

# INACTIVE LIMITED LICENSE APPLICATION (INDIVIDUALS)

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

**OFFICE USE ONLY**

(Date Stamp) 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 \$125.00 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 construction 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: \_\_\_\_\_



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INACTIVE LIMITED LICENSE APPLICATION (CORPORATIONS, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES)

OFFICE USE ONLY
(Date Stamp) 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. The annual inactive license fee is \$125.00. Make check, cashier's check, certified check, or money order 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 construction 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:

Business Name License File Number

Mailing Address

City County State Zip

Designated Qualifying Representative's Name

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.]

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

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

NOTICE: BOTH SECTIONS 2 AND 3 MUST BE SIGNED AND NOTARIZED.

SECTION 2: 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.)*

County of \_\_\_\_\_ )

State of \_\_\_\_\_ )

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

(Notarial Seal)

Signature – Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**SECTION 4: OATH AND RELEASE FOR CORPORATIONS, PARTNERSHIPS, OR LIMITED LIABILITY COMPANIES**

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 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 the applicant is granted an inactive license 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.

\_\_\_\_\_  
Printed Name of Authorized General Partner, Officer, Member, or Manager

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

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

County of \_\_\_\_\_ )

State of \_\_\_\_\_ )

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

Signature – Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Notarial Seal)

**NOTICE: BOTH SECTIONS 2 AND 3 MUST BE SIGNED AND NOTARIZED.**