



CONTRACTORS LICENSE BOARD

Guahan Inetnon Manlisenaiyen Kontratista
542 N. Marine Drive Suite A, Tamuning, Guam 96913
Tel: (671) 649-9676/649-2211/649-2214 or 649-2210 (Fax)



Requirements for Corporation

Attached are the application forms required to obtain a Contractors License as a Corporation. The following information is being provided to assist you in processing your application.

****All sections of the application must be completed.**

****All Corporations must be registered with the Department of Revenue and Taxation.**

You will be required to submit the following documents, in addition to the attached application, in order for our Agency to process your license

- _____ ***A copy of Articles of Organizations as approved by the Department of Revenue and Taxation;**
- _____ ***Certificate of Corporation from Revenue and Taxation**
- _____ ***Proof of Workers Compensation Insurance**
- _____ ***Letter from Banking Intuition (Proof of Solvency) for the Corporation or President.**
- _____ ***Letter from Banking Intuition (Proof of Solvency) of the RME (Responsible Management Employee)**
- _____ ***Financial Statement / Balance Sheet (CPA) for the Corporation & the RME (Responsible Management Employee) –*Pursuant to Section 4308, title 6, Guam Code Annotated, I declare under the penalty of perjury under the Laws that the foregoing is true and correct**)**
- _____ ***Copies of passport or citizenship card for all officers from said country.**
- _____ ***Copies of current license of RME or Letter of RME's test results.**

Upon submission of the application & all required documents and clearances, our office will process the application for approval. Once your application has been approved, you will be notified on the licensing fees that are due. Application fee for Corp is \$50.00, & each RME is \$50.00 each.

If you have any question, please feel free to contact our Licensing Section.



APPLICATION FOR CONTRACTORS LICENSE AS A NEW CORPORATION



Application Fee: \$50.00 for Corporation & (EACH) RME Application Fee: \$50.00

Name of Corporation	
Mailing Address	Telephone Number (Include Fax, Cellular)
Office Location	Email Address:
Classifications:	

List all officers of the Corporation. This list must include the President, Vice President, Secretary and Treasurer. In addition, home addresses (not P.O. Boxes or General Delivery), home telephone numbers, Date of Birth, and Social Security numbers must be completed.

Name (Last, First & Middle)	Title	Home Telephone
Home Address (House No., Street, City & State)	Date of Birth	Social Security Number
Name (Last, First & Middle)	Title	Home Telephone
Home Address (House No., Street, City & State)	Date of Birth	Social Security Number
Name (Last, First & Middle)	Title	Home Telephone
Home Address (House No., Street, City & State)	Date of Birth	Social Security Number
Name (Last, First & Middle)	Title	Home Telephone
Home Address (House No., Street, City & State)	Date of Birth	Social Security Number
Name (Last, First & Middle)	Title	Home Telephone
Home Address (House No., Street, City & State)	Date of Birth	Social Security Number

The following certification must be dated and each person listed above must sign. We/I declare under penalty of perjury under the laws of the Territory of Guam that the foregoing is true and correct. (6GCA; &4308).

President

Date

Vice President

Date

Secretary

Date

Treasurer

Date

AGENCY CLEARANCE FORM

Company Name	Social Security or Employment Identification Number (EIN)
Name of Owner or RME	GRT Number:

YOU MUST OBTAIN EACH DEPARTMENT AND SECTION LISTED BELOW. IF STAMPS ARE INCOMPLETE, THE APPLICATION PROCESS MAY BE DELAYED.

DEPARTMENT OF REVENUE AND TAXATION (4 STAMPS)
BUSINESS LICENSE SECTION GRT SECTION INCOME TAX SECTION COLLECTION

DEPARTMENT OF LABOR (5 STAMPS)
OSHA ON-SITE BUREAU OF LABOR STATISTICS WAGE & HOUR WORKER'S COMPENSATION

DEPARTMENT OF LABOR (ALIEN PROCESSING & CERT. DIV. (ALPCD))

DEPT. OF LAND MANGMENT (PERMIT CENTER or ITC BLDG.) DEPT. OF PUB WORK (PERMIT CENTER) DEPT. OF PUBLIC HEALTH (ONLY FOR H-2 BARRACKS) PEALS BOARD (If you have "A" Class) (Bank of Guam/ Tumon)

ZONE CLEARANCE FOR CONTRACTORS LICENSE

(To be attached to contractor's license application)

THIS FORM MUST BE COMPLETED IN ORDER TO OBTAIN A CLEARANCE FROM THE DEPARTMENT OF LAND MANAGEMENT. IF YOU ARE LEASING, RENTING OR USING A LOCATION FOR OFFICE, BARRACKS, EQUIPMENT AND STORAGE YARD OR STORAGE OF CONSTRUCTION MATERIALS, PLEASE ATTACH ALL OF THE REQUIRED DOCUMENTS.

COMPANY NAME: _____

1. OFFICE LOCATION:

Lot No:	Block Number:
Tract No:	Municipality:

2. BARRACKS:

Number of Alien Employees: _____ **If more the five(5), where are they being housed?**

Lot No:	Block Number:
Tract No:	Municipality:

3. EQUIPMENT AND STORAGE YARD:

Do you have any heavy equipment? () Yes () No

If yes, where are they parked or stored when not in use:

Lot No:	Block Number:
Tract No:	Municipality:

4. STORAGE OF CONSTRUCTION MATERIALS:

Lot No:	Block Number:
Tract No:	Municipality:

I certify that the above information is true and correct.

Name (Print)

Name (Signature)

Date

BANK LETTERHEAD

This information is CONFIDENTIAL and furnish
as a matter of business courtesy in reply to your inquiry.
No responsibility is assumed by the BANK OF GUAM
or its officer.

DATE: _____

CONTRACTORS LICENSE BOARD

The information check below is in reply to your recent inquiry regarding

*******JOHN DOE*******

And is given in confidence without liability on the part of this bank. It is based solely on our direct
experience with the customer.

_____ Enclosed signature compares favorably.

_____ Has maintained an account since	<u>January 1, 2009</u>
_____ Year to Date	<u>\$15,000.00</u>
_____ Present Balance	<u>\$10,000.00</u>
_____ Account Number (s)	<u>Savings ACCT # 0102-111111</u>

_____ Account has been satisfactory.

_____ Credit relations have been satisfactory.

_____ Unable to locate record of credit relations

_____ Account recently opened. Not yet identified.

_____ Please give full name, address, and line of business as we have similar names.

_____ Please give the name or address of the branch where the subject is known: otherwise, we are
unable to locate this name. We shall be pleased to recheck it for you upon receipt of this specific
reference.

REMARKS: NONE

I, John Doe
Authorized the Bank of Hawaii
To release information

Thomas Morrison
Operation Officer
Agana Branch

**PROOF OF FINANCIAL SOLVENCY, (BANK LETTER OF CREDIT ATTESTING TO
SOLVENCY OR FINANCIAL STATEMENT FROM THE BANK)**

SAMPLE*

**Arianna's Painting & Decorating
FINANCIAL STATEMENT
As of June 20, 2018**

ASSETS

Current Assets:

Checking/Savings	
Cash in Bank	\$5,000.00
Cash on Hand	<u>\$ 700.00</u>

Total Current Assets: \$5,700.00

Other Assets

Tools	\$20,000.00
1980 Backhoe	<u>\$40,000.00</u>

TOTAL ASSETS **\$65,700.00**

LIABILITIES & EQUITY

Liability	\$25,000.00
GGEFCU – Auto (Rav 4)	\$20,350.00
PFCU – Auto (Tacoma)	<u>\$20,350.00</u>

Liabilities \$65,700.00

TOTAL LIABILITY & EQUITY **\$65,700.00**

****MUST STATE ON DOCUMENT:****

Pursuant to Section 4308, Title 6, Guam Code Annotated, I declare under the penalty of perjury under the Laws that the foregoing is true and correct.

Print Name

Date

Signature

Date



Office Location Map

Company Name: _____

RME Name: _____

Company License#: _____ RME License #: _____

Business/Office Address: _____

Mobile #: _____ Email Address: _____

PLEASE DRAW A MAP BELOW & SHOW LANDMARKS WITHIN THE VICINITY