

2020 SUBCONTRACTORS LICENSE RENEWAL

BE ADVISED:

Renewals received more than **45 days prior** to the expiration of the current license may be returned.

MONEY ORDERS OR CASHIER'S CHECKS ONLY
PERSONAL and COMPANY CHECKS WILL BE RETURNED

****All renewal packages received without correct funds will be returned****

- This office should be notified immediately of any change of mailing address or any other pertinent information.
- All written correspondence from this office will be mailed to the last known mailing address on file.
- We are not responsible for lost or undeliverable mail.
- If you fail to renew your license within a year of your expiration date you may be required to submit a new application.

RENEWAL OF YOUR SUBCONTRACTORS LICENSE DOES NOT EXEMPT YOU OR YOUR COMPANY FROM ANY OTHER LAWS, BOARDS OR COMMISSIONS.

2020 SUBCONTRACTORS LICENSE RENEWAL CHECKLIST

PLEASE PROVIDE THE FOLLOWING:

- Current Print Screen** from the **Alabama Secretary of State's Office**
(<https://sos.alabama.gov/government-records/business-entity-records>).
for corporations, LP, LLP and LLC entities only. (Not applicable to individuals and general partnerships)

- Alabama Certification Card(s)** – If Applicable from the appropriate **Alabama State Board**:

i.e. E: Electrical – an electrical card; M: Mechanical – must have a plumbers and heating and air card.

The following is a sample listing of certificates needed:

Heating, Air Conditioning, & Refrigeration; Plumbers & Gasfitters; Electrical; Onsite Wastewater; Dept. of Agriculture; Dept. of Environmental Management; Dept. of Labor; Dept. of Insurance Fire Marshal's Office.

***Plumber's Card must be a Master Plumber. Electrical cards must be an Electrical Contractor or Master Electrician.
No Local cards/certificates accepted**

- Renewal Form** (attached) - Type or clearly print company information.

(A) Please list your company's current information including your license number and contact information.

(B) Be sure to answer all questions and follow the instructions listed within the renewal packet.

Citizenship – Alabama law requires citizenship verification. Please mark the appropriate designation, sign, and submit an acceptable item as proof of citizenship (acceptable items are listed on page 3).

(C) Place an "X" in the blank provided for the Education Program you wish to support.

****No additional fees required****

(D) Print Name, check your Company's Status, Date, Sign and Notarize. - **Original Signatures ONLY**

(E) Complete the supplemental information requested on page 6 of the renewal packet concerning the type, style, and ownership of the entity. Date and state of formation/organization must match the information listed with the Alabama Secretary of State.

****Submission of an incomplete renewal form will delay the renewal of your license****

- Renewal Fee** – Please submit a \$100 money order or cashier's check. This fee is non-refundable and non-transferable.

****Payable to the Alabama Licensing Board for General Contractors****

- Please review this checklist, complete all required forms and submit prior to your expiration date.

****Submission of an incomplete renewal form or incorrect payment will delay the renewal of your license****

****RENEWAL INFORMATION SUBMITTED NINETY DAYS AFTER YOUR EXPIRATION DATE
WILL BE ASSESSED A LATE PENALTY****

If you have any questions, please call the Board's office at 334-272-5030.

SUGGESTION: FOR IMMEDIATE CONFIRMATION OF DELIVERY OF YOUR RENEWAL PACKAGE, PLEASE REQUEST A SIGNATURE UPON RECEIPT.

PROOF OF CITIZENSHIP
Code of Alabama 1975, Section 31-13-29(g)
From Act 2012-491

- 1) A driver's license or nondriver's identification card issued by the Alabama Department of Public Safety or the equivalent governmental agency of another state within the United States, provided that the governmental agency of another state within the United States requires proof of lawful presence in the United States as a condition of issuance of the driver's license or nondriver's identification card.
- 2) A birth certificate indicating birth in the United States or one of its territories.
- 3) Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United States passport.
- 4) United States naturalization documents or the number of the certificate of naturalization.
- 5) Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended.
- 6) Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
- 7) A consular report of birth abroad of a citizen of the United States of America.
- 8) A certificate of citizenship issued by the United States Citizenship and Immigration Services.
- 9) A certification of report of birth issued by the United States Department of State.
- 10) An American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
- 11) Final adoption decree showing the person's name and United States birthplace.
- 12) An official United States military record of service showing the applicant's place of birth in the United States.
- 13) An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States.
- 14) AL-verify.
- 15) A valid Uniformed Services Privileges and Identification Card.
- 16) Any other form of identification that the Alabama Department of Revenue authorizes, through an administrative rule promulgated pursuant to the Alabama Administrative Procedure Act, to be used to demonstrate or confirm a person's United States citizenship or lawful presence in the United States, provided that the identification requires proof of lawful presence in the United States as a condition of issuance.

PROOF LAWFUL PRESENCE OF NON-CITIZEN
Code of Alabama 1975, Section 31-13-3(10)

- a) A valid, unexpired Alabama driver's license.
- b) A valid, unexpired Alabama nondriver identification card.
- c) A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
- d) Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, including a valid Uniformed Services Privileges and Identification Card if issued by an entity that requires proof of lawful presence in the United States before issuance.
- e) A foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States.
- f) A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United States Department of Homeland Security indicating the bearer's admission to the United States.



2020 SUBCONTRACTORS RENEWAL FORM

ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS
2525 Fairlane Dr. (Executive Park) Montgomery, Alabama 36116 (mailing & overnight)
PH (334) 272-5030 FAX (334) 395-5336 WEB: www.genconbd.alabama.gov

\$100 MONEY ORDER OR CASHIER'S CHECK ONLY.
PERSONAL & COMPANY CHECKS WILL BE RETURNED
*****All renewal packages received without the correct funds will be returned.*****

(A)

COMPANY NAME _____ LICENSE NO. _____

FICTITIOUS NAME (per the Alabama Secretary of State) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE () _____ FAX () _____

CONTACT NAME _____ CONTACT NUMBER _____

E-MAIL: _____

(B)

1. Have any changes occurred in the style, name, ownership, composition or nature of your business?
(if "yes" attach explanation) yes: _____ no: _____
CHANGES MAY REQUIRE SUBMISSION OF A NEW APPLICATION
*******CONTACT THE BOARD'S OFFICE*******
2. Has an individual, manager, officer, or member of the executive staff of your organization been convicted or pled guilty to any bid rigging related charge, not previously reported to this board? yes: _____ no: _____
3. Is the licensee certified as a Minority Business Enterprise (MBE), Women's Business Enterprise (WBE), or a Disadvantaged Business Enterprise (DBE)? yes: _____ no: _____

CITIZENSHIP VERIFICATION

Are you a US Citizen? yes: _____ no: _____ If "yes" please read the declaration below and sign.

If "no", see the question below.

I hereby declare that I am a citizen of the United States of America and, I sign this declaration under penalties of perjury; making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 13A-10-102. I hereby declare that all information submitted is complete, true and correct in accordance with the Code of Alabama 1975 § 34-8-1 et seq.

Provide proof by submitting one, unexpired, item listed on page 3 of the renewal form instructions.

| | | |
|---|-----------|------|
| Printed Name | Signature | Date |
| Declaration must be signed by the individual if the applicant is an individual, by the duly authorized officer if a corporation, by an authorized member if a LLC or by a general partner if a partnership. | | |

OR

If you are not a citizen of the United States, are you an alien who is lawfully present in the United States of America?
yes: _____ no: _____ If "yes", please read the declaration below and sign.

I hereby declare that I am an alien lawfully present in the United States of America. I sign this declaration under penalties of perjury; making a false, fictitious or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 13A-10-102.

Provide proof by submitting one, unexpired, item listed on page 3 of the renewal form instructions.

| | | |
|---|-----------|------|
| Printed Name | Signature | Date |
| Declaration must be signed by the individual if the applicant is an individual, by the duly authorized officer if a corporation, by an authorized member if a LLC or by a general partner if a partnership. | | |

(C) Subsection 34-8-28 Of The Title 34, Code Of Alabama, 1975 Provides For A Portion Of Your Renewal Fee To Be Distributed By This Board To Institutions Of Higher Education. Please Indicate The Education Program You Wish To Support With Your Renewal Fee:

Building Science: _____ Civil Engineering: _____

NO ADDITIONAL FEE REQUIRED

(D) THE UNDERSIGNED REPRESENTS THAT THESE ANSWERS ARE CORRECT TO THE BEST OF THEIR KNOWLEDGE.

****Original Signatures are Required****

Printed Name of Signee: _____ FEIN# or SS#: _____

Printed Name and FEIN or Social Security Number

Signature: _____ DATE _____

CHECK COMPANY STATUS AND SIGN SOLE PROPRIETOR PARTNER LL MEMBER OFFICER OF CORPORATION

State of _____ City of _____ County of _____

Subscribed and sworn to before me, the undersigned Notary Public, in and for the State and City and County aforesaid this

_____ day of _____ in the year _____ My commission expires _____

Notary Public (signature): _____

NOTARY SEAL

INFORMATION SUBMITTED NINETY DAYS AFTER EXPIRATION REQUIRES A PENALTY FEE

| |
|----------------------------|
| For Office Use Only |
| Check Number: _____ |
| Entered By: _____ |
| Date: _____ |

(E)

SUPPLEMENTAL INFORMATION

- 1. How many years has your organization been in business as a contractor under your present business name? _____
- 2. How many years of experience in construction work has your organization had:
 - (a) As a Sub-Contractor _____

CORPORATION

Date Incorporated _____

State Incorporated _____

| Officer | Name | Shares Owned | % | Address |
|-------------|------|--------------|-------|---------|
| President | | | 0.00% | |
| V-President | | | | |
| Secretary | | | | |
| Treasury | | | | |

| | Stockholders | % Owned | | Stockholders | % Owned |
|----|--------------|---------|----|--------------|---------|
| 1. | _____ | _____ | 3. | _____ | _____ |
| 2. | _____ | _____ | 4. | _____ | _____ |

*Must Equal 100%

PARTNERSHIP/LLC/LLP

Date Organized/Formed _____

Entity Type _____

State Organized/Formed _____

| | Partner / Member | % Owned | | Partner / Member | % Owned |
|----|------------------|---------|----|------------------|---------|
| 1. | _____ | _____ | 3. | _____ | _____ |
| 2. | _____ | _____ | 4. | _____ | _____ |

*Must Equal 100%

PARENT, SUBSIDIARY AND AFFILIATED COMPANIES

| NAME AND ADDRESS | EXPLAIN DETAILS OF YOUR AFFILIATION |
|------------------|-------------------------------------|
| | |
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