

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

(Date Stamp)	OFFICE USE ONLY	Check No. _____
		Amount Paid _____

INSTRUCTIONS: Please type or print in ink all information. Copies or facsimile transmissions will not be accepted. All questions must be answered completely. Make check, cashier's check, certified check, or money order for \$75.00 payable to the Home Builders Licensure Board. **Your fee must be paid before your application is processed.**

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

Yes No I have read and understood the above statements.

SECTION 1: APPLICANT INFORMATION

Name _____ License File Number _____

Social Security No. _____

[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 _____

City _____ County _____ State _____ Zip _____

Telephone (_____) _____ Business Phone (_____) _____

Cellular Phone (_____) _____ Fax (_____) _____

E-mail Address _____

Do you, or any entity of which you are the designated qualifying representative, have any outstanding disciplinary actions before the Board? Yes No

If yes, provide the name of the homeowner involved: _____

SECTION 2: OATH AND RELEASE FOR INDIVIDUALS

I solemnly swear or affirm that I am the person referred to in this application; that the information provided and the 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 continue to be accurate, complete, and true to the best of my knowledge, except as otherwise reported on this application; and further, that if granted an inactive license by the Home Builders Licensure Board, 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 statements.

I hereby authorize any individual, company, or institution with whom I have 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.

Yes No I have read and understood the above statements.

Printed Name of Applicant

Signature of Applicant

County of _____)

State of _____)

Signed and sworn to before me this _____ day of _____, _____
(Month) (Year)

(Notarial Seal)

Signature – Notary Public _____

My Commission Expires: _____