

INACTIVE ROOFERS LICENSE APPLICATION (INDIVIDUAL)

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

C	OFFICE USE ONLY	
(Date Stamp)	Check No.	
	Amount Paid	
QUESTIONS MUST BE ANSWERED COMPLETELY.	tion. Copies or facsimile transmissions will not be accepted. <u>ALL</u> The annual inactive license fee is <u>\$75.00</u> . Make check, cashier's check, ders Licensure Board. The Board does not accept cash or payments by creprocessed.	edit
required. 2) Your inactive license application must be file renewed annually.	w you to engage in any residential construction activity for which a licent ed prior to the date your current license expires. 3) Inactive licenses must	
	read and understood the above statements.	
SECTION 1: APPLICANT INFORMAT		
	Last 4 Digits of SSN: XXX-XX- (Disclosure mandatory under the Alabama Chil	d Support
License Number	Reform Act of 1997, Act 97-447, Ala. Code (1975) to be used for the purposes describe	
Mailing Address		
•	County State Zip	
	E-mail Address	
Do you, or any entity of which you are the Designated Quadisciplinary actions before this Board?	alifying Representative, have any outstanding □ Yes □	l No
If "YES," provide the name of the homeowner involved: _		
SECTION 2: OATH AND RELEASE FO	OR INDIVIDUALS	
made herein and on the attachments hereto are accurate, c provided and statements made on all applications continue	to in this application; that the information provided, and the statements complete, and true to the best of my knowledge; that the information e to be accurate, complete, and true to the best of my knowledge, except granted a license by the Home Builders Licensure Board, I shall abide by adopted by the Board.	as
☐ Yes ☐ No I have r	read and understood the above statement.	
	on with whom I have been associated to release to the Home Builders ary to verify or contradict the information provided in this application.	
☐ Yes ☐ No I have i	read and understood the above statement	
	Printed Name of Individual Applicant	
	Signature of Individual Applicant	
County of)	-	
State of)		
Signed and sworn to before me thisday of	, (Notarial Seal)	
Signature - Notary Public		
My Commission Expires:		