Revised 09/10/2025

Louisiana State Licensing Board for Contractors
600 North Street, Baton Rouge, LA 70802 225.765.2301
www.lslbc.gov

FINANCIAL STATEMENT

*All applicants for a contractor's license must submit a completed LSLBC Financial Statement form. No Exceptions. *

INSTRUCTIONS

- If you are applying for a license in an **individual's name**:
  - **Section A:** "Name of Applicant" would be the individual's name. CPA, Bookkeeper, or Accountant should provide your personal financial information in this section.
  - **Section B:** The individual would print and sign their name on the bottom, left of this section. The CPA, Bookkeeper, or Accountant must print & sign their name and select their Title on the bottom, right of this section.
- If you are applying for the license in a **business name** (INC, LLC, LP, etc.):
  - **Section A:** "Name of Applicant" would be the name of the business. CPA, Bookkeeper or Accountant should provide the business's financial information in this section.
  - **Section B:** An owner, officer or authorized representative of the Applicant would print and sign their name for on the bottom, left of this section. The CPA, Bookkeeper or Accountant must print & sign their name and select their Title on the bottom, right of this section.
- Applicant's **Net Worth** Minimum Amount Requirement:
  - All Residential and Commercial (except for Labor Only) Applicants - **$50,000.00**
  - All Home Improvement, Mold Remediation, and Commercial - Labor Only Applicants - **$25,000.00**
  - NOTE: If the Applicant does not satisfy the Net Worth requirement, **in addition to** the completed LSLBC Financial Statement Form, the applicant may also provide an irrevocable letter of credit, to satisfy the net worth requirement.
- The financial statement information must be current, within twelve (12) months of the date of filing the application. The Financial Statement Form shall be accurate as of the date submitted and comply with La. R.S. 37:2156.1(c).

FINANCIAL STATEMENT

A. FINANCIAL INFORMATION

Section A. MUST be completed by a CPA, Bookkeeper or Accountant.

Name of Applicant:	
Date prepared on:	

Total Assets:	**$**
Total Liabilities:	**$**
NET WORTH:	**$**

B. CERTIFICATION OF INFORMATION

The undersigned applicant and preparer declare to the best of their knowledge that the information provided in this financial statement affidavit of assets, liabilities and other information is true, correct and complete under penalties of perjury.

Print Name

Signature

Date Signed

Print Name of Preparer

Signature of Preparer

Title of Preparer – ***Select one of the following:***

- ☐ Certified Public Accountant
- ☐ Accountant
- ☐ Bookkeeper