

AMENDMENT REQUEST APPLICATION

INSTRUCTIONS

(Only ONE Classification per Amendment Request)

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

1. The applicant must be currently licensed and in good standing (no violations on record) with the board.
2. List a minimum of three (3) commercial projects successfully completed by the applicant in prior years (with his or her 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. Three reference letters from any of the following:
 - Registered Architect**
 - Registered Professional Engineer**
 - Other Licensed General Contractor**
 - Owner**

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

- Date and location of project**
- Type of work performed**
- Name of project**
- Amount contractor was paid**

Letters should be on the referring company's letterhead. Letters must be dated and signed.

*****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 all examination(s) for classification(s) requested.**
 - b) **Additional letters of reference will be required where there is no technical written examination.**
 - c) **Certification Cards from other Alabama licensing agencies may be accepted in lieu of written examination(s).**

A specialty classification under the requested major classification would normally 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.

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

Alabama Licensing Board for General Contractors, 2525 Fairlane Drive, Montgomery, AL 36116

ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS

CLASSIFICATION AMENDMENT REQUEST

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

- NOTES: 1.** **Three** letters of reference, from a Registered Architect, Registered Professional Engineer, Other Licensed General Contractor or Owner verifying work experience for each job listed below, must be attached for the “type” of classification requested. Resumes may be attached. This form may be copied if additional space is needed.
- 2.**
- a) Applicant must successfully pass all examination(s) for classification(s) requested.
 - b) Additional letters of reference will be required where there is no technical written examination.
 - c) Certification Cards from other Alabama licensing agencies may be accepted in lieu of written examination(s).

Name:	Alabama License No.:
Address:	Bid Limit:
Current License Classification:	
Requested Amendment:	

List below a minimum of **THREE** projects your organization has completed in the classification area you are requesting. Please indicate (*) projects where experience was gained other than through your own organization.

Classification of Work Performed	Location (City, State)	Year	Owner	Contract Amount	(*) For What Company

The Undersigned hereby represents that the foregoing statements are true to the best of his/her knowledge, information, and belief.

Date	Print Name	Signature	Title

ALABAMA 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

Amendment Request applicants may be required to take the *Trade Examination(s)*.

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 may have multiple qualifiers. If your company has multiple qualifiers, please submit a qualifying party form for **EACH** qualifier.

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)