

**Contractor/Designated Master Form**

This supplemental form must be completed by Contractor and/or Designated Master licensees in the Industrial Trades who wish to add, change, or terminate a Contractor/Designated Master relationship. For your convenience, you may also use it to submit bond changes. If you have any questions, call PEARSON VUE's toll-free Customer Service line (see application instructions for specific toll-free number for your trade) Monday through Friday, 8AM to 5PM EST.

**Section 1. REQUEST TYPE AND FEES**

Please indicate the type of request being submitted:

Contractor, submitting first-time new license application (fee)

Contractor, changing Designated Master (fee) or bond information (no fee)

Designated Master, terminating Contractor relationship – Section 2 only (fee)

Designated Master, changing bond information – Section 2 only (no fee)

Make check or money order payable to  
**PEARSON VUE** and mail to:  
 PEARSON VUE  
 DC Industrial Trades  
 Metro-Plex I, Suite 250  
 8401 Corporate Drive  
 Landover, MD 20785

Change of Designated Master Fee \$30.00  
 (Includes one new license print for the Designated Master)

Duplicate Licenses qty: \_\_\_\_\_ X \$30.00 = \$ \_\_\_\_\_ .00

**Total Enclosed** **\$ \_\_\_\_\_ .00**

**Office Only**

New Contractor License Application:  
 BTRS B/R

Check \$	Check #	Clerk
\$ _____ .00		

**Section 2. DESIGNATED MASTER INFORMATION**

FIRST NAME	MI	LAST NAME	SUFFIX (Jr, Sr, etc.)
LICENSE PREFIX/NUMBER	SOCIAL SECURITY NUMBER <sup>1</sup>		

<sup>1</sup> Due to an amendment to the D.C. tax laws (DC Law 13-269 – "Child Support and Welfare Compliance Amendment Act of 2000," effective March 31, 2001), the Department of Consumer and Regulatory Affairs is now required to collect and maintain Social Security Numbers in licensee files.

Are you currently a designated master for a contractor?

**YES** I am regularly employed by the firm, person, or corporation indicated in the Contractor section below, and all work performed in the District of Columbia by the Contractor is under my supervision.

**NO** Please terminate any relationship I have with a Contractor, and re-issue a regular Master license for me.

Please provide the following **Designated Master** or **Designated Master Specialist** bond information and submit the original bond (if new) or a copy of the bond (if previously submitted):

BONDING COMPANY NAME				<b>Office Only</b>
	M M	D D	Y Y Y Y	M M D D Y Y Y Y
BOND #	BOND AMOUNT	EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/>
DESIGNATED MASTER'S SIGNATURE			DATE	<b>Office Only</b>
				<input type="checkbox"/>

**Section 3. CONTRACTOR OR FIRM INFORMATION**

CONTRACTOR'S FIRST NAME <small>(If company, use all spaces in "FIRST NAME" before entering into "LAST NAME" spaces)</small>	MI	LAST NAME	SUFFIX (Jr, Sr, etc.)
CONTRACTOR'S LICENSE PREFIX/NUMBER	CONTRACTOR'S FEIN/TAX ID *		

Please provide the following **Contractor** or **Contractor Specialist** bond information and submit the original bond (if new) or a copy of the bond (if previously submitted):

BONDING COMPANY NAME				<b>Office Only</b>
	M M	D D	Y Y Y Y	M M D D Y Y Y Y
BOND #	BOND AMOUNT	EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/>

Both parties to this agreement understand that they must each submit a Contractor/Designated Master Form immediately upon resignation or severance of connection of the above Designated Master with the above Contractor. We hereby acknowledge that the Contractor must have one (and only one) Designated Master in order to conduct business in DC, and that this Designated Master is not designated for any other Contractor.

CONTRACTOR'S SIGNATURE <small>(Owner, Partner, or Officer)</small>	DATE	<b>Office Only</b>
		<input type="checkbox"/>