



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 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.”

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

- 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 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.

Correspondence
(Must Be Completed)

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

Full Legal Business Name: _____

Mailing address: _____
Street City State Zip

Email: _____

Applicant/Owner information
(Must Be Completed)

1. Full Legal Name: _____
First Middle Last Suffix

2. Residential Address: _____
Street City State Zip

3. Personal Telephone: (____) _____

4. Email Address: _____

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

6. Driver's License or State ID Number: _____ Issuing State: _____

a. 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 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.

Business information
(Must Be Completed)

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. 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):

Full Legal Name: _____
First Middle Last

Residential Address _____
Street City State Zip

Personal Phone: (____) _____

Birthdate: ____ / ____ / ____
MM DD YYYY

Driver's License or State ID Number: _____ State: _____

- a. 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 Number²: _____

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):

a. 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 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;

- 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 or by affirmation 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, I declare (or verify, certify or state) under penalty of perjury 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: _____

