AMENDMENT REQUEST APPLICATION

INSTRUCTIONS

(Only ONE Classification per Amendment Request)

The following criteria must be met for review to amend your license classification.

- 1. The applicant must be currently licensed and in good standing (no open violations on record) with the Board.
- 2. List a minimum of three (3) commercial/industrial projects successfully completed by the applicant in prior years (with their own forces) specifically in the classification requested. If you wish to add multiple classifications to your license, please submit an Amendment Request Form for **EACH** classification requested.
- 3. Submit three (3) work/job reference forms (pages 4 6) from any combination of the following:

Licensed General Contractor Registered Architect Registered Professional Engineer Qualified Person as Determined by the Board

The work/job reference forms must verify work experience for each job listed. The forms shall include:

Date and location of project
Type of work performed
Entity for Whom Work Was Performed
Amount of contract

This is not a character reference

- 4. The applicant must have a sufficient bid limit and equipment holdings to successfully complete contracts under the requested classification.
- 5. EXAMINATION:
- a) Applicant must successfully pass \underline{all} examination(s) for classification(s) requested.
- b) Additional work/job reference forms will be required where there is no technical written examination. References submitted with the initial amendment request cannot be used.
- c) Certification Cards from other Alabama licensing agencies may be required.

A specialty classification under the requested major classification may be approved when an applicant is unable to meet all review criteria. This provides the applicant the ability to successfully complete and document projects for further consideration and Board review.

AMENDMENT REQUESTS MUST BE SUBMITTED NO LESS THAN 10 DAYS PRIOR TO A BOARD MEETING

(http://genconbd.alabama.gov/Deadlines.aspx)

Submit the Amendment Request Application along with the Qualifying Party Form to the following address:

Alabama Licensing Board for General Contractors, 445 Dexter Ave, Suite 3060, Montgomery, AL 36104

Page 1 of 6 Revised 02/2022

CLASSIFICATION AMENDMENT REQUEST

Telephone: 334-272-5030 www.genconbd.alabama.gov Fax: 334-395-5336

- **NOTES: 1.** Three work/job reference forms, from a <u>Registered Architect</u>, <u>Registered Professional Engineer</u>, <u>Other Licensed General Contractor</u>, or <u>Qualified Person as Determined by the Board</u>, verifying work experience for each job listed below, must be attached for the "type" of classification requested.
 - **2.** a) Applicant must successfully pass <u>all</u> examination(s) for classification(s) requested.
 - b) Additional reference forms will be required where there is no technical written examination. References submitted with the initial amendment request cannot be used.

		anization has complete than entity listed abov Owner		you are requesting. Please (*) For What Company
gained under a	company other	than entity listed abov	ed in the classification ye.	
gained under a	company other	than entity listed abov	re.	
gained under a	company other	than entity listed abov	re.	
gained under a	company other	than entity listed abov	re.	
	Year	Owner	Contract	(*) For What Company
			Amount	() For what company
ts that the for	egoing statement 	s are true to the best o	f their knowledge, infor 	mation, and belief.
t Name		Siona	ture	Title
	ts that the for			ts that the foregoing statements are true to the best of their knowledge, infor

QUALIFYING PARTY FORM



www.genconbd.alabama.gov

TIFFANY LOVELESS EXECUTIVE DIRECTOR

445 DEXTER AVE, SUITE 3060 MONTGOMERY, AL 36104 TELEPHONE NO: 334-272-5030 FAX NO: 334-395-5336

Amendment Request applicants may be required to take <u>Trade Examination(s)</u> as determined by the Board.

Examinations are administered by PSI (Psychological Services Inc). This completed form must accompany your Amendment Request.

Should you have any questions, please feel free to contact our office at (334) 272-5030.

Companies <u>may</u> have multiple qualifiers. If your company has multiple qualifiers, please submit a qualifying party form for **EACH** qualifier. The same email address <u>cannot</u> be used for multiple qualifiers.

Company Name:
Company Address:
Company Phone No:
City:
State:
Zip:
Qualifiers Last Name:
First Name:
Middle Initial:
Social Security #:
Email:

(if qualifier does not have email address – use company email address)

Page 3 of 6 Revised 02/2022

445 DEXTER AVE, SUITE 3060, MONTGOMERY, AL 36104 **P:** 334-272-5030 **F:** 334-395-5336

lame of Company Making Ap applicant Contact Name applicant Address	plication				
THE VERIFYING PERSON/ENTITY: THE ABOVE IS SUBMITTING AN AMENDMENT TO AMEND THEIR LICENSE IN THE STATE OF ALABAMA. THE FORMATION REQUESTED IS INTENDED ONLY FOR THE USE OF OFFICIALS OF THE ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS. PLEASE COMPLETE AT LEAST ONE LINE ON THE FOLLOWING WORK VERIFICATION TABLE BASED UPON YOUR PERSONAL KNOWLEDGE (COMPLETED CONTRACTS UNDER YOUR PERSONAL SUPERVISION OR FOR YOU PERSONALLY)					
Entity for Whom Work Was Performed	Amount Of Contract	Work Performed (Type of Construction)	Date Work Completed	Location of Project	
1.					
2.					
3.					
4.					
WAS PERFORMANCE OF THE ABOVE TERMS OF THE CONTRACT(S)? IMENT:	REFERENCED CONSTRUCTION	ON SATISFACTORY AND IN ACCORDA	ANCE WITH THE YES	□ оо □	
INSOFAR AS YOU KNOW, HAS THE C	ONTRACTOR EVER FAILED TO	O QUALIFY AS A RESPONSIBLE BIDD	ER? YES	№ □	
WHAT IS YOUR BUSINESS OPINION O	OF THE ABOVE?		GOOD ☐ FAIR ☐	POOR 🗖	
PLEASE PROVIDE THE ROLE THE APP	LICANT PLAYED IN THE ABO	VE REFERENCED PROJECT(S):			
PERSO NOTE: THE FOREGOING IS MY BEST OF	PINION, AND GIVEN AS SUCH	NG WORK/JOB REFERENCE I, AS A MATTER OF COURTESY AND F ITER, THIS FIRM OR ANY OF ITS OFFI	OR WHICH NO RESPONSIBIL	ITY, IN ANY WAY, IS	
Date	Signature		License/Registration Number (if applicable)		
Contact Number	Printed Name		Company Name (if applicable)		

Page 4 of 6 Revised 02/2022

Email Address

Address

445 DEXTER AVE, SUITE 3060, MONTGOMERY, AL 36104 **P:** 334-272-5030 **F:** 334-395-5336

Name of Company Making Ap Applicant Contact Name Applicant Address	plication 				
O THE VERIFYING PERSON/ENTITY: THE ABOVE IS SUBMITTING AN AMENDMENT TO AMEND THEIR LICENSE IN THE STATE OF ALABAMA. THE IFORMATION REQUESTED IS INTENDED ONLY FOR THE USE OF OFFICIALS OF THE ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS. PLEASE COMPLETE AT LEAST ONE LINE ON THE FOLLOWING WORK VERIFICATION TABLE BASED UPON YOUR PERSONAL KNOWLEDGE (COMPLETED CONTRACTS UNDER YOUR PERSONAL SUPERVISION OR FOR YOU PERSONALLY)					
Entity for Whom Work Was Performed	Amount Of Contract	Work Performed (Type of Construction)	Date Work Completed	Location of Project	
1.					
2.					
3.					
4. WAS PERFORMANCE OF THE ABOVE TERMS OF THE CONTRACT(S)?	REFERENCED CONSTRUCTION	ON SATISFACTORY AND IN ACCORE	DANCE WITH THE YES	□ NO □	
INSOFAR AS YOU KNOW, HAS THE C	ONTRACTOR EVER FAILED T	O QUALIFY AS A RESPONSIBLE BID	DER? YES	№ □	
WHAT IS YOUR BUSINESS OPINION O	OF THE ABOVE?		GOOD ☐ FAIR ☐	POOR	
PLEASE PROVIDE THE ROLE THE APP MMENT	LICANT PLAYED IN THE ABO	VE REFERENCED PROJECT(S):			
PERSO NOTE: THE FOREGOING IS MY BEST OF	PINION, AND GIVEN AS SUCH	ING WORK/JOB REFERENC H, AS A MATTER OF COURTESY AND RITER, THIS FIRM OR ANY OF ITS OFF	FOR WHICH NO RESPONSIBIL	LITY, IN ANY WAY, IS	
Date	Signature		icense/Registration Number (if applicable)	State of Issuance (if applicable)	
Contact Number	Printed Name		Company Name (if applicable)		

Page 5 of 6 Revised 02/2022

Email Address

Address

445 DEXTER AVE, SUITE 3060, MONTGOMERY, AL 36104 **P:** 334-272-5030 **F:** 334-395-5336

lame of Company Making Ap applicant Contact Name applicant Address	plication				
THE VERIFYING PERSON/ENTITY: THE ABOVE IS SUBMITTING AN AMENDMENT TO AMEND THEIR LICENSE IN THE STATE OF ALABAMA. THE FORMATION REQUESTED IS INTENDED ONLY FOR THE USE OF OFFICIALS OF THE ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS. PLEASE COMPLETE AT LEAST ONE LINE ON THE FOLLOWING WORK VERIFICATION TABLE BASED UPON YOUR PERSONAL KNOWLEDGE (COMPLETED CONTRACTS UNDER YOUR PERSONAL SUPERVISION OR FOR YOU PERSONALLY)					
Entity for Whom Work Was Performed	Amount Of Contract	Work Performed (Type of Construction)	Date Work Completed	Location of Project	
1.					
2.					
3.					
4.					
WAS PERFORMANCE OF THE ABOVE TERMS OF THE CONTRACT(S)? IMENT: INSOFAR AS YOU KNOW, HAS THE CO			YES	D NO D	
WHAT IS YOUR BUSINESS OPINION O		•	GOOD FAIR	POOR	
PLEASE PROVIDE THE ROLE THE APP	LICANT PLAYED IN THE ABO	VE REFERENCED PROJECT(S):			
PERSO NOTE: THE FOREGOING IS MY BEST OF	PINION, AND GIVEN AS SUCH	NG WORK/JOB REFERENCE I, AS A MATTER OF COURTESY AND F ITER, THIS FIRM OR ANY OF ITS OFFICE	OR WHICH NO RESPONSIBIL	ITY, IN ANY WAY, IS	
Date	Signature		License/Registration Number (if applicable)		
Contact Number	Printed Name		Company Name (if applicable)		

Page 6 of 6 Revised 02/2022

Email Address

Address