

ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS

JOSEPH C. ROGERS, JR.
EXECUTIVE SECRETARY

2525 FAIRLANE DRIVE
MONTGOMERY, ALABAMA 36116

TELEPHONE NO. 334-272-5030
FAX NO. 334-395-5336

Application Forms may be downloaded @ WWW.GENCONBD.ALABAMA.GOV

APPLICANTS INSTRUCTIONS AND INFORMATION

Please note the following requirements, concerning Application preparation and submission:

A cashiers check, certified check or money order in the amount of \$300 (non-refundable) made payable to the Alabama Licensing Board for General Contractors must accompany this application. **Personal or company checks will be returned and will delay the application process.*

1. Application must be received at least **thirty (30) days prior to regular board meeting dates.** Check our website @ www.genconbd.alabama.gov. Changes in meeting dates and/or special called meetings will also be posted on the Board's website. ([Deadlines](#))
2. Please type or print plainly in ink. All questions must be answered and schedules completed. Additional information, including supplementary or explanatory notes considered necessary, may be furnished by inserting where needed.
3. Complete name, address, phone number and contact person for each reference must be listed. Fax numbers for references will be used when provided. It is the applicant's responsibility to ensure that all required information is submitted (230-X--1.33 [Applicant's Burden To Supply All Information](#)) When selecting references to include on their application, applicants should consider only those references who are able to verify the work experience and classification type(s) that the applicant has listed on page 12 of their [Confidential Financial Statements, Equipment Questionnaire and Experience Statement](#).

ALL REFERENCES MUST BE RECEIVED NO LATER THAN TWO WEEKS BEFORE THE BOARD MEETING, IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED BY THE BOARD. ([Deadlines](#))

4. Be sure that all signatures are affixed and notarized where indicated.
5. The Board's [Confidential Financial Statements, Equipment Questionnaire and Experience Statement](#) booklet must be completed by an independent CPA or licensed public accountant with **current financial information** (less than one year old). The booklet is separate from the following application form. CPA's may download from the Board's Website, or obtain the booklet from the Board's office. **No other form(s) of financial statements are accepted.** Prior to applying each applicant should discuss the Board's \$10,000 minimum net worth and working capital requirement with their CPA. Applicant's not meeting this requirement will not qualify for a bid limit.
6. **Work Experience** - items 4a and 4b on page 12 of the [Confidential Financial Statements, Equipment Questionnaire and Experience Statement](#) booklet must be completed by the **applicant**. The work experience section is very important to your application. The Board will review this information to determine your level of experience in each classification type requested (see applicant's work sheet to determine Classification(s) requested). **Also include a resume of Principal Individuals in your organization on item 3, page 12.**
7. Liability Insurance - Proof of liability insurance must be submitted with application
8. All corporations or a corporation domiciled outside the state of Alabama is required by the office of the Secretary of State to qualify to do business in Alabama. The Certificate provided by the Secretary of State must be filed with this application.
9. The [Bank Authorization Statement](#) included in the application must be signed and submitted with the application. This form authorizes the applicant's bank to provide the board with verification of assets listed by your CPA on schedule 1 of the balance sheet.

9. The Qualifying Party Form – included in the application must be submitted with the application, complete with qualifiers information, Tax Id #'s may not be substituted for social security #'s. You may photo copy the form if needed.
10. Complete application must be on file in our office before anyone can register for examination.

EXAMINATIONS: All applicants are required to obtain a passing score on:

Business and Project Management and Skill Test Examination on the classification in which they are applying.

The administrator of the exam will be Psychological Services Inc. (PSI). You can reach PSI online @ www.psiexams.com
Or 1-800-733-9267

NOTE: License as a general contractor does not exempt you or your firm from other laws, Boards or Commissions (i.e., Homebuilders, Plumbers/Gas Fitters, Electrical, or Heating & Air Licensing Boards), Alabama Department of Environmental Management, Department of Agriculture, State Industrial Relations Department, etc. The privilege license required by the State/County is separate from the Board's license to contract as a general contractor.

Reciprocity: If you have had a license for three (3) consecutive years with any of the following Boards, you may qualify for reciprocity from this Board: Arkansas, Louisiana, Mississippi or Tennessee General Contractors Board, North Carolina State Board of Electrical Contractors. Application must be on file for 30 days before receiving license through reciprocity agreement

The General Contractor Licensing Law - Chapter 8 of Title 34 and the Board's Rules and Regulations may be downloaded from our website **WWW.GENCONBD.ALABAMA.GOV** or obtained from the Board's administrative office in Montgomery.

REFERENCES WILL SERVE AS A MEANS FOR THE BOARD TO VALIDATE THE WORK EXPERIENCE YOU HAVE PROVIDED ON PAGE 12 OF THE *CONFIDENTIAL FINANCIAL STATEMENT, WORK EXPERIENCE & EQUIPMENT QUESTIONNAIRE* BOOKLET. Please identify below reference contacts for each reference requirement. Address, Phone and Fax information must be provided for each.

You may use two (2) Architect/Engineer or two (2) General Contractors in lieu of one of each

ARCHITECT/ENGINEER For Whom You Have Completed Work	Name		Contact Person	
	Address		City	State Zip
	Phone No.	Fax No.	Email Address (optional)	
If you need to list <u>another</u> Architect or Engineer use this space	Name		Contact Person	
	Address		City	State Zip
	Phone No.	Fax No.	Email Address (optional)	
BANK	Name		Contact Person	
	Address		City	State Zip
	Phone No.	Fax No.	Email Address (optional)	
GENERAL CONTRACTOR	Name		Contact Person	
	Address		City	State Zip
	Phone No.	Fax No.	Email Address (optional)	
If you need to list <u>another</u> General Contractor use this space	Name		Contact Person	
	Address		City	State Zip
	Phone No.	Fax No.	Email Address (optional)	
Material Supply Dealer	Name		Contact Person	
	Address		City	State Zip
	Phone No.	Fax No.	Email Address (optional)	

Are there any liens for labor or materials filed on any of your work anywhere? **YES**____ **NO**____
If so, statement of particulars **MUST** be attached.

Have you ever defaulted on a contract? **YES**____ **NO**____
If so, statement of particulars **MUST** be attached.

If you furnish bonds, give the names and addresses of your sureties:

IF AN INDIVIDUAL - State your contracting experience, giving number of years:

As a **contractor**: _____ Where: _____ When: _____

As a **superintendent**: For Whom: _____ Where: _____ When: _____

As an **engineer**: _____ Where: _____ When: _____

Other: _____ Explain: _____

Have you attended any scientific, professional or technical school? If so, give name of school, years attended and whether or not you graduated.

Have you ever compromised with any of your creditors, become bankrupt, or in any way become discharged from your debts otherwise than by payment in full? YES _____ NO _____ If so, state full details in confidential letter and attach.

IF A PARTNERSHIP: (list each Co-Partner's name, age, and address below) DATE FORMED: _____

Is Partnership **General** ___ or **Limited** ___ If Limited, explain fully: _____

Are any members engaged in any other line of business? **YES** ___ **NO** ___ If so, give particulars. (attach details) State the technical training of each partner

State the contracting experience of each partner, giving the number of years

As a **contractor**: ___ yrs. Where: _____ For Whom: _____

As a **superintendent**: ___ yrs. For Whom: _____ Where: _____

As an **engineer**: ___ yrs. Where: _____

Other: ___ yrs. Explain: _____

Has the **firm**, or any **member** thereof, ever compromised with its or his creditors, become bankrupt, or in any way become discharged from his debts other than by payment thereof in full? **YES** ___ **NO** ___ If so, full details must be stated in confidential letter and attached.

CORPORATE INFORMATION: State of Incorporation _____, County _____, Date of Incorporation _____

OFFICERS

ADDRESS

President

Vice-President

Secretary

Treasurer

Major Stock Holder's _____ / _____ % _____ / _____ % _____ / _____ %

Has the Corporation, any of its officers, or any corporation, firm /individual of which this corporation is a successor ever compromised with creditors, become bankrupt, or in any way become discharged from debt other than by payment in full?

YES _____ NO _____ If yes, attach details in confidential letter.

Has the **corporation**, any of its **officers**, or any **corporation, firm or individual** of which this corporation is a successor, ever compromised with creditors, become bankrupt, or in any way become discharged from debts other than by payment in full.
YES _____ **NO** _____ If YES, give details in full confidential letter attached.

List **each surety company** that has paid a loss on: You as an **Individual**___ Any **firm member** __ Any **Corporate Officer** __ and provide full particulars including amount (\$) and Name/Address of Banks in an attached statement.

Does applicant have an established (bank) **line of credit**: **YES** ___ **NO** ___ If so, indicate **amount** \$ _____

Name of Bank _____ **Address** _____

Are applicant's financial statements audited by a certified public accountant or a public accountant? **YES** ___ **NO** ___

Name of Accountant _____ **Date of last Audit, Review or Compilation** _____

Provide the name(s) of any **Individual, Responsible Managing Employee, Officer**, or Member of the **Executive Staff** of your Organization who has plead guilty or been convicted of any charges relating to bid rigging. Full details **must** be attached in a confidential letter to the Board.

Act No. 91-473, Acts of Alabama (1991), requires the collection of \$100 fee to “ be distributed by the State Licensing Board for General Contractors at the end of each licensing period to all accredited public institutions of higher education of American Council for Construction Education accredited courses in building science and to all accredited public institutions of higher education offering courses in building science who are in the candidate status of the American Council for Construction Education and to institutions of higher education offering courses leading to a Bachelor of Civil Engineering degree which offers courses in highway engineering and construction of the undergraduate and graduate levels whose civil engineering program is accredited by the Engineering Accreditation Commission of the Accreditation Board for Engineering and Technology (ABET)”.

PLEASE SELECT (X) ONE OF THE FOLLOWING TO INDICATE THE PROGRAM YOU WISH YOUR \$100 FEE TO SUPPORT:

_____ **Building Science (general construction)** _____ **Civil Engineering (highway eng and/or construction)**

The Undersigned hereby represent(s) that the foregoing statements and answers to interrogatories are true to the best of his knowledge, information and belief.

_____ **Date** _____ **Signature** _____ **Social Security No. of Signer** _____

AFFIDAVIT

STATE OF _____ CITY OF _____ COUNTY OF _____

Subscribed and sworn to before me, the undersigned Notary Public, in and for the State and City or County aforesaid this _____ day of _____ in the year _____ .

My commission expires: _____

Notary Public

BANK AUTHORIZATION TO RELEASE APPLICANT INFORMATION

ACCOUNT NO(s): _____ RE: _____

(Name of Applicant for License)

(Street Address or P.O. Box)

(City State Zip)

DATE: _____ TO: _____

(NAME OF BANK)

(STREE ADDRESS OR P.O. BOX)

(CITY) (STATE) (ZIP)
CONTACT PERSON: _____
PHONE: _____ FAX: _____

GENTLEMEN:

This will authorize the above referenced bank to furnish the State of Alabama Licensing Board for General Contractors any information relative to my account with your bank, and/or credit experience with me or my firm. Your furnishing this information to this Board will expedite their action on my application for license.

Sincerely,

(signature)

(name of firm)

STATE LICENSING BOARD FOR GENERAL CONTRACTORS

QUALIFYING PARTY FORM



www.genconbd.alabama.gov

JOSEPH C. ROGERS, JR.
EXECUTIVE SECRETARY

2525 FAIRLANE DRIVE
MONTGOMERY, AL 36116

TELEPHONE NO. 334-272-5030
FAX NO. 334-395-5336

TO: APPLICANTS FOR GENERAL CONTRACTORS LICENSE

FROM: CHRISTY EASTERLING-EXAM COORDINATOR

All applicants are required to take the **Business and Project Management for Contractors Examination and Skill Test Examination**

Examinations are administered by PSI (Psychological Services Inc). The Board has pre-qualified your application for license and now needs the following information to submit to PSI for your examination registration:

Should you have any questions, please feel free to contact me at (334)272-5030 ext.232

This form may be returned with your application or you can fax it to me at (334) 395-5336.

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)

ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS

2525 Fairlane Drive, Montgomery, Alabama 36116

(334) 272-5030 – Phone (334) 395-5336 – Fax

www.genconbd.state.al.us

OUT OF STATE LICENSE VERIFICATION

Applicant Name _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Instruction To Applicant For Verification

Insert your name and address, and complete the top portion of this request. Send the form to the appropriate state. The verifying state will mail the completed verification to us at the above address.

**** THIS ONLY APPLIES IF YOU HAVE BEEN LICENSED FOR 3 CONSECUTIVE YEARS IN: ****
Mississippi, Tennessee, Louisiana, Arkansas or (North Carolina -electrical board only)

I am/have been licensed in the State of _____ issued under the company name of _____

I authorize you to release to the Alabama Licensing Board for General Contractors all information pertaining to license number. _____

Print Name of Applicant

Signature of Applicant

TO VERIFYING STATE: Please furnish the information requested. Sign and verify the information. Return the completed form to the Alabama Licensing Board for General Contractors by mail.

Company Name: _____

Business Type: Individual Partnership Corporation LLC LLP Joint Venture Other _____

Type of License (classification): _____

License Number: _____ Date License Issued: _____ Expiration Date: _____

Has the above applicant received disciplinary action? Yes _____ No _____ Explain _____

_____ Current status of license _____

Licensed by: Waiver of Exam (basis of waiver) _____

Endorsement from the State of _____

Examination: Name of Qualifier _____

Type of Exam(s) _____ Exam Score _____

Signature

Title

Date

Agency Name

State