

Kansas Attorney General

Kris W. Kobach

2. Please provide the following documents with the completed application:

Roofing Registration Unit 120 SW 10th Avenue, 2nd Floor Topeka, KS 66612-1597 EMAIL: <u>roofing@ag.ks.gov</u> www.ag.ks.gov/roofing PHONE: (785) 368-6644

FAX: (785) 291-3699

INITIAL APPLICATION Kansas Roofing Contractor Registration Act

Instructions for Application

- 1. Return completed application, required documents, and nonrefundable registration fee to the address listed above. For Initial Applications submitted from May 1st to December 31st, the fee is \$250. For initial applications submitted and approved between Jan. 1 Apr. 30, the prorated fee is \$125. The prorated registration will expire Jun 30th of the same year a prorated amount was paid. If the registration is issued in May or June the registration will not expire until the subsequent year. Please make remittance payable to "Kansas Attorney General."
 - □ Certificate of liability insurance of at least \$500,000, listing "Office of the Kansas Attorney General, 120 SW 10th Ave., Topeka, Kansas 66612" as the certificate holder;
 □ Certificate of workers' compensation coverage or affidavit of exemption or self-insurance; and
 □ Certificate of current tax clearance or letter from the Kansas Department of Revenue. Available at www.ksrevenue.org/taxclearance.html. Please call (785) 296-3199 for assistance with a tax clearance certificate.
 □ If you are registered as a roofing contractor in any state other than Kansas, include current information from the registering state agency in each such state showing whether you are in good standing, have pending disciplinary proceedings, or have had disciplinary action taken against the registration, certificate, permit, or license.
 □ Government photo I.D. or Driver's License for Applicant/Owner and Designated Roofing Contractor(s).
- 3. Businesses <u>must</u> be registered with the Kansas Secretary of State's office prior to registering with the Roofing Registration Unit. This is not required for Sole Proprietorships. Please call (785) 296-4564 for assistance.
- 4. Answer all questions on the application. Mark "N/A" if the question does not apply.

Office of Kansas Attorney General Kris W. Kobach

Roofing Registration Unit 120 SW 10th Avenue, 2nd Floor

Topeka, KS 66612-1597 EMAIL: <u>roofing@ag.ks.gov</u> www.ag.ks.gov/roofing

PHONE: (785) 368-6644 FAX: (785) 291-3699

INITIAL APPLICATION FOR ROOFING CONTRACTOR REGISTRATION

Please **type or print** in ink. Preparer Information (Must Be Completed) 1. Full Legal Name: _____ First Middle Last 2. Address: Street City State Zip 3. Email address: 4. Telephone: () 5. Relationship to Applicant: Preparer's signature: Date Preparer is an Attorney representing the Applicant. No Yes Preparer has Power of Attorney to act on Applicant's behalf. No Yes • If yes, please attach a copy of the Power of Attorney document. Applicant/Owner gives permission for the Attorney General's office to speak with the preparer.

No Yes 2

Correspondence	
Must Be Completed)

		(Must Be Co	mpleted)			
lease provide an email and mail	ing address when	re <u>ALL</u> corres	pondence re	garding this applic	cation is to be s	ent.
ull Legal Business Name:						
Mailing address:	Street	City		State	Zip	
Email:				State	Zip	
	Ap	pplicant/Owner (Must Be Co	ū			
		(Musi Be Co	триенен)			
. Full Legal Name:First		Middle		Last	Suffix	
. Residential Address:	Street		City		State	Zip
. Personal Telephone: ()						
Email Address:						
5. Birthdate:// DD	YYYY					
5. Driver's License or State ID N	umber:			Issuing State:		
• Please attach a clea identification that d					nt-issued pho	tographic
7. Social Security Number ¹ :						
. Booldi Becairty Pulliber .						
	and the R. T.		January F. S.	TI CON		Parata tan
isclosure of a social security number ("SSN") is /or financial history investigations, and may be	s voluntary. Failure to p provided to other Kansa	provide a SSN may d s State agencies, as a	elay application pallowed by Kansas	rocessing. The SSN may b law.	e used to identify app	licants in o

Business information (Must Be Completed)				
8. Type of Business Entity:	LLC Partne	rship Sole Proprietorsh	ip Corporati	on
9. State of Formation:				
10. Kansas Secretary of State Bu	siness Entity ID # ((Seven Digit Number):		
11. Business Name:				
12. Business Mailing Address:				
	Street	City	State	Zip
13. Business Physical Address_	Street	City	State	Zip
14. Business Phone: ()				
15. Business Email Address:				
16. Trade Name or D/B/A name	:			
17. Employer Identification Nun	nber (EIN) or Taxpa	ayer Identification Number (T	TIN/SSN ²):	
18. United States Department of	Transportation (US	SDOT) #:		
19. Designated Roofing Contrac registration (use addendum)			and be covered by	y this
Full Legal Name:First		AC 1 II		
Residential Address		Middle	Last	
Personal Phone: (Street	City)	State	Zip
Birthdate: / DD	/			
Driver's License or State ID	Number:		State:	
 Please attach a clear and legible copy of a current state or federal government-issued photographic identification card of each Designated Roofing Contractor that demonstrates each contractor is at least 18 years old. 				
Social Security Number ² :				
² Disclosure of a social security number ("SSN") and/or financial history investigations, and may be			ing. The SSN may be used	to identify applicants in criminal

20. Has the applicant ever been licensed or registered as a roofing contractor in a state other than Kansas?	
Check one of the following:	
No, the applicant has never had a roofing contractor license or registration in any state other than Kansas	3.
Yes, the applicant has or at one time had a roofing contractor license or registration issued by the follow	ving state(s):
• If you answered "yes" to question 20, include certified documentation indicating your current sta other state(s).	tus in all
21. Has the applicant or any designated roofing contractors working for applicant ever been disciplined, fined, sanctioned, cited, or had its license or registration to perform work as a roofing contractor suspended or revoked in any state other than Kansas? If yes, indicate the State of such event, the nature of the action tak and the date of the action taken.	en,
No Yes. Explanation:	
22. Has the applicant or any designated roofing contractors working for applicant ever been convicted of a feld If yes, indicate the nature of the offense. Use addendum page, if necessary.	ony?
No Yes	
Name:	
Date(s) of Conviction:	
Court(s):	
Offenses:	
23. Has the applicant been adjudicated by a court of competent jurisdiction for any of the following Roofing Registration Act violations?	
No Yes Abandoned a roofing contract without legal grounds after a deposit of money or other consideration has been made;	
No Yes Diverted any funds or property entrusted to a roofing contractor;	
No Yes Engaged in any fraudulent or deceptive acts or practices or misrepresented any products, services or qualifications as a roofing contractor;	
No Yes Made a false or misleading statement in an application for a roofing contractor registration certificate or renewal application or in solicitation for a contract for roofing services;	
5	

☐ No	Yes	Violated any judgment or order by a court of competent jurisdiction again roofing contractor for a violations of the provisions of the Roofing Regist			
No No	Yes	Engaged in work without a valid registration certificate as required for ro contractors pursuant to this act or performing roofing services during any when the roofing contractor's registration certificate is denied, suspended revoked;	period		
☐ No	Yes Engaged in roofing services without obtaining a proper permit as may be required by any state or local authority;				
☐ No	No Yes Failed to comply with any tax laws authorized by the state or any of its political subdivisions;				
No No	No Yes Damaged or injured any person or property while performing roofing services under a valid roofing contractor registration certificate for which the roofing contractor's liability insurance or workers compensation coverage was inadequate;				
No No	No Yes Failed to comply with any provision of the Roofing Registration Act or any rule and regulation adopted thereunder.				
supplemen	tal material and signin	below, hereby declares under oath or by affirmation that this application, resubmitted herewith, and all information contained therein, are true and contained the contained therein are true and contained the contained	orrect. By submitting this		
• 12 • 12 • 13 • 14	Applicant ag Applicant ag Applicant ag Dackground Applicant ag	esires registration under the Kansas Roofing Contractor Registration Act. grees to fully comply with the Kansas Roofing Contractor Registration Act grees to fully comply with all Federal and Kansas laws and local ordinance and any designated roofing contractors consent to a criminal history records check. Indeed, and entity seeking registration, if a non-resident and/or foreign corporation, appoints the Kansas Secretary of State as the legal agent for service or process.	s. search or a agree that the filing of this		
Applicar	nt's signatur	re:	Date:		
Designat	ed roofing	contractor's signature:	Date:		
Designated roofing contractor's signature: Date		Date:			
Designated roofing contractor's signature: Date:		Date:			
Designated roofing contractor's signature: Date:		Date:			
Designated roofing contractor's signature: Date:		Date:			
Revised 12/1	5/2023	6			

Addendum Page
7
Revised 12/15/2023