



GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD  
DIVISION OF LOW VOLTAGE CONTRACTORS

237 Coliseum Drive  
Macon, Georgia 31217

(478) 207-2440 [Telephone]

888-866-9718 [Fax]

[www.sos.ga.gov/plb/construct](http://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)

**OTHER MATERIALS MAILED TO APPLICANTS:**

**Approximately 45 Days Prior to the Examination**

Letter from the Board notifying the applicant of approval or disapproval to take the examination. If approved, applicant will receive the Candidate Information Bulletin, which includes an outline of topics covered in 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/construct](http://www.sos.ga.gov/plb/construct).

**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. 03-11

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](http://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 the North Carolina 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.**

**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:**

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

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 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. 03-11

**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 31217-3858 • (478) 207-2440  
[www.sos.ga.gov/plb/construct](http://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 **North Carolina**

**Name** \_\_\_\_\_  
as desired on License      First                                      Middle                                      Last                                      Suffix

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Social Security Number** (required for tracking purposes)                                      **Date of Birth**

**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: \_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_

## 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 \_\_\_\_\_

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](http://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 be 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, safety 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



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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.
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  - "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.
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4. Check the low voltage systems the applicant has experience installing & specify the length of time for each system.

<input type="checkbox"/> General Low Voltage Systems	Length of time installing _____
<input type="checkbox"/> Alarm Systems	Length of time installing _____
<input type="checkbox"/> Telecommunications Systems	Length of time installing _____
<input type="checkbox"/> 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, safety 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



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Professional Licensing Boards Division  
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Sincerely,

State Construction Industry Licensing Board  
***Division of Low Voltage Contractors***

**Low Voltage Contractors  
Applicant Reference Form**

Applicant (individual's) 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.
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  - "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.

<ul style="list-style-type: none"><li>• General Low Voltage Systems</li><li>• Alarm Systems</li><li>• Telecommunications Systems</li><li>• All above Low Voltage Systems</li></ul>	<ul style="list-style-type: none"><li>Length of time installing _____</li><li>Length of time installing _____</li><li>Length of time installing _____</li><li>Length of time installing _____</li></ul>
--	---
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, safety 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

# 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. Only include this form if you are not a US citizen.

## 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 \_\_\_\_\_



**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440**

**CONSENT FORM**

I hereby authorize the Construction Industry Licensing Boards (“Board”) to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Physical Address (P.O. Boxes NOT Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**One of the following must be checked:**

This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Special licensure provisions (check if applicable):

\_\_\_\_ Working with mentally disabled

\_\_\_\_ Working with elder care

\_\_\_\_ Working with children