

ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS

TIFFANY LOVELESS
EXECUTIVE DIRECTOR

2525 FAIRLANE DRIVE
MONTGOMERY, ALABAMA 36116

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

PRIME APPLICATION INSTRUCTIONS AND INFORMATION

A cashier's check or money order in the amount of \$300 (**non-refundable, non-transferable**) made payable to the Alabama Licensing Board for General Contractors **must** accompany this application.

Personal or company checks will be returned.

1. **Submission and Review** – Application and fee must be received at least **thirty (30) days prior to a regularly scheduled board meeting**. Board dates are available on the Board's website: <http://genconbd.alabama.gov/Deadlines.aspx>. Changes to meeting dates as well as special or called meetings will be posted on the Board's website.
2. **Completion of Application** – Please type or print clearly in ink. All questions must be answered by applicant and appropriate financials submitted (See #7 of these instructions). Additional information, including supplementary or explanatory notes considered necessary, may be furnished by inserting where needed.
3. **Signatures and Notary** – Be sure that page 9 is signed and notarized and page 10 is signed where applicable.
4. **Insurance** – Proof of current liability insurance must be submitted along with this application. Name of insured must match the name of the applicant listed on this application. **Certificate holder must be listed as:**

Alabama Licensing Board for General Contractors, 2525 Fairlane Dr., Montgomery, AL 36116
5. **Secretary of State** – All entities, foreign and domestic, are required by the Alabama Secretary of State to register to do business in Alabama (www.sos.alabama.gov or 334-242-5324). A **Print Screen** of your Entity Details from the Alabama Secretary of State must be submitted with this application. Print Screen must be dated in the year in which you are applying (<https://sos.alabama.gov/government-records/business-entity-records>).
(Not applicable to individuals and general partnerships).
6. **The Qualifying Party Form** – (page 16 of this application) Must be completed with qualifier's information and submitted along with this application (*Tax Id numbers may not be substituted for social security numbers*). You may copy the form if needed for additional qualifiers.
7. **Current Financial Statement** – The Board considers "current financial information" as being no more than one year old at the time of submission. The Board will accept an audited, reviewed, or compiled financial statement, completed in accordance with generally accepted accounting principles, prepared by a Certified Public Accountant or a Licensed Public Accountant approved by the Board. The Alabama Department of Transportation Booklet is also acceptable. **Confidential Financial Statement Booklets or pages thereof used by this office in prior years and cash or tax based financial statements are not acceptable. Deficits are not acceptable.**

Requirements for Bid Limits – All applicants must have a minimum net worth and working capital of Ten Thousand Dollars (\$10,000.00). A line of credit from a state or federal charter bank or savings association may be used to increase working capital to the same level of the applicant's net worth once the minimum net worth and working capital requirements are met. Personal financial statements or parent company financial statements may be used to increase an applicant's bid limit by one step once the minimum net worth and working capital requirements are met. When using a parent company financial, no company listed within the financial statement can hold a license with this Board. ***If using a parent company/personal financial statement, the Guaranty Agreement must be downloaded from our website and completed.***

8. **Work Experience** – The work experience section is very important to your application. The Board will review this information to determine your level of experience within each classification requested (see pages 4 - 6 of this application to list Classification(s) requested). **Also include a Principal Individual Questionnaire (page 15) for any/all principal individuals of the applicant requesting to have their experience considered during the approval process.**
9. **Work/Job Reference** – Applicant must attach a total of **THREE** reference forms (pages 12 – 14) from **ANY COMBINATION** of the following:
 - (1) Licensed General Contractor
 - (2) Registered Architect
 - (3) Registered Professional Engineer
 - (4) Qualified person as declared by the Board

References must be completed by individuals who have supervised work completed by the applicant.
10. **Organizational Chart** – An organizational chart must be submitted for the entity making application. Include principle individuals whose experience is being provided for review.
11. **A complete application must be on file in our office before anyone can register for an examination.**

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

Alabama Business and Project Management and/or any Trade Examination(s) as required by the Board.

It is the applicant’s responsibility to submit passing test scores to the Board

Testing eligibility may not be determined until after Board review

The administrator of all exams is Psychological Services Inc. (PSI).
You can reach PSI online at www.psiexams.com or 855-257-1619

NOTICE: This office should be notified immediately in writing of any change of mailing address or any other pertinent information. All correspondence from this office will be mailed to the last known mailing address on file for the entity making application. We are not responsible for lost or undeliverable mail.

OBTAINING YOUR GENERAL CONTRACTORS LICENSE DOES NOT EXEMPT YOU OR YOUR COMPANY FROM ANY OTHER LAWS, BOARDS OR COMMISSIONS.

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 one (1) calendar year, which is still in good standing, with any of the following Boards, you may qualify for reciprocity: Arkansas, Louisiana, Mississippi or Tennessee General Contractors Board, and North Carolina State Board of Electrical Contractors.

The Qualifying Party for Alabama must be the same as the Qualifying Party for the reciprocal state.

****Applications for Reciprocity must be on file, with a completed Out of State License Verification form (page 17 of this application), and meet the requirements of the Board before a license can be issued.**

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.**

****It is the applicant's responsibility to ensure that all required information is submitted ****
(Alabama Administrative Rule 230-X-1.33 Applicant's Burden To Supply All Information)

ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS
PRIME CONTRACTOR APPLICANT INFORMATION

Address: 2525 Fairlane Drive, Montgomery, AL 36116

Phone: (334) 272-5030

Website: www.genconbd.alabama.gov

Type or Print Clearly

For Office Use Only
Check Number: _____
Entered By: _____
Date: _____
Log Number: _____

NOTE: ALABAMA LAW DOES NOT ALLOW FOR THE REFUND OF APPLICATION FEES
(1986 Legislative Amendment: Section 34-8-2(b); Application Fees are for Administration and Enforcement)
Application Forms may be downloaded at www.genconbd.alabama.gov

TO THE ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS: Application is hereby made for license to engage in the practice of GENERAL CONTRACTING in Alabama, under the provisions of Title 34, Chapter 8, Code of Alabama, 1975, and the *Rules and Regulations* adopted and promulgated by the State Licensing Board for General Contractors under authority vested in it by the said act. This application is accompanied by a Cashier's Check or Money Order for \$300 dollars, payable to the order of the Alabama Licensing Board for General Contractors, the application fee as provided for by the Act. I understand that failure to fully answer all of the following questions and/or to furnish the required supporting papers, completely executed, will be sufficient grounds for rejecting this application. I further understand that submission of this application fee provides me one year (from date of receipt by Board) to meet the above requirements.

Company Name: _____
Style Of Business: Individual Partnership Corporation LLC LLP

Fictitious/Registered Name (No DBAs): _____
(Per Alabama Secretary of State ONLY)

Mailing Address: _____

City _____ **State** _____ **Zip** _____

Telephone Number () _____ **Fax Number ()** _____

Contact Name: _____ **Contact Number :()** _____

Email Address: _____

License No: (if previously licensed by this Board) _____

State and License No. of each general contractor's license you currently hold (attach page(s) if necessary):

THE BOARD SHALL CLASSIFY CONTRACTORS ACCORDING TO THE TYPE OR TYPES OF CONTRACTS ON WHICH THEY MAY PERFORM, WITHIN MAXIMUM BID LIMITS AND BASED UPON DOCUMENTED WORK EXPERIENCE. The applicant must provide three (3) work/job reference forms (pages 12-14 of this application) completed by a licensed general contractor, registered professional engineer, registered architect, or qualified person as declared by the Board to document work completed by the applicant in the classification(s) requested. Reference forms must be completed by three (3) separate referencing parties and should indicate different projects within the classification(s) requested by the applicant.

All applicants must request classification(s) of their license within the following **MAJOR CLASSIFICATIONS**, Subclassifications, or Specialty Classifications. Applicants must provide a minimum of three projects completed for each classification requested in order to qualify for that classification. Applicants not qualifying for a Major Classification should request specific Subclassification(s) and/or Specialty Classifications for which their work experience will meet the minimum experience requirement. **Major Classifications are highlighted in yellow.**

BUILDING CONSTRUCTION (BC): Shall include the construction of building structures, including modifications thereof or additions thereto, intended for use for shelter, protection, comfort or convenience. Building construction shall include the excavation and foundations for buildings and work incidental thereto.

-OR-

Applicants with qualifying work experience may request one or more specific sub-classification(s). Applicants must have completed three (3) projects in prior years for each sub-classification requested.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Acoustical Ceilings | <input type="checkbox"/> Concrete | <input type="checkbox"/> Dock Equipment | <input type="checkbox"/> Drywall & Metal Studs |
| <input type="checkbox"/> Elevators & Escalators* | <input type="checkbox"/> Flooring | <input type="checkbox"/> Framing | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Overhead Doors | <input type="checkbox"/> Painting & Wallcoverings | <input type="checkbox"/> Metal Buildings | <input type="checkbox"/> Remodeling & Alternations |
| <input type="checkbox"/> Roofing & Sheet Metal | <input type="checkbox"/> Siding | <input type="checkbox"/> Sitework | <input type="checkbox"/> Structural Steel Erection |

Other: Write in requested classification if it is not listed above: _____

BUILDING CONSTRUCTION UNDER FOUR STORIES (BCU4): Shall include the construction of building structures, including modifications thereof, that do not exceed three stories in height, and any roof structure or component of such structure does not exceed fifty feet in height, which are intended for use for shelter, protection, comfort or convenience. BCU4 shall include the excavation and foundations for buildings and work incidental thereto for buildings less than three stories in height. BCU4 shall include interior nonstructural alterations and repairs to existing buildings exceeding three stories in height. In addition to the above BCU4 shall include the construction of building structures, including modifications thereof exceeding three stories in height on projects but only under the direction and supervision of a General contractor or Construction Manager licensed under Building Construction.

HIGHWAYS & STREETS (HS): Shall include the construction of roads, streets, guardrails, fences, parkways, parking areas, bridges, grading, drainage and all other types incidental thereto.

-OR-

Applicants with qualifying work experience may request one or more specific sub-classification(s). Applicants must have completed three (3) projects in prior years for each sub-classification requested.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Bridges | <input type="checkbox"/> Clearing & Grubbing | <input type="checkbox"/> Concrete | <input type="checkbox"/> Drainage & Culvert |
| <input type="checkbox"/> Erosion Control/Mowing | <input type="checkbox"/> Guardrails | <input type="checkbox"/> Intelligent Transport Systems | <input type="checkbox"/> Painting & Bridge Repair |
| <input type="checkbox"/> Paving & Asphalt | <input type="checkbox"/> Right-of-way | <input type="checkbox"/> Striping | <input type="checkbox"/> Traffic Control & Safety |

Other: Write in requested classification if it is not listed above: _____

MUNICIPAL & UTILITY (MU): Shall include clearing, grubbing, paving, curbs, gutters, walks, alleys, driveways, sewer projects, water projects, gas projects, electric projects, telephone projects and work incidental thereto.

-OR-

Applicants with qualifying work experience may request one or more specific sub-classification(s). Applicants must have completed three (3) projects in prior years for each sub-classification requested.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Clearing & Grubbing | <input type="checkbox"/> Concrete | <input type="checkbox"/> Debris Removal | <input type="checkbox"/> Directional Boring |
| <input type="checkbox"/> Drainage & Culvert | <input type="checkbox"/> Fiber Optics Installation | <input type="checkbox"/> Paving & Asphalt | <input type="checkbox"/> Recreational Areas |
| <input type="checkbox"/> Right-of-way | <input type="checkbox"/> Sitework | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Underground Utilities |

Other: Write in requested classification if it is not listed above: _____

HEAVY & RAILROAD (H/RR): Shall include the construction of railroads, bridges, foundations, pile driving, cofferdams, tunnels, drainage projects, irrigation projects, hydro-electric development, transmission lines, pipelines, marine construction, runways and any other work incidental to the above types.

-OR-

Applicants with qualifying work experience may request one or more specific sub-classification(s). Applicants must have completed three (3) projects in prior years for each sub-classification requested.

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Airport Taxiways & Aprons | <input type="checkbox"/> Boiler & Refractory | <input type="checkbox"/> Clearing & Grubbing | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Industrial Projects | <input type="checkbox"/> Marine Construction | <input type="checkbox"/> Painting & Sandblasting | <input type="checkbox"/> Pile Driving |
| <input type="checkbox"/> Railroads | <input type="checkbox"/> Runways | <input type="checkbox"/> Structural & Misc. Steel | <input type="checkbox"/> Tanks |

Other: Write in requested classification if it is not listed above: _____

SWIMMING POOLS (SP): Construction, repair or renovate and work incidental thereto.

-OR-

Applicants with qualifying work experience may request one or more specific sub-classification(s). Applicants must have completed three (3) projects in prior years for each sub-classification requested.

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Hot Tubs & Spas | <input type="checkbox"/> Pool Enclosures Systems | <input type="checkbox"/> Pool Renovations & Repair | <input type="checkbox"/> Splash Pads |
|--|--|--|--------------------------------------|

Other: Write in requested classification if it is not listed above: _____

MECHANICAL (M)*: Applicants may request a specialty of Mechanical or may request specific sub classifications such as:

-OR-

Applicants with qualifying work experience may request one or more specific sub-classification(s). Applicants must have completed three (3) projects in prior years for each sub-classification requested.

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Chiller Installation | <input type="checkbox"/> Ductwork | <input type="checkbox"/> Fire Protection Systems | <input type="checkbox"/> Gas Piping* |
| <input type="checkbox"/> HVAC* | <input type="checkbox"/> Industrial Pipework | <input type="checkbox"/> Insulation | <input type="checkbox"/> Plumbing* |
| <input type="checkbox"/> Process Piping | <input type="checkbox"/> Refrigeration* | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Welding |

Other: Write in requested classification if it is not listed above: _____

ELECTRICAL (E)*: Applicants may request a specialty of Electrical or may request specific sub classifications such as:

-OR-

Applicants with qualifying work experience may request one or more specific sub-classification(s). Applicants must have completed three (3) projects in prior years for each sub-classification requested.

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Electrical Control Systems | <input type="checkbox"/> Electric Power Lines | <input type="checkbox"/> Generators | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Low Voltage | <input type="checkbox"/> Substations | <input type="checkbox"/> Towers | <input type="checkbox"/> Transmission Lines |

Other: Write in requested classification if it is not listed above: _____

ENVIRONMENTAL (EV)*: Applicants may request a specialty of Environmental or may request specific sub classifications such as:

-OR-

Applicants with qualifying work experience may request one or more specific sub-classification(s). Applicants must have completed three (3) projects in prior years for each sub-classification requested.

- | | | | |
|--|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Air & Pollution Control | <input type="checkbox"/> Abatement* | <input type="checkbox"/> Landfills | <input type="checkbox"/> POL Dispensing System |
| <input type="checkbox"/> Reclamation | <input type="checkbox"/> Remediation | <input type="checkbox"/> Tanks | <input type="checkbox"/> Waste Treatment |

Other: Write in requested classification if it is not listed above: _____

DEMOLITION (D): Applicants may request a specialty of Demolition.

SPECIALTY CLASSIFICATIONS (SC): Shall include the construction of building structures, including modifications thereof or additions thereto, intended for use for shelter, protection, comfort or convenience. Building construction shall include the excavation and foundations for buildings and work incidental thereto.

Applicants with qualifying work experience may request one or more Specialty classification(s). Applicants must have completed three (3) projects in prior years for each specialty classification and/or sub-classification requested.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Aerial Fiber Installation | <input type="checkbox"/> Antenna & Line Installation | <input type="checkbox"/> Athletic Fields | <input type="checkbox"/> Audio/Visual Systems |
| <input type="checkbox"/> Cell Towers | <input type="checkbox"/> Concrete | <input type="checkbox"/> Detention Equipment | <input type="checkbox"/> Energy Retrofit |
| <input type="checkbox"/> Equipment & Machinery | <input type="checkbox"/> Electronic Signage | <input type="checkbox"/> Fencing | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Landscaping* | <input type="checkbox"/> Security Equipment | <input type="checkbox"/> Solar Projects | <input type="checkbox"/> Towers & Equipment |
- Other: Write in requested classification if it is not listed above: _____
-

ALABAMA CERTIFICATION CARDS

Classifications in **red** require certification cards.

If applicable, please attach copies of certificates/cards that you hold with the appropriate **Alabama State Board**.

The following is a sample listing of certificates needed:

- | | |
|--|--|
| ➤ Heating, Air Conditioning, & Refrigeration | ➤ Alabama Electronic Security Board |
| ➤ Plumbers & Gasfitters* | ➤ Dept. of Agriculture |
| ➤ Electrical** | ➤ Dept. of Environmental Management |
| ➤ Onsite Wastewater | ➤ 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******

What is the experience of the principal individuals of your organization?

NAME	YEARS EXPERIENCE	WHAT CAPACITY? (President, Estimator, Project Manager, etc.)

List major projects your organization has completed in prior years (not required to be jobs completed in Alabama). If this is a new company, indicate "U" for experience gained under a company other than your own. Give name of project and employer when using experience gained elsewhere. Document the experience for the classification(s) indicated within this application. List only the work you performed and the amount you were paid. (Example: Building Construction indicates new construction (ground up) as opposed to Additions or Remodeling).

DESCRIPTION OF WORK PERFORMED <i>(Denoted "U" Experience)</i>	CITY/STATE	YEAR COMPLETED	OWNER/CONTRACTOR NAME	AMOUNT PAID

List major projects you currently have under contract.

CITY/STATE	OWNER/CONTRACTOR NAME	DESCRIPTION OF WORK	% COMPLETE	%INCOMPLETE	CONTRACT AMOUNT

YES	NO	<i>If you answer "YES" to any of the questions below, please provide a <u>full explanation</u> on a separate sheet of paper</i>
		1. Has the company, any of its members/officers/individuals, or any corporation/firm/individual of which this company is a successor ever compromised with creditors, become bankrupt, or in any way become discharged from debt other than by payment in full? If yes, attach details in a confidential letter.
		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? If yes, attach details in a confidential letter.
		3. Within the past 7 years, did you or any company of which you were either a partner or officer have any professional or business license revoked or suspended?
		4. Are there any liens for labor or materials filed on any of your work or the work of any firm of which you are a partner or officer?
		5. Within the past 7 years, were you or any company of which you were either a partner or officer sued because of a matter involving a construction business?

Act No. 91-473, Acts of Alabama (1991), requires the collection of \$100 of your application 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 TO SUPPORT:

_____ Building Science (general construction) _____ Civil Engineering (highway eng and/or construction)
****No Additional Fee Required****

The Undersigned hereby represent(s) that the foregoing statements and answers to interrogatories are true to the best of their knowledge, information and belief. The Undersigned also understands the financial information submitted determines the bid limit for the applicant.

Owner/Principle (printed name): _____

Date: _____

Owner/Principle (Signature): _____

SSN: _____

Social Security No. of Signer
No Federal Identification Numbers accepted

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 Signature

SEAL

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 9.

Printed Name	Signature	Date
<i>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.</i>		

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 9.

Printed Name	Signature	Date
<i>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.</i>		

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.

ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS

2525 FAIRLANE DR ■ MONTGOMERY, AL ■ 36116

P■334-272-5030 ■ F■ 334-395-5336

Work/Job Reference

Name of Company Making Application _____

Applicant Contact Name _____

Applicant Address _____

TO THE VERIFYING PERSON/ENTITY: THE ABOVE IS SUBMITTING AN APPLICATION TO BE LICENSED AS A PRIME CONTRACTOR IN THE STATE OF ALABAMA. THE INFORMATION 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 REFERENCED CONSTRUCTION SATISFACTORY AND IN ACCORDANCE WITH THE TERMS OF THE CONTRACT(S)?** YES NO

COMMENT: _____

❖ **INSOFAR AS YOU KNOW, HAS THE CONTRACTOR EVER FAILED TO QUALIFY AS A RESPONSIBLE BIDDER?** YES NO

❖ **WHAT IS YOUR BUSINESS OPINION OF THE ABOVE?** GOOD FAIR POOR

COMMENT _____

❖ **PLEASE PROVIDE THE ROLE THE APPLICANT PLAYED IN THE ABOVE REFERENCED PROJECT(S):**

COMMENT _____

PERSON/ENTITY COMPLETING WORK/JOB REFERENCE INFORMATION

NOTE: THE FOREGOING IS MY BEST OPINION, AND GIVEN AS SUCH, AS A MATTER OF COURTESY AND FOR WHICH NO RESPONSIBILITY, IN ANY WAY, IS ATTACHED TO THE WRITER, THIS FIRM OR ANY OF ITS OFFICERS

_____	_____	_____	_____
Date	Signature	License/Registration Number (if applicable)	State of Issuance (if applicable)
_____	_____	_____	_____
Contact Number	Printed Name	Company Name (if applicable)	
_____	_____	_____	_____
Address		Email Address	

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P■334-272-5030 ■ F■ 334-395-5336

Work/Job Reference

Name of Company Making Application _____
Applicant Contact Name _____
Applicant Address _____

TO THE VERIFYING PERSON/ENTITY: THE ABOVE IS SUBMITTING AN APPLICATION TO BE LICENSED AS A PRIME CONTRACTOR IN THE STATE OF ALABAMA. THE INFORMATION 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 REFERENCED CONSTRUCTION SATISFACTORY AND IN ACCORDANCE WITH THE TERMS OF THE CONTRACT(S)?** YES NO

COMMENT: _____

❖ **INSOFAR AS YOU KNOW, HAS THE CONTRACTOR EVER FAILED TO QUALIFY AS A RESPONSIBLE BIDDER?** YES NO

❖ **WHAT IS YOUR BUSINESS OPINION OF THE ABOVE?** GOOD FAIR POOR

COMMENT _____

❖ **PLEASE PROVIDE THE ROLE THE APPLICANT PLAYED IN THE ABOVE REFERENCED PROJECT(S):**

COMMENT _____

PERSON/ENTITY COMPLETING WORK/JOB REFERENCE INFORMATION

NOTE: THE FOREGOING IS MY BEST OPINION, AND GIVEN AS SUCH, AS A MATTER OF COURTESY AND FOR WHICH NO RESPONSIBILITY, IN ANY WAY, IS ATTACHED TO THE WRITER, THIS FIRM OR ANY OF ITS OFFICERS

Date Signature License/Registration Number (if applicable) State of Issuance (if applicable)

Contact Number Printed Name Company Name (if applicable)

Address Email Address

ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS

2525 FAIRLANE DR ■ MONTGOMERY, AL ■ 36116

P■334-272-5030 ■ F■ 334-395-5336

Work/Job Reference

Name of Company Making Application _____

Applicant Contact Name _____

Applicant Address _____

TO THE VERIFYING PERSON/ENTITY: THE ABOVE IS SUBMITTING AN APPLICATION TO BE LICENSED AS A PRIME CONTRACTOR IN THE STATE OF ALABAMA. THE INFORMATION 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 REFERENCED CONSTRUCTION SATISFACTORY AND IN ACCORDANCE WITH THE TERMS OF THE CONTRACT(S)? YES NO

COMMENT: _____

❖ INsofar AS YOU KNOW, HAS THE CONTRACTOR EVER FAILED TO QUALIFY AS A RESPONSIBLE BIDDER? YES NO

❖ WHAT IS YOUR BUSINESS OPINION OF THE ABOVE? GOOD FAIR POOR

COMMENT _____

❖ PLEASE PROVIDE THE ROLE THE APPLICANT PLAYED IN THE ABOVE REFERENCED PROJECT(S):

COMMENT _____

PERSON/ENTITY COMPLETING WORK/JOB REFERENCE INFORMATION

NOTE: THE FOREGOING IS MY BEST OPINION, AND GIVEN AS SUCH, AS A MATTER OF COURTESY AND FOR WHICH NO RESPONSIBILITY, IN ANY WAY, IS ATTACHED TO THE WRITER, THIS FIRM OR ANY OF ITS OFFICERS

Date Signature License/Registration Number (if applicable) State of Issuance (if applicable)

Contact Number Printed Name Company Name (if applicable)

Address Email Address

PRINCIPAL INDIVIDUAL QUESTIONNAIRE

To be completed by principal individuals of the applicant wishing to have their experience considered during the approval process.

NAME: _____

TITLE: _____

ADDRESS: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

EMPLOYMENT HISTORY:

Company Name	Dates of Employment	Position(s) Held

PROJECT/WORK HISTORY: (please list your completed projects)

Project Name	Date Completed	Amount of Contract	Type of Work Performed	Responsibilities**

**Please list your specific responsibilities pertaining to the project listed.

EDUCATION:

Name and Location of School	Dates of Attendance	Major	Type of Degree Earned

CERTIFICATIONS:

License/Certificate Issued By	Field/Trade/Specialization	License/Certificate Number	Date of Issuance	Expiration Date

STATE LICENSING BOARD FOR GENERAL CONTRACTORS

QUALIFYING PARTY FORM



www.genconbd.alabama.gov

TIFFANY LOVELESS
EXECUTIVE DIRECTOR

2525 FAIRLANE DRIVE
MONTGOMERY, AL 36116

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

All applicants are required to take the **Business and Project Management for Contractors Examination and/or Trade Examination**

Examinations are administered by PSI (Psychological Services Inc). This completed form must accompany your application for license.

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. The same email address **cannot** be used for multiple qualifiers.

Company Name: _____

Company Address: _____

Company Phone No: _____

City: _____

State: _____

Zip: _____

Qualifier's Last Name: _____

First Name: _____

Middle Initial: _____

Social Security #: _____

Email: _____

ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS
2525 Fairlane Drive, Montgomery, Alabama 36116
(334) 272-5030 – Phone (334) 395-5336 – Fax
www.genconbd.alabama.gov

OUT OF STATE LICENSE VERIFICATION
PRIME CONTRACTORS ONLY

Company Name _____
Street Address _____
City _____ State _____ Zip _____

Instructions for Verification
Complete the top portion of this form. **Send the form to the appropriate state.** The verifying state will mail the completed form to you to be included in your application packet.

**** THIS ONLY APPLIES IF YOU HAVE BEEN LICENSED FOR 1 CALENDAR YEAR 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 _____
_____.

Printed 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 applicant listed above by mail.

Company Name: _____

Business Type: Individual Partnership Corporation LLC LLP 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