



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.

NOTICE: 1) Holding an inactive license does not allow you to engage in any residential construction activity... I have read and understood the above statements.



For a corporation, partnership, or limited liability company applicant to be considered an applicant holding an expired license, the applicant must hold an expired corporation, partnership, or limited liability company license with the same designated qualifying representative as the applicant applying for reactivation.

SECTION 1: APPLICANT INFORMATION

Please designate appropriate business form: Corporation Partnership Limited Partnership LLC

Business Name Federal Tax Employer ID Number State Tax ID Number Previous License Number Year License Expired Mailing Address City County State Zip Business Phone Cellular Phone Fax E-mail Address

Check if above information is the same for Physical Address.

Physical Address City County State Zip Principal Office Address City State Zip

SECTION 2: APPLICANT BACKGROUND AND BUSINESS HISTORY

- 1. Does the applicant, or the applicant's designated qualifying representative, either individually or as the designated qualifying representative of any other entity, have any outstanding disciplinary actions before this Board? If "YES," provide the name of the homeowner involved:
2. Since this license was last placed on inactive status, has this company, or any partner, officer, member, or manager of this company been identified by this Board as an unlicensed builder?

SECTION 3: DESIGNATED QUALIFYING REPRESENTATIVE (DQR)

You must provide the following information for the general partner, officer, member, or manager who will serve as the designated qualifying representative.

Full Name _____

Social Security# _____

(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.)

Mailing Address _____

City _____ County _____ State _____ Zip _____

Cellular Phone (_____) _____ Email Address: _____

Yes No Is the designated qualifying representative (DQR) of the corporation, partnership or limited liability company named above the same person who served as the DQR when the license was last active?

 **If NO, this entity is not eligible to reactive an expired license.** Contact the Licensure Division for the appropriate forms.

NOTICE: BOTH SECTIONS 4 AND 5 MUST BE SIGNED.

SECTION 4: 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 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 for the applicant named here 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 and 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 in this application.

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)

Signature of Designated Qualifying Representative [DQR] (Must be a General Partner, Officer, Member, or Manager)

Social Security Number of 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.)

Position Held

SECTION 5: 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 renewal application; and further, that if the applicant is granted a 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.

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 in this application.

Yes No I have read and understood the above statement.

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

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

Position Held

NOTICE: BOTH SECTIONS 4 AND 5 MUST BE SIGNED.