



Kansas Attorney General

Kris W. Kobach

Roofing Registration Unit
120 SW 10th Avenue, 2nd Floor
Topeka, KS 66612-1597
EMAIL: roofing@ag.ks.gov
www.ag.ks.gov/roofing
PHONE: (785) 368-6644
FAX (785) 291-3699

RENEWAL APPLICATION Kansas Roofing Contractor Registration Act

Instructions for Renewal Application

1. Return completed application, required documents, and nonrefundable registration fee of \$250 to the address listed above. Please make remittance payable to “Kansas Attorney General.”

Renewal Applications and all required documents **must** be received via email to this office **by June 30th**; or, if mailed, **postmarked by June 30th** to comply with Kansas law.

To allow for transmission and processing time, **we strongly recommend emailing your application and documents to roofing@ag.ks.gov by May 1st**. If your application is **delayed or remains incomplete on June 30th**, your registration status may change to **“not in good standing”** and you may incur additional fees up to **\$1,000**.

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

- a. 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;
- 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. Please call (785) 296-3199 for assistance with a tax clearance certificate.
- d. 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.

3. Businesses must 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.

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**RENEWAL APPLICATION FOR
ROOFING CONTRACTOR REGISTRATION**

Complete this application to renew your existing roofing registration certificate. To file an original application, use the application found at <http://ag.ks.gov/in-your-corner-kansas/resources/roofing-registration>

Please **type or print** in ink.

Current Kansas registration number: _____

Preparer information

*(to be completed **only if Preparer is different from Applicant**)*

1. Full Legal Name: _____
 First Middle Last
2. Address: _____
 Street City County 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.**

Correspondence

Please provide an email and mailing address where ALL correspondence regarding this application is to be sent.

Individual's Name/Business Name: _____

Mailing address: _____
Street City County State Zip

Email: _____

Applicant/Owner gives permission for the Attorney General's office to speak with the preparer. No Yes

Applicant/Owner information

1. Full Legal Name: _____
First Middle Last Suffix

2. Residential Address: _____
Street City County State Zip

3. Personal Telephone: (____) _____

4. Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

5. Birthdate: ____ / ____ / ____
MM DD YYYY

6. 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 that demonstrates the applicant is at least 18 years old.**

7. Social Security Number¹: _____

¹ Disclosure of a social security number ("SSN") is voluntary. Failure to provide a SSN may delay application processing. 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. Kansas Secretary of State Business Entity ID # (Seven Digit Number): _____

10. Business Name: _____

11. Business Mailing Address: _____
Street City State Zip

12. Business Physical Address: _____
Street City State Zip

13. Business Phone: (____) _____

14. Applicant's/Business' Email Address: _____

15. Trade Name or D/B/A name: _____

16. Employer Identification Number (EIN) or Taxpayer Identification Number (TIN/SSN²):

17. United States Department of Transportation (USDOT) #: _____

18. 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 Number²: _____
MM DD YYYY

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.**

² Disclosure of a social security number ("SSN") is voluntary. Failure to provide a SSN may delay application processing. The SSN may be used to identify applicants in criminal and/or financial history investigations, and may be provided to other Kansas state agencies, as allowed by Kansas law.

19. 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.

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 19, include certified documentation indicating your current status in all other state(s).**

20. 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: _____

21. Since the date the applicant’s prior roofing registration certificate was issued, has the applicant or any designated roofing contractors working for applicant ever been convicted of a felony? If yes, indicate the nature of the offense (use addendum page, if necessary).

No Yes

Name: _____

Date(s) of Conviction: _____

Court(s): _____

Offenses: _____

22. 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 paid;

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;
- No Yes Violated any judgment or order by a court of competent jurisdiction against the roofing contractor for a violations of the provisions of the Roofing Registration Act;
- No Yes Engaged in work without a valid registration certificate as required for roofing contractors pursuant to this act or performing roofing services during any period when the roofing contractor’s registration certificate is denied, suspended, or revoked;
- No Yes Engaged in roofing services without obtaining a proper permit as may be required by any state or local authority;
- No Yes Failed to comply with any tax laws authorized by the state or any of its political subdivisions;
- 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 Yes Failed to comply with any provision of the Roofing Registration Act or any rule and regulation adopted thereunder.

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: _____

