



Sedgwick County...
working for you



Metropolitan Area Building and Construction Department

271 W. 3rd St. N., Wichita, KS 67202 - www.sedgwickcounty.org - TEL: 316-660-1840 - FAX: 316-660-1810

QUALIFIED PERSON OR MASTER DECLARATION PAGE

The following information/documentation **MUST** be provided prior to obtaining a license.

Pursuant to UBTC, Sec. 2.1, "Each application must list a qualified person. The qualified person or Master is considered the applicant for a license, and **must have the ability to sign contracts that legally bind the individual, partnership or corporation.** The qualified person or Master shall be: the individual, for an individual license; one of the partners, for a partnership license; an officer or active member in the corporation approved by the Board of Code Standards and Appeals, for a corporate license." **The person seeking the license as the qualified person or Master should have a letter, on corporate letterhead from the corporate office, signed and dated by the President, Managing Member or other qualified officer certifying that the person seeking the license qualifies as the qualified person or Master as specified above for the applicant.**

Please provide the following information:

1. Proof of passage of the ICC or local exam.
2. Proof of general liability insurance as specified in Section 2.1 of the UBTC
3. Proof of worker's compensation insurance as specified in Section 2.1 of the UBTC
4. Other insurance requirements specified in Section 2.1 of the UBTC
5. If a corporation or LLC, provide Certificate of Good Standing from the state of incorporation or organization. This information can be obtained from the Secretary of State where the entity was incorporated or organized.
6. If a corporation or LLC, provide the name(s) and current address of the Officer or Managing Member of the entity seeking the license.

All entities seeking a license shall provide the name(s) and current address of the individual(s) who is the responsible party under any contract for services entered into within the MABCD jurisdiction.

I (we) understand and agree to see that all construction performed under authorization of my contractor's license is performed to the minimum standards of the governing code as adopted by the MABCD jurisdiction.

Qualified Person or Master (must be owner or full time employee)	Date

Notary Public (signature)	Date