



Kansas Attorney General

Derek Schmidt

Roofing Registration Unit

120 SW 10th Avenue, 2nd Floor

Topeka, KS 66612-1597

PHONE: (785) 296-3751 or (800) 432-2310

FAX: (785) 291-3699 • www.ag.ks.gov/roofing

Kansas Roofing Contractor Registration Act

Instructions for Application

1. Return completed application with nonrefundable registration fee (\$250) to the address listed above.

For initial applications submitted between Jan. 1 – Apr. 30, the prorated fee is \$125.

**The prorated registration will expire June 30th of the same year the prorated amount was paid.*

Make remittance payable to “Kansas Attorney General”

2. Provide the following documents with the completed application:

- a. Certificate of liability insurance, which shall be not less than \$500,000, and which shall list “Office of the Kansas Attorney General, 120 SW 10th Ave., Topeka, Kansas 66612” as the certificate holder;
- b. Certificate of workers’ compensation coverage or affidavit of exemption or self-insurance; and
- c. Certificate of current tax clearance or letter from the Kansas Department of Revenue.

Available at www.ksrevenue.org/taxclearance.html

d. If you are registered as a roofing contractor in any state other than Kansas, include current and certificated 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.

Office of Kansas Attorney General Derek Schmidt
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Topeka, Kansas 66612
Phone (785) 296-2215 Fax (785) 296-6296
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APPLICATION FOR ROOFING CONTRACTOR REGISTRATION

Please type or print in ink all information.

Owner information:

1. Name _____
 First Middle Last

2. Residential Address _____
 Street City State Zip

3. Telephone (_____) _____
 Residence

4. Height _____ Weight _____ Hair _____ Eyes _____

5. Birthdate ____ / ____ / ____

6. Driver's License # _____ State _____

7. Social Security Number* _____

* Disclosure of a social security number ("SSN") is voluntary. Failure to provide a SSN may delay application processing. The SSN is requested pursuant to the Kansas Roofing Contractor Registration Act. The SSN may be used to identify applicants in criminal and/or financial history investigations. The SSN may be provided to other Kansas state agencies, as allowed by Kansas law.

Business information:

8. Type of Business Entity LLC Partnership Sole Proprietorship Corporation

9. State of Formation _____

10. Kansas Secretary of State business ID #: _____

11. Business Name _____

12. Business Mailing Address: _____
 Street City State Zip

13. Business physical Address: _____
 Street City State Zip

14. Business Phone (____) _____

15. Email Address _____

16. Trade Name or D/B/A _____

17. Federal Employee Identification Number _____

18. United States Department of Transportation (USDOT) # _____

19. Designated Roofing Contractors who will act as agents for the business entity and be covered by this registration (use addendum page, if necessary):

Name _____ Phone (____) _____

Address _____
Street City State Zip

Birthdate _____ Social Security Number* _____

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20. Please indicate whether the applicant currently has, or has ever had, a license or registration as a roofing contractor in any state other than Kansas. If yes, please list all states in which the applicant has or had a roofing contractor license or registration.

Check one of the following:

No, the applicant has never had a roofing contractor license or registration in any state other than Kansas.

Yes, the applicant has or at one time had a roofing contractor license or registration issued by the following state(s): _____

If you answered "yes" to question 20, include a letter indicating your current status in all other state(s).

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 taken, and the date of the action taken.

No Yes. Explanation: _____

22. Has the applicant or any designated roofing contractors working for applicant ever been convicted of a felony offense in Kansas, another state, or any other place? If yes, indicate the nature of the offense upon which a conviction was imposed (use addendum page, if necessary).

No Yes

Name	Date of Conviction	Court	Offense

Applicant, by signing below, hereby declares under oath that this application, related forms, and all supplemental materials submitted herewith, and all information contained therein, are true and correct. By submitting this application and signing below, applicant declares under oath that the following statements are true and correct:

- Applicant desires registration under the Kansas Roofing Contractor Registration Act.
- Applicant agrees to fully comply with the Kansas Roofing Contractor Registration Act.
- Applicant agrees to fully comply with all Federal and Kansas laws and local ordinances.
- Applicant and any designated roofing contractors consent to a criminal history records search or a background check.
- Applicant and entity seeking registration, if a non-resident and/or foreign corporation, agree that the filing of this application appoints the Kansas Secretary of State as the legal agent for service or process.

Applicant's signature _____ Date _____

Designated roofing contractor's signature _____ Date _____

Designated roofing contractor's signature _____ Date _____

Designated roofing contractor's signature _____ Date _____

Designated roofing contractor's signature _____ Date _____

Designated roofing contractor's signature _____ Date _____

Use addendum page for additional signatures, as needed.

