

INACTIVE LIMITED LICENSE APPLICATION (INDIVIDUAL)

P.O. Box 303605 • Montgomery, Alabama 36130-3605 / Overnight Delivery: 445 Herron Street • Montgomery, Alabama 36104 Telephone (334) 242-2230 / Facsimile (334) 263-1397

O	FFICE USE ONLY	
(Date Stamp)	Check No	
	Amount Paid	
INSTRUCTIONS: Please type or print in ink all information QUESTIONS MUST BE ANSWERED COMPLETELY. The certified check, or money order payable to the Home Builde card. All fees must be paid before the application will be p	The annual inactive license fee is ers Licensure Board. The Board o	\$125.00. Make check, cashier's check,
NOTICE: 1) Holding an inactive license does not allow required. 2) Your inactive license application must be filed renewed annually.	l prior to the date your current l	icense expires. 3) Inactive licenses must be
☐ Yes ☐ No I have r	read and understood the above	ve statements.
SECTION 1: APPLICANT INFORMAT	ION	
Full Name	Last 4 Dig	
License Number		(Disclosure mandatory under the Alabama Child Suppor Reform Act of 1997, Act 97-447, Ala. Code §30-3-19-
Mailing Address		(1975) to be used for the purposes described therein.
City	County	State Zip
Business Phone ()	E-mail Address	
Do you, or any entity of which you are the Designated Qual disciplinary actions before this Board?		
If "YES," provide the name of the homeowner involved:		
SECTION 2: OATH AND RELEASE FO	R INDIVIDUALS	
I solemnly swear or affirm that I am the person referred to made herein and on the attachments hereto are accurate, co provided and statements made on all applications continue otherwise reported on this application; and further, that if g all laws relating to residential home builders and the rules as	o in this application; that the informal on the best of note to be accurate, complete, and truganted a license by the Home Buranted a license by the Home Buranted	ny knowledge; that the information ne to the best of my knowledge, except as
□ Yes □ No I have re	ad and understood the above st	atement.
I hereby authorize any individual, company, or institution Licensure Board all information and records as are necessar		
☐ Yes ☐ No I have re	ead and understood the above st	ratement
	Printed Name of Individual	Applicant
	Signature of Individual App	licant
County of)		
State of)		
Signed and sworn to before me thisday of	, -	(Notarial Seal)
Signature – Notary Public		
My Commission Expires:		