

#### EXPIRED UNLIMITED LICENSE APPLICATION (CORPORATIONS, PARTNERSHIPS & LIMITED LIABILITY COMPANIES)

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

#### 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**. <u>ALL</u> <u>QUESTIONS MUST BE ANSWERED COMPLETELY</u>. Use additional sheets if necessary. Make check, cashier's check, certified check, or money order for \$600.00 (\$250.00 license fee plus \$350.00 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*.

**NOTICE:** 1) Submitting false information for the purpose of obtaining a license is a criminal offense and grounds for license denial. 2) A corporation, partnership, or limited liability company license allows you to engage in residential construction only in the name of the company granted the license. 3) A corporation, partnership, or limited liability company license allows one person to serve as the designated qualifying representative. 4) Partners, officers, members, or managers desiring a license should apply for an individual license.

□ Yes □ No 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:	🛛 🗆 Partnership 🔲 Limited Partnership	□ LLC							
Business Name									
leral Tax Employer ID Number State Tax ID Number									
Previous License Number	Year License Expired								
Mailing Address									
City	County State								
Business Phone ( )	_ Cellular Phone ()								
Fax E-mail Add	x 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							
List any and all business names/trade names you plan to use to perform residential activity:									
If you plan to conduct residential construction as an addition to the business named on this application,									

## SECTION 2: 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 Securi	(Dis		labama Child Support Reform A 975) to be used for the purposes descr				
Mailing Add	ress						
City				County		State	Zip
Cellular Pho	ne (	)		_ Email Address	:		
•	above th	ne same person who	epresentative (DQR) o served as the DQR active an expired lic	R when the license	was last active?	·	
			CKGROUNI				-
			E FOLLOWING QU LANATION ON A			<u>E THE REQU</u>	<u>JESTED</u>
□ Yes □ N		nis license was last a lere or been convic	active, has any partn ted of a felony?	er, officer, membe	er, or manager of th	is company ple	ed guilty or nolo
□ Yes □ N			active, did this comp , been declared or p			or manager of	any entity of which
		<b>,"</b> indicate in the fu ptcy Code.	ull explanation whet	her the bankrupt	cy was filed under <b>C</b>	Chapter 7, 11 c	<b>or 13</b> of the U.S.
	paymen	ts. If the bankrupt Chapter 7, provide a	under <b>Chapter 13</b> , cy was filed under <b>C</b> a schedule of credito	Chapter 11, provid	le a reorganization [	plan. If the ba	nkruptcy was filed
□ Yes □ N	this con	npany is a successor	active, did this comp , have any professio n for any profession	nal or business lic	ense revoked or sus	pended in Ala	,
	If "YES	," provide a copy o	f the revocation, sus	pension, or denia	l order with your w	ritten explanat	ion.
□ Yes □ N			applicant's designat f any other entity, ha			-	-
	If "YES"	, provide the name	of the homeowner	involved:			
□Yes □N			active, were there an which this company		st this company, or a	any partner, of	ficer, member, or
	If "YES	," provide a copy o	f the lien filing, and	the release of lier	n if the lien has beer	n released, witl	n your explanation.
□Yes □N			active, has this comp an unlicensed builde		er, officer, member,	or manager of	this company, been
SECTIO	N 4: BUS	SINESS-RELA	TED FINAN	CIAL INFO	RMATION		
-	-	-	arch, must be submi otaining business-rel		-		•

voluntary. Disclosure required under Ala. Code §34-14A-7(a)(4).

# NOTICE: BOTH SECTIONS 5 AND 6 MUST BE SIGNED.

## SECTION 5: 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.

#### $\Box$ Yes $\Box$ 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.

#### $\Box$ Yes $\Box$ 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 6: 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 5 AND 6 MUST BE SIGNED.

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