



HOME BUILDERS LICENSURE BOARD

www.hblb.alabama.gov

EXPIRED INACTIVE UNLIMITED LICENSE APPLICATION (INDIVIDUAL AND BUILDING OFFICIAL)

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 _____
(No Fee Charged to Building Officials)

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 **\$175.00** (\$125 inactive license fee plus \$50 non-refundable application processing fee for an expired license) payable to the Home Builders Licensure Board. The Board does not accept cash or payments by credit card. **All fees must be paid before the application will be processed. Building Officials are exempt from paying the fee.**

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. 3) Inactive licenses must be renewed annually.

Yes No I have read and understood the above statements.

SECTION 1: APPLICANT INFORMATION

Full Name _____

Social Security Number _____

(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.)

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 Street Address _____

City _____ County _____ State _____ Zip _____

SECTION 2: APPLICANT BACKGROUND AND BUSINESS HISTORY

Yes No 1. Do you, or any entity of which you are the Designated Qualifying Representative, have any outstanding disciplinary actions before this Board?

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

Yes No 2. Since this license was last placed on inactive status, have you, or any company of which you were either a partner, officer, member, or manager been identified by this Board as an unlicensed builder?

SECTION 3: BUILDING OFFICIALS (To be completed by Building Officials ONLY. You must mark either A or B)

I am a Building Official or Building Inspector.

I am an employee of _____ jurisdiction.

ATTACH PROOF OF EMPLOYEMENT AS A BUILDING OFFICIAL OR BUILDING INSPECTOR.

By virtue of employment, I am exempt or prohibited from holding a license;

– AND –

A I currently hold the following S.B.C.C.I. or I.C.L.C. certifications:

ATTACH COPY OF CERTIFICATE

Certified/Chief Building Official

Residential Building Inspector

Building Plans Examiner

Building Inspector

Property Maintenance and Housing Inspector

Design Professional

Deputy Building Official

Housing Inspector

Plan Reviewer

– OR –

B I do not maintain any of the above certifications. I hereby request to submit evidence to the Board to demonstrate that I possess sufficient building qualifications and experience to receive a license.

SECTION 4: 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 a 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 statement.

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 statement

Printed Name of Individual Applicant

Signature of Individual Applicant