



**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

**ROOFERS HARDSHIP WAIVER REQUEST
(Designated Qualifying Representative for Roofers)**

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 \$75 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: ROOFING 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