



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

HOME BUILDERS HARDSHIP WAIVER REQUEST (Designated Qualifying Representative for Unlimited/Limited)

OFFICE USE ONLY

(Date Stamp)

Check No. _____

Amount Paid _____

INSTRUCTIONS: Please type or print in ink all information. Use additional sheets if necessary. You MUST include a check, cashier's check or money order for \$125 made payable to the Home Builders Licensure Board.

! Waiver must be claimed within 45 days of the departure of the designated qualifying representative (DQR).

SECTION 1: LICENSEE INFORMATION

License No.: _____

Please check appropriate business form: [] Corporation [] Partnership [] Limited Partnership [] LLC

Corporate/Business Name: _____

Current/Departing DQR: _____

Mailing Address _____

City _____ County _____ State _____ Zip _____

Business Phone (_____) _____ Cellular Phone (_____) _____

Fax (_____) _____ E-mail Address _____

Physical Address _____

City _____ County _____ State _____ Zip _____

SECTION 2: STATEMENT OF DEPARTURE OF THE DESIGNATED QUALIFYING REPRESENTATIVE (DQR)

The Designated Qualifying Representative (DQR) named above ceased to be/departed on: _____

The Designated Qualifying Representative (DQR) named above is:

- [] Deceased (Provide copy of obituary or death certificate)
[] Mentally Incapacitated (Provide document from diagnosing physician which includes the diagnosis date)
[] Physically Incapacitated (Provide document from diagnosing physician which includes the diagnosis date)

I am a partner, officer, member, or manager of the above-named Corporation/Business, or I am the executor of the will of the deceased designated qualifying representative. The statements made herein and on the attachments are accurate, complete, and true to the best of my knowledge.

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

I understand a granted hardship waiver shall be valid for no more than 135 days after the date of death or incapacitation of the DQR named above; and, that if granted, the waiver shall not be extended, and the license shall be revoked subject to a show cause hearing before the Board.

[] Yes [] No I have read and understood the above statement

Printed Name of General Partner, Officer, Member, or Manager or Executor

Position Held

Signature of General Partner, Officer, Member, or Manager or Executor