

# SUBCONTRACTOR APPLICATION INSTRUCTIONS

## 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

***EACH SUBCONTRACTOR PERFORMING COMMERCIAL/INDUSTRIAL WORK OF \$50,000 OR MORE MUST BE LICENSED BY THE ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS.***

### **APPLICATION INSTRUCTIONS AND INFORMATION**

#### **LAWS, RULES & REGULATIONS**

Applicants shall become familiar with the provisions, laws, rules and regulations of the Alabama Licensing Board for General Contractors. This information can be obtained by contacting our office or from the agency's website:

[www.genconbd.alabama.gov](http://www.genconbd.alabama.gov).

#### **COMPLETION OF APPLICATION**

Please type or print clearly. All questions must be answered and all tables completed (you may write "None" where applicable). Be sure to sign and notarize page 5 and sign page 6 where indicated.

#### **CLASSES OF LICENSE**

The Board will classify each applicant and may issue a license certificate for the type(s) of contracts in which they may perform based upon the following criteria:

- (a) Applicant will not be approved or permitted to perform type(s) of work not included in this application.
- (b) Applicant shall state on the application the classification(s) in which they have performed in prior years.

#### **FEES**

A \$150 cashier's check or money order made payable to the **Alabama Licensing Board for General Contractors** **must** accompany this application.

***\*\*\*\*This fee is non-refundable and non-transferable.\*\*\*\****

#### **REFERENCES**

- (a) Applicant must attach a total of **THREE** work/job reference forms (pages 9-11) 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
- (b) Also include a Principal Individual Questionnaire (page 12) for any/all principal individuals of the applicant requesting to have their experience considered during the approval process.

***All work referenced must be commercial/industrial work completed in prior years in the classification(s) requested within this application.***

#### **PROOF OF EXISTENCE**

Please provide a **CURRENT** Print Screen from the Alabama Secretary of State (<https://sos.alabama.gov/government-records/business-entity-records>)

Must be dated in the year in which you are applying.

***For domestic and foreign corporations, LP, LLP and LLC entities only.  
(Not applicable to individuals and general partnerships)***

Alabama Secretary of State contact information: ([www.sos.alabama.gov](http://www.sos.alabama.gov) or 334-242-5324)

**ALABAMA 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
- Plumbers & Gasfitters\*
- Electrical\*\*
- Onsite Wastewater
- Alabama Electronic Security Board
- 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\*\*\****

***NOTICE: This office should be notified in writing immediately 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 applicant. We are not responsible for lost or undeliverable mail.***

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

As a subcontractor, you may not contract directly with a property owner. All contracts must be under a properly licensed General Contractor or another Subcontractor as defined in section 34-8-1 of

General Contractor Licensing Law.

<http://alisondb.legislature.state.al.us/alison/codeofalabama/1975/34-8-1.htm>

**ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS**

**SUBCONTRACTOR APPLICANT INFORMATION**

Address: 2525 Fairlane Drive, Montgomery, AL 36116

Phone: (334) 272-5030

Website: [www.genconbd.alabama.gov](http://www.genconbd.alabama.gov)

Type or Print Clearly

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

Date of Application: \_\_\_\_\_

Company Name: \_\_\_\_\_

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: \_\_\_\_\_

Style of Business:  Individual  Partnership  Corporation  LLC  LLP

\*Current Print Screen is required from the Alabama Secretary of State ([www.sos.alabama.gov](http://www.sos.alabama.gov))\*

\*Must be dated in the year in which you are applying.\*

\*\*for domestic and foreign corporations, LP, LLP and LLC entities only. (Not applicable to individuals and general partnerships)\*\*

**CLASSIFICATION(S) REQUESTED**

List The Kind of Contracting Work You Will Perform: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current State of Alabama Professional/Trade Licenses or Certificates Held (if applicable):**

**\*\*Copies Of Each Must Be Attached\*\***

Licenses/Certificate Issued By	Field/Trade Specialization	License/Certificate No.	Issue Date	Expiration Date

**Experience Statement:**

(state ONLY your commercial/industrial experience for prior years)

List principal individuals currently employed by the applicant in order to have their experience considered during the approval process.

This experience should match the classification(s) requested on page 4 of this application.

*You may attach additional page(s) of experience if necessary.*

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

**INCOMPLETE CONTRACTS**

Cannot be blank, list N/A if not applicable.

(Attach Additional Sheets If Necessary)

List All Incomplete Projects Your Organization Now Has Under Contract

Owner Of Contract	Location	Work Performed	Date of Contract	Total 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. Within the past 7 years, were you indicted or convicted of a felony?
		2. Within the past 7 years, were you or any company of which you were either a partner or officer declared or placed in bankruptcy?
		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, Act of Alabama (1991), requires the collection of 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 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 ONE OF THE FOLLOWING TO INDICATE THE PROGRAM YOU WISH TO SUPPORT:**

\_\_\_\_\_ **Building Science**  
(general construction)

\_\_\_\_\_ **Civil Engineering**  
(highway engineering and/or construction)

**\*\*No Additional Fee Required\*\***

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

Owner/Principle (printed name): \_\_\_\_\_

Date: \_\_\_\_\_

Owner/Principle (Signature): \_\_\_\_\_

SSN: \_\_\_\_\_

Social Security No. of Signee  
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 Public Signature**

**Notary 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 8.**

\_\_\_\_\_

**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 page 8.**

\_\_\_\_\_

**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.*

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) A 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 SUBCONTRACTOR 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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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 \_\_\_\_\_

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\_\_\_\_\_  
 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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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 \_\_\_\_\_

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\_\_\_\_\_  
 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