

ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS
445 DEXTER AVE, SUITE 3060, MONTGOMERY, AL 36104
(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 licensing board.** 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 CONSECUTIVE 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