUALS (QI)

- ✓ If your QI is remaining the same, go to Section IV.
- ✓ If you are changing your QI, complete this section.

QUALIFYING INDIVIDUAL(S) TO BE REMOVED

First & Last Name	Date of Birth

QUALIFYING INDIVIDUAL(S) TO BE ADDED

Qualifying Individual (QI):

- The Company must employ a Qualifying Individual (QI) full-time (defined as 30 hours per week or more) to maintain licensure. The QI is the individual whose education and/or experience qualifies the company for licensure. All QI's must attain eight (8) hours of continuing education in order for the company to renew their license(s) for the following calendar year. Must attach QI education/certification/experience.

First & Last Name	Date of Birth

SECTION IV: PERMITTEES

- ✓ If there are no changes to your list of Permittees, do not fill this section out.

- **Permittees:** List persons authorized to obtain permits on behalf of the Company.

First & Last Name	Date of Birth	First & Last Name	Date of Birth

Any false statements made in this application may result in license suspension or revocation.

Johnson County does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, genetic information, or other circumstance prohibited by federal, state, or local law, rule, or regulation, including Title II of the Americans with Disabilities Act. A request for accommodation for a disability, or other assistance, should be made, if possible, at least 3 days in advance, to the Legal Services Department at 913-715-1900.

NOTARY AGREEMENT FOR A QUALIFIED INDIVIDUAL

I, _____
Signature of Qualifying Individual **Printed Name** of Qualifying Individual

the undersigned, hereby acknowledge the following:

1. Acknowledgment of Credential Use

I understand and agree that my professional credentials, qualifications, and experience will be used to support the application of _____ **[Company Name]**, for a contractor's license with Johnson County Contractor Licensing.

2. Compliance with Qualifications

I confirm that I meet the necessary qualifications required to be designated as the Qualified Individual for the above-mentioned firm in accordance with applicable laws and regulations governing contractor licenses in Johnson County, Kansas. I affirm that my credentials are current, valid, and in good standing.

3. Agreement to Meet Continuing Education Requirements

I agree to meet all ongoing continuing education requirements as mandated by the Johnson County Contractor Licensing regulations and agree to maintain my eligibility as the Qualified Individual for _____ **[Company Name]**. I further understand that failure to comply with such requirements will result in the firm's contractor's license being inactivated.

4. Truth and Accuracy of Submissions

I attest that all information, documents, and credentials submitted to this licensing authority in support of the contractor's license application are true, accurate, and complete to the best of my knowledge.

5. Affirmation of Voluntary Participation

I understand that my role as the Qualified Individual is voluntary and that I am fully aware of the responsibilities and obligations associated with this position.

IN WITNESS WHEREOF, the undersigned has executed this Agreement as part of their application for a contractor's license.

State of _____ County of _____

On this ____ day of _____, 2025, before me, the undersigned Notary Public, personally appeared _____ **[Name of Signer]**, who is personally known to me or has provided satisfactory proof of identity, and who, being duly sworn, did execute the foregoing instrument and acknowledged that they executed the same as their free and voluntary act for the purposes therein set forth.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My commission expires: _____

NOTARY STAMP

Any false statements made in this application may result in license suspension or revocation.

Johnson County does not discriminate on the basis of race, color, national origin, gender, religion, age, disability, genetic information, or other circumstance prohibited by federal, state, or local law, rule, or regulation, including Title II of the Americans with Disabilities Act. A request for accommodation for a disability, or other assistance, should be made, if possible, at least 3 days in advance, to the Legal Services Department at 913-715-1900.