

INACTIVE ROOFERS 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 US	SE ONLY
(Date Stamp)	Check No.
(Date Glamp)	Amount Paid
INSTRUCTIONS: Please type or print in ink all information of the complete of the annual check, or money order payable to the Home Builders Licensure Boar fees must be paid before the application will be processed.	l inactive license fee is \$75.00. Make check, cashier's check, certified
NOTICE: 1) Holding an inactive license does not allow you to is required. 2) Your inactive license application must be filed prior be renewed annually. Yes No I have read and	
SECTION 1: APPLICANT INFORMATION	
Business Name	
License/File Number	
Mailing Address	
CityC	ountyStateZip
Business Phone () E-mail Ad	dress
Designated Qualifying Representative's Name	
Social Security Number of Designated Qualifying Representative (DQ	PR) — 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.)
Does the applicant, or the applicant's designated qualifying represent representative of any other entity, have any outstanding disciplinary a	
If "YES", provide the name of the homeowner involved:	
NOTICE: BOTH SECTIONS 2 AND 3 M	MUST BE SIGNED AND NOTARIZED.
SECTION 2: OATH AND RELEASE FOR DESIGN	ATED QUALIFYING REPRESENTATIVE (DQR)
I solemnly swear or affirm that I am the person referred to in this made herein and on the attachments hereto are accurate, complete, a and statements made on all applications for the applicant named here to be accurate, complete and true to the best of my knowledge, except that if the Home Builders Licensure Board recognizes me as a qualifying home builders and the rules adopted by the Board.	nd true to the best of my knowledge; that the information provided e and for which I have been the qualifying representative continue as otherwise reported on this renewal application; and further,
☐ Yes ☐ No I have read and	understood the above statement.
I solemnly swear and affirm that I continue to meet the requirer limited to occupying the required position within the corporation, pa	
☐ Yes ☐ No I have read and	understood the above statement.

SECTION	N 2: (continued)	
-	authorize any individual, company, or institution with whom the app nsure Board all information and records as are necessary to verify or c	
аррисаетот.	☐ Yes ☐ No I have read and understood t	the above statement
	Printed Name of Designated Qualifying Representative [DQR] (Mus	t be a General Partner, Officer, Member, or Manager)
	Signature of Designated Qualifying Representative [DQR] (Must be	e a General Partner, Officer, Member, or Manager)
		sclosure mandatory under the Alabama Child Support Reform Act of 1997, Act 447, Ala. Code §30-3-194 (1975) to be used for the purposes described therein.)
	Position Held	_
County of)	
)	
Signed and swo	vorn to before me thisday of,	(Year) . (Notarial Seal)
	Jotary Public	
My Commission	ion Expires:	
	N 3: OATH AND RELEASE FOR CORPORAT	ΓΙΟΝS, PARTNERSHIPS, OR
LIMITED	D LIABILITY COMPANIES	
of the statemer my knowledge best of my kno the Home Buil	ly swear or affirm that I am authorized to execute this application on ents made herein and on the attachments hereto and that such stateme; that the information provided and statements made on all application owledge, except as otherwise reported on this renewal application; an tilders Licensure Board, I shall use my best efforts to ensure that the a the rules adopted by the Board.	nents are accurate, complete, and true to the best of ions continue to be accurate, complete and true to the d further, that if the applicant is granted a license by
	☐ Yes ☐ No I have read and understood t	he above statement.
	authorize any individual, company, or institution with whom the app nsure Board all information and records as are necessary to verify or c	
	☐ Yes ☐ No I have read and understood t	he above statement.
	Printed Name of Authorized General Partner, Officer, Member, or	r Manager
	Signature of Authorized General Partner, Officer, Member, or Man	nager
	Position Held	

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

County of ______)
State of ______)

My Commission Expires: ___

Signature - Notary Public

Signed and sworn to before me this _____day of _____,__

(Notarial Seal)