



HOME BUILDERS LICENSURE BOARD

www.hblb.alabama.gov

P.O. Box 303605 • Montgomery, Alabama 36130-3605 / Overnight Delivery: 445 Herron Street • Montgomery, Alabama 36104 Telephone (334) 242-2230 / Facsimile (334) 263-1397

EXPIRED INACTIVE LICENSE APPLICATION (CORPORATIONS, PARTNERSHIPS & LIMITED LIABILITY COMPANIES)

OFFICE USE ONLY (Date Stamp) Check No. Amount Paid (No charge for building official)

INSTRUCTIONS: Please type or print in ink all information. Facsimile transmissions will not be accepted. All questions on the front and back of this application must be answered completely. Use additional sheets if necessary. The annual inactive license fee is \$125.00 plus \$50.00 late fee for an expired license. Make check, cashier's check, certified check, or money order for \$175.00 payable to the Home Builders Licensure Board. All fees must be paid before your application can be processed.

NOTICE: 1) Holding an inactive license does not allow you to engage in any residential construction activity for which a license is required. 2) Your inactive license application must be filed prior to the date your current license expires. 3) Inactive licenses must be renewed annually.

[ ] Yes [ ] No I have read and understood the above statements.

SECTION 1:

Please designate appropriate business: [ ] Corporation [ ] Partnership [ ] Limited Partnership [ ] Limited Liability Company

Business Name Previous File Number

Year License Expired Federal Tax ID State Tax ID

List any and all business names/trade names you use to perform residential construction or remodeling:

Blank lines for business names/trade names

Street Address

City County State Zip

Mailing Address

City County State Zip

Business Phone Cellular Phone

Fax E-mail Address

Does the applicant, or the applicant's designated qualifying representative, either individually or as the designated qualifying representative of any other entity, have any outstanding disciplinary actions before this Board? [ ] Yes [ ] No

If "YES," provide the name of the homeowner involved:

Since this license was last placed on inactive status, has this company, or any partner, officer, member, or manager of this company, been identified by this Board as an unlicensed builder? [ ] Yes [ ] No

SECTION 2: DESIGNATED QUALIFYING REPRESENTATIVE (DQR)

You must provide the following information for the general partner, officer, member, or manager who will serve as the designated qualifying representative.

Name (Print) Title

Social Security#

[Disclosure mandatory under the Alabama Child Support Reform Act of 1997, Act 97-447, Alabama Code Section 30-3-194 (1975) to be used for the purposes described therein.]

Address

Is the designated qualifying representative of the partnership, corporation, or limited liability company the same person who served as the designated qualifying representative when the inactive license expired? [ ] Yes [ ] No

If NO, this entity is not eligible to reactivate an expired inactive license. Contact the Licensure Division for the appropriate forms.

(Continued on back)

**NOTICE: BOTH SECTIONS 3 AND 4 MUST BE SIGNED AS INDICATED.**

**SECTION 3: OATH AND RELEASE FOR DESIGNATED QUALIFYING REPRESENTATIVE (DQR)**

I solemnly swear or affirm that I am the person referred to in this application; that the information provided and statements made herein and on the attachments hereto are accurate, complete, and true to the best of my knowledge; that the information provided and statements made on all applications for the applicant named herein and for which I have been the qualifying representative continue to be accurate, complete, and true to the best of my knowledge, except as otherwise reported on this renewal application; and further, that if the Home Builders Licensure Board recognizes me as a qualifying representative, I shall abide by all laws relating to residential home builders and the rules adopted by the Board.

Yes  No **I have read and understood the above statement.**

I solemnly swear or affirm that I continue to meet the requirements to serve as the qualifying representative, including but not limited to occupying the required position within the corporation, partnership, or limited liability company.

Yes  No **I have read and understood the above statement.**

I hereby authorize any individual, company, or institution with whom the applicant has been associated to release to the Home Builders Licensure Board all information and records as are necessary to verify or contradict the information provided.

Yes  No **I have read and understood the above statement.**

\_\_\_\_\_  
Printed Name of Designated Qualifying Representative (DQR)  
*(Must be a General Partner, Officer, Member, or Manager)*

Its: \_\_\_\_\_  
Position Held

\_\_\_\_\_  
Signature of Designated Qualifying Representative (DQR)  
*(Must be a General Partner, Officer, Member, or Manager)*

Social Security Number of Designated Qualifying Representative (DQR)

Provide Last 4 Digits: XXX - XX - \_\_\_\_\_

*(Disclosure mandatory under the Alabama Child Support Reform Act of 1997, Act 97-447, Ala. Code § 30-3-194 (1975) to be used for the purposes described therein.)*

**SECTION 4: OATH AND RELEASE FOR CORPORATIONS, PARTNERSHIPS, OR LIMITED LIABILITY COMPANIES (L.L.C.)**

I solemnly swear or affirm that I am authorized to execute this application on behalf of the applicant; that I have actual knowledge of the statements made herein and on the attachments hereto and that such statements are accurate, complete, and true to the best of my knowledge; that the statements made on all applications continue to be accurate, complete, and true to the best of my knowledge, except as otherwise reported on this renewal application; and further, that if the applicant is granted a license renewal by the Home Builders Licensure Board, I shall use my best efforts to ensure that the applicant abides by all laws relating to residential home builders and the rules adopted by the Board.

I hereby authorize any individual, company, or institution with whom the applicant has been associated to release to the Home Builders Licensure Board all information and records as are necessary to verify or contradict the information provided in this application.

By: \_\_\_\_\_ Its: \_\_\_\_\_  
Printed Name of Authorized General Partner, Officer, Member, or Manager Position Held

By: \_\_\_\_\_  
Signature of Authorized General Partner, Officer, Member, or Manager

**NOTICE: BOTH SECTIONS 3 AND 4 MUST BE SIGNED AS INDICATED.**