GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD
DIVISION OF LOW VOLTAGE CONTRACTORS
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440 [Telephone] (866) 888-9718 [Fax] www.sos.ga.gov/plb/construct

LOW VOLTAGE CONTRACTORS

STATEWIDE LICENSES

•••GENERAL INFORMATION and CHECKLIST•••

A Complete Application Packet Includes::

- Application for License Examination Form (including 3 reference letter forms)
- Examination Scheduling Form (AMP-GA 15)
- List of Reference Books You May Bring to the Examination
- List of Book Stores that Carry the Reference Books.
- Excerpts from Georgia Construction Industry Licensing Boards Laws and Rules
- Instructions to Apply for License Based on Out of State Examination

OTHER MATERIALS MAILED TO APPLICANTS:

Approximately 45 Days Prior to the Examination

Email from the Board notifying the applicant of approval or disapproval to take the examination.

Approximately 2 Weeks Prior to the Examination

Admission Notices from AMP to scheduled applicants, giving the date and location of the examination, as requested on the AMP-GA 15 form. [If you receive an approval letter from the Board, but do not receive an admission notice, contact AMP at (800) 345-6559.]

Approximately 45 Days After the Examination

Examination Results. Applicants who failed the exam will receive a new Examination Scheduling Form to apply for another examination date. Applicants who passed the examination will receive their license identification card.

LICENSES REQUIRED

Low Voltage Licenses are required of persons who contract to install, alter, service, or repair low voltage systems. Separate licenses are issued for general, alarm, telecommunication, and unrestricted low voltage contracting. See §43-14-2 of the Excerpts from the Board Laws and Rules for definitions and §43-14-13 for exemptions to the requirements by downloading from our web page: www.sos.ga.gov/plb/contruct.

RESTRICTIONS ON STATEWIDE LOW VOLTAGE CONTRACTOR LICENSES

Low Voltage Contractor Licenses are required of persons who contract to install, alter, repair, or service low voltage systems. Low Voltage systems are defined in O.C.G.A. §43-14-2 (See Excerpts from the Board Laws and Rules).

General System Low Voltage Contractor licenses cover low voltage systems, other than alarm and telecommunications systems. (See Board Rule 121-2-.04.) Alarm and telecommunications licenses also cover general systems. Unrestricted licenses cover all low voltage systems.

Please detach and keep these instructions for your records

Rev. 04/09

APPLICATION FOR LOW VOLTATGE CONTRACTOR

GEORGIA STATE BOARD OF CONSTRUCTION
237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440
www.sos.ga.gov/plb/construct

Please read the instructions carefully and be familiar with the laws and rules governing the practice of low voltage in the State of Georgia. Visit the following web site for information: http://www.sos.ga.gov/plb/construct.

Important

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year. Only complete applications received by the deadline are reviewed by the Low Voltage Board.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application. Do not send the checklist with your application; it is for your use only!

The **$30.00 non-refundable** application fee payable to **Georgia State Board of Construction** must be included with application

- ❑ **EXPERIENCE**: All information on your employer(s) and details of your work experience are completed.
- ❑ **PERSONAL HISTORY**: **Beginning October 15, 2007**, all applicants must submit a background check with the application. This may be obtained through your local law enforcement center.
- ❑ **NOTARIZED APPLICATION:** The four-page completed application must be mailed to the Board's office at the address listed above and received in the board office no later than 60 days prior to the expected exam date. The Board, at their next scheduled meeting, will review the application with required documentation. Approval of licensure is at the Board's discretion.
- ❑ **Three (3) original notarized reference letters are attached from the people listed in Part III.**
- ❑ **OTHER STATE LICENSURE CERTIFICATION:** If you are applying for reciprocity, you MUST include a letter of verification/good standing from either the North Carolina or Florida state licensing board stating that you have taken the state exam. *Copies of your scores or your current license are not acceptable.*

SEE SEPARATE APPLICATION FOR REINSTATEMENT BY RE-EXAMINATION

for licenses lapsed more over three (3) years.

Detach and keep this information for your records.

Rev. 04/09

STATE CONSTRUCTION INDUSTRY LICENSING BOARD

DIVISION OF LOW-VOLTAGE CONTRACTORS

INSTRUCTIONS TO APPLY FOR
LOW-VOLTAGE CONTRACTORS LICENSE

Based on Out of State Examination

Please read these instructions carefully before completing your applications. Type or hand print your application.

Under Board Rule 121-2-.05, Statewide License by Endorsement, the Division of Low-voltage Contractors may accept results of approved out of state examinations for licensure. The Board has approved:

(1) The examinations for Unlimited or Low-voltage classifications administered by the North Carolina State Board of Examiners of Electrical Contractors; and

(2) the following examinations administered by the Florida Electrical Contractors Licensing Board:

(a) The Florida Certified Unlimited Electrical Contractor or the Florida Alarm System Contractor I examination, if applying for Georgia Unrestricted Low Voltage Contractor License;

(b) The Florida Alarm System Contractor II examination, if applying for Georgia Low-voltage Alarm Contractor license;

(c) The Florida Low-voltage Specialty Contractor examination, if applying for Georgia Low-voltage Telecommunications Contractor license; and

(d) The Florida Low-voltage Specialty Contractor examination, if applying for Georgia Low-voltage General Contractor license.

Persons applying for Georgia license based on these examinations must also meet the experience and other requirements for Georgia license.

To apply, complete the license application form as instructed. In addition, an original letter of certification from the North Carolina or Florida Licensing Board must be submitted. The certification must state that the applicant holds a current license and has passed the state examination. **The application fee of $30.00 must be submitted with the application.**

The examination scheduling form and examination fee are not required for application based on out of state examination.

DETACH AND KEEP FOR YOUR OWN RECORDS

Rev. 104/09

FOR BOARD USE ONLY
Amount Submitted _____
Date _____
Receipt number _____

FOR BOARD USE ONLY
License no._____
Date Issued _____
Applicant No. _____

GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD
237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440
www.sos.ga.gov/plb/construct

APPLICATION FOR LOW VOLTAGE CONTRACTOR

Application Fee $30.00 (non-refundable)
In the form of a money order or company or personal check made out to GCILB

License Type: _____ General
(Check only _____ Alarm
one category!) _____ Telecommunications
_____ Unrestricted

Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards): _____

Method Obtained by:
Applicant is applying for above referenced license by:
( ) Examination
( ) **Reciprocity** with the State of _____ **No. Carolina** _____ **Florida**

Re-examination required if license has lapsed 3 or more years – See separate application

Name _____
as desired on License First Middle Last Suffix

Social Security Number _____ **Date of Birth** _____
*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 *et seq.* and O.C.G.A. § 20-3-295 *et seq.*, 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

Physical Address _____
P.O. Box not acceptable Number and Street Apt. No City/State Zip

Mailing Address _____
(if different) P.O. Box OR Number and Street Apt. No City/State Zip

_____ _____
Daytime Telephone Number Business or Cell phone Number

E-mail address: _____
Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

_____ I am requesting Veterans' Preference Points (exam applicants only).
Attached is a copy of my DD-214

For Board Use Only

Approved by:_____ Date approved by Division_____

Disapproved by _____ Date disapproved by Division _____

Reason:_____

Rev. 04/09

PART II – EXPERIENCE RECORD

INSTRUCTIONS:

- Applicants must list at least 1 year of installation experience.
- Applicants for an alarm or telecommunication license must have experience installing these systems.
- Applicants for an unrestricted license must have experience in both alarm and telecommunication installations.
- For each period of employment, list the information requested.
- Describe briefly, but concisely, the low voltage work you performed, your duties, and degree of responsibility. See Board Rule 121-2-.04 for a description of the experience requirements.
- *Give the approximate number of hours per week and percentage of time you performed the duties described.*
- **For more than 5 employers, attach additional pages, using this format and writing your name at the top.**

SPECIFY WORK RELATING TO LOW VOLTAGE DUTIES – BEGIN WITH PRESENT EMPLOYMENT

Name of Employer: Phone: ( )

Employer's Complete Address:

Name of Supervisor: Job Title of Supervisor: Type License Held:

Your Job Title Employed FROM: [Mo/Yr] TO: [Mo/Yr]

Approximate # of Hours/Week perform duties listed below:

Description of Low Voltage Duties:

Name of Employer: Phone: ( )

Employer's Complete Address:

Name of Supervisor: Job Title of Supervisor: Type License Held:

Your Job Title Employed FROM: [Mo/Yr] TO: [Mo/Yr]

Approximate # of Hours/Week you perform duties listed below:

Description of Low Voltage Duties:

EXPERIENCE RECORD, cont'd

Name of Employer: Phone: ( )

Employer's Complete Address:

Name of Supervisor: Job Title of Supervisor: Type License Held:

Your Job Title Employed FROM: [Mo/Yr] TO: [Mo/Yr]

Approximate # of Hours/Week you perform duties listed below:

Description of Low Voltage Duties:

Name of Employer: Phone: ( )

Employer's Address:

Name of Supervisor: Job Title of Supervisor: Type License Held:

Your Job Title Employed FROM: [Mo/Yr] TO: [Mo/Yr]

Approximate # of Hours/Week you perform duties listed below:

Description of Low Voltage Duties:

Name of Employer: Phone: ( )

Employer's Address:

Name of Supervisor: Job Title of Supervisor: Type License Held:

Your Job Title Employed FROM: [Mo/Yr] TO: [Mo/Yr]

Approximate # of Hours/Week you perform duties listed below:

Description of Low Voltage Duties:

PART III – REFERENCES

INSTRUCTIONS: List below the names, complete addresses, and telephone numbers of three (3) persons who have knowledge of your low voltage experience to whom the Division may refer. At least one reference must be a low voltage contractor.
Attach 3 completed original and notarized reference forms from the people listed below.

Name: _____ Telephone Number: ( ) _____

Address: _____
Street City State Zip Code

Name: _____ Telephone Number: ( ) _____

Address: _____
Street City State Zip Code

Name: _____ Telephone Number: ( ) _____

Address: _____
Street City State Zip Code

PART IV – PERSONAL HISTORY

Have you received a diploma in Engineering Technology or a certificate for completion of a vocational-technical college program? ☐ No ☐ Yes If yes, attach copy of diploma or certificate.

Have you ever held a low voltage contractors' license? ☐ No ☐ Yes If yes, attach a copy or evidence of license.
Type of license held_____. Agency that issued license_____.

Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or other state?
☐ No ☐ Yes If yes, please explain _____

☐ I am a U.S. citizen.

☐ I am not a U.S. citizen, but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. (Complete attached form)

Have you: (1) been convicted of a misdemeanor (other than minor traffic violation) within the past five years; (2) ever been convicted of a felony; or (3) entered a plea of guilty, nolo contendere, or under "First Offender Act?
☐ No (**attach background check behind page 4**) ☐ Yes *If you answered "yes", you must submit to the Board the following: a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND b0 a statement (on official letterhead) from you probation/parole officer regarding your current status/completion of any probation/parole. Your application will not be processed until this information is received and reviewed by the Board.*

PART V – CERTIFICATION

I, the undersigned Applicant, certify that the information contained in this application is true to the best of my knowledge. I understand that any forged, false, or fraudulent information contained in this application is grounds for the Division to refuse to issue a license or to revoke any license issued based on this application. I authorize the Division to receive any criminal history record information concerning me from any state or local criminal justice agency.

_____
Signature of Applicant

_____
Date

Subscribed to and sworn before me this

_____ day of _____, _____.

_____
Notary Public
My Commission Expires:_____

NOTARY SEAL

Secretary of State
Professional Licensing Boards Division
237 Coliseum Drive
Macon, Georgia 31217-3858
478-207-2440
www.sos.ga.gov/plb/construct

Dear Sir or Madam:

The applicant named on this form is required to furnish evidence of his or her ability, experience, and professional skills in the field of Low Voltage Contracting. The applicant is required to furnish the State Construction Industry Licensing Board, Division of Low Voltage Contractors with three references attesting to his or her qualifications. These references must have worked directly with the individual on low voltage projects. At least one reference must be from a licensed low voltage contractor.

The Division wishes to point out that the statements submitted must be from personal knowledge only and made with the full realization of the responsibility toward the public. In view of this responsibility, the Division requests your cooperation by answering truthfully, carefully, and completely the questions printed on the back of this letter. It is unlawful to make false statements regarding an applicant's experience.

Please be assured that the information you furnish will be treated as confidential and will not be released without specific authorization by the Division.

To further assure confidentiality, the enclosed form may placed in a sealed envelope with your signature across the flap and given to the applicant to include with the application.

Sincerely,

State Construction Industry Licensing Board
Division of Low Voltage Contractors

Low Voltage Contractors
Applicant Reference Form

Applicant Name: _____

1. How well do you know the applicant? ( ) very well ( ) well ( )slightly ( ) not at all
2. List dates (months and years) of contact with the applicant, from _____ to _____
3. Do you have personal knowledge of the applicant's supervised installation experience by a licensed low voltage contractor on low voltage systems (as defined below) ( )Yes If yes, complete form
   ( ) No If no, complete only numbers 1, 2, 3, 5, 6, and signature.

   - "*General low-voltage systems*" mean any electrical systems, other than alarm or telecommunication systems, involving low-voltage wiring, including, but not limited to stand alone intercom systems and call alert systems (audio or visual); distribution wiring for alarm systems and telecommunications systems including local area network systems; sound systems; public address systems; the low voltage side of energy management systems; antenna systems and satellite dish systems, irrigation system wiring; and low voltage lighting.
   - "*Alarm system*" means any device or combination of devices used to detect a situation, causing an alarm in the event of a burglary, fire, robbery, medical emergency, or equipment failure, or on the occurrence of any other predetermined event.
   - "*Telecommunication system*" means a switching system and associated apparatus which performs the basic function of two-way voice or data service, or both, and which can be a commonly controlled system capable of being administered both locally and remotely via secured access.

4. Check the low voltage systems the applicant has experience installing & specify the length of time for each system.
   - General Low Voltage Systems Length of time installing _____
   - Alarm Systems Length of time installing _____
   - Telecommunications Systems Length of time installing _____
   - All above Low Voltage Systems Length of time installing _____
5. What was/is your relationship with the applicant? _____
6. What is your opinion of the applicant's personal integrity and reputation:
   _____
7. Considering the need to protect the public health, safely and welfare, in your opinion how does this applicant rank in professional competence and responsibility:
   ( ) Qualified ( ) Additional experience needed ( ) Unqualified
8. Based on your personal knowledge of the applicant's experience in installing low voltage systems, do you recommend the applicant for low voltage licensure? ( )yes ( ) no

I certify that the above statements are true and correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

Print name _____ Low Voltage License No. _____ State of License _____

Present position _____ Company _____

Address _____ Day-time number ( )_____

_____
Signature & Date

Subscribed and sworn to before me this
_____ day of _____, _____

_____
Notary Seal & Date commission expires

Secretary of State
Professional Licensing Boards Division
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Applicant Reference Form

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Signature & Date

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Division of Low Voltage Contractors

Low Voltage Contractors
Applicant Reference Form

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   _____
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I certify that the above statements are true and correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

Print name _____ Low Voltage License No. _____ State of License _____

Present position _____ Company _____

Address _____ Day-time number ( )_____

_____
Signature & Date

Subscribed and sworn to before me this
_____ day of _____, _____

_____
Notary Seal & Date commission expires

Georgia Construction Industry Licensing Board
Division Of Low Voltage Contractors
237 Coliseum Drive
Macon, GA 31217-3858
Telephone: (478) 207-2440
Fax: (866) 888-9718
Web Site: http://sos.georgia.gov/plb/construct/

APPLICANT - PLEASE COMPLETE, SIGN, AND ATTACH TO YOUR APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation, whether such records are of a public, private or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, as well as U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, and employment and preemployment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

This information is to be used to assist the Secretary of State's Professional Licensing Boards Division in determining my qualifications and fitness to be licensed as a _____. This authorization will remain in effect until cancelled by me in writing.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested above.

A photocopy of this release form will be as valid as an original, even though the photocopy does not contain the original writing of my signature.

I have read and fully understand the contents of this Authorization for Release of Information.

_____	_____
Full Legal Name	Printed Signature
_____	_____
Residence Street Address	Aliases or Maiden Name

_____	____	_____	_____
City, State, Zip	Sex	Race	Social Security Number

_____	_____
Date of Birth	Date of this Authorization

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

Alien Lawfully Admitted for Permanent Residence:

_____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”

_____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

_____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA

_____ - INS Form I-688B (Employment Authorization Card) annotated “27a.12(a) (5)”

_____ - INS Form I-766 (Employment Authorization Document) annotated “A5”

_____ - Grant letter from the asylum office of INS

_____ - Order of an immigration judge granting asylum

Refugee:

_____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA

_____ - INS Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)

_____ - INS Form I-766 (Employment Authorization Document) annotated “A3”

_____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

_____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

_____ - INS Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)

_____ - INS Form I-766 (Employment Authorization Document) annotated “A10”

_____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA

_____ - INS Form I-688B (Employment Authorization Card) annotated “274a.12 (1) (3)

_____ - INS Form I-766 (Employment Authorization Document) annotated “A3”

Cuban/Haitian Entrant:

_____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6

_____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7

_____ - INS Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

_____ - INS petition and appropriate supporting documentation

Name of Applicant_____

License Number or Applicant for what type of license_____