

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

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  |
|-------------------------------------|--|
|                                     | Check No.  |
| (Date Stamp)                        |  |
|                                     | Amount Paid  |
|                                     |  |
| NSTRUCTIONS: Please type or print i | n ink all information. Copies or facsimile transmissions will not be accepted. A |

**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> The annual inactive license fee is \$125.00. Make check, cashier's check, certified check, or money order 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) 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.

 $\Box$  Yes  $\Box$  No I have read and understood the above statements.

## SECTION 1: APPLICANT INFORMATION

| Business Name                             |   |  |   |
|---|---|--|---|
| License/File Number                       |   |  |   |
| Mailing Address                           |   |  |   |
| City                                      | County  | State  | Zip   |
| Business Phone ( )                        | E-mail Address  |  |   |
| Designated Qualifying Representative's Na | me  |  |   |
| Social Security Number of Designated Qua  | alifying Representative (DQR) – Provide Last 4 D  | (Disclosure mandatory u<br>Reform Act of 1997, | nder the Alabama Child Support<br>Act 97:447, Ala. Code §30-3-194<br>r the purposes described therein.) |
|   | nated qualifying representative, either individua<br>outstanding disciplinary actions before this Boa |  |   |
| If "YES", provide the name of the homeow  | mer involved:   |  |   |

NOTICE: BOTH SECTIONS 2 AND 3 MUST BE SIGNED AND NOTARIZED.

## SECTION 2: 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.

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

#### SECTION 2: (continued)

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.

| I les I no I have read and understood the above statement | □ Yes | 🗆 No | I have read and understood the above statement |
|---|-------|------|--|
|---|-------|------|--|

| Printed Name of Designated Qualifying Repre | esentative [DQR] (Must be a General Partner, Officer, Member, or Manager)          |
|---|--|
|   |  |
| Signature of Designated Qualifying Represen | tative [DQR] (Must be a General Partner, Officer, Member, or Manager)              |
| Social Security Number of DQR               | (Disclosure mandatory under the Alabama Child Support Reform Act of 1997, Act      |
| Provide Last 4 Digits: XXX-XX-              | 97.447, Ala. Code §30-3-194 (1975) to be used for the purposes described therein.) |
|   |  |
| Position Held                               |  |
| County of)                                  |  |
| State of)                                   |  |
| Signed and sworn to before me thisday of    | h), (Notarial Seal)  |
| Signature – Notary Public                   |  |
| My Commission Expires:                      |  |

# SECTION 3: 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.

 $\Box$  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 statem |
|--|
|--|

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

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

| Position Held                                 |                   |
|---|-------------------|
| County of)                                    |                   |
| State of)                                     |                   |
| Signed and sworn to before me thisday of,,,,, | . (Notarial Seal) |
| Signature – Notary Public                     | _                 |
| My Commission Expires:                        |                   |

### NOTICE: BOTH SECTIONS 2 AND 3 MUST BE SIGNED AND NOTARIZED.