



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

INACTIVE ROOFERS LICENSE APPLICATION (INDIVIDUALS)

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 \$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 ,

(Notarial Seal)

Signature - Notary Public

My Commission Expires:

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

(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. The annual inactive license fee is \$75.00. 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: APPLICANT INFORMATION

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.**

