

**Designated Qualifying Representative (DQR)  
Change Form  
INSTRUCTIONS**

**NOTE: If DQR change is to become effective January 1<sup>st</sup>,  
contact the Licensure Division at 1-800-304-0853 for instructions.**

Per your request, please find the enclosed Designated Qualifying Representative (DQR) Change Form. Please complete this form (3 pages) and include:

1. If a **corporation**, a current listing of officers from your minutes or a signed officer listing on company letterhead.

If a **limited liability company (LLC)**, company minutes showing that the new DQR is a member (if a member-run LLC) or a manager (if a manager-run LLC).

If a **partnership**, a current signed listing of partners.

2. Copy of the new DQR's passing test score for the Alabama Home Builders exam OR a copy of the new DQR's existing home builders license.
3. Proof of citizenship for the new DQR.
4. Check, cashier's check or money order for \$100.00 made payable to the Home Builders Licensure Board.

Mail completed, signed, and notarized Designated Qualifying Representative Change form along with the above requested documents to:

Home Builders Licensure Board  
P.O. Box 303605  
Montgomery, AL 36130-3605

or for overnight delivery:

Home Builders Licensure Board  
445 Herron Street  
Montgomery, AL 36104

Contact our office if you have questions at 1-800-304-0853.



# HOME BUILDERS LICENSURE BOARD

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

## DESIGNATED QUALIFYING REPRESENTATIVE CHANGE FORM

### OFFICE USE ONLY

(Date Stamp)

Check No. \_\_\_\_\_

Amount Paid \_\_\_\_\_

**INSTRUCTIONS:** Please type or print in ink all information. Use additional sheets if necessary.

You **MUST** include a check, cashier's check or money order for \$100 made payable to the Home Builders Licensure Board.

You **MUST** attach a current listing of officers from your minutes or a signed officer listing on company letterhead (for corporations), company minutes showing that the new Designated Qualifying Representative (DQR) is a member (if a member-managed LLC) or a manager (if a manager-managed LLC) or a current signed listing of partners (for Partnership).

You **MUST** submit the original form. No copies or facsimile transmissions will be accepted.

### SECTION 1: LICENSEE INFORMATION

License No.: \_\_\_\_\_

Please check appropriate business form:  Corporation  Partnership  Limited Partnership  LLC

Business Name: \_\_\_\_\_

Previous DQR's Name: \_\_\_\_\_

### SECTION 2: NEW DESIGNATED QUALIFYING REPRESENTATIVE INFORMATION

Name of NEW Designated Qualifying Representative (DQR): \_\_\_\_\_  
(Must be an Officer, General Partner, Member or Manager)

First

Middle

Last

Suffix

Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(Disclosure mandatory under Alabama Child Support Reform Act of 1997, Act 97-447, Ala. Code §30-3-194 (1997 Cum. Supp.) to be used for the purposes described therein.)

Years with Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Does the individual listed above currently hold an individual home builders license or serve as the DQR of another corporation, partnership, or limited liability company licensed by this agency?  Yes  No

If "YES", list name and file number below:

Licensee Name

File Number

**CHECK ONE:**  The new DQR has completed six (6) hours of continuing education or is eligible for the first-time exemption.

The new DQR will be 60 by October 1<sup>st</sup>. DOB \_\_\_\_\_ Must attach valid government documentation.

I understand that as the DQR, I am required to complete six (6) hours of continuing education annually, unless otherwise exempt.

Yes  No **I have read and understood the above statement.**

### SECTION 3: CITIZENS AND ALIENS LAWFULLY PRESENT

This section to be completed in compliance with *Ala. Code §34-14A-7* and *Ala. Code § 31-13-7,29*, which provides that an alien's lawful presence in the United States may be verified through SAVE. This section must be completed by the designated qualifying representative.

**This application will not be processed until the requested documentation is received by the Board.**

Yes  No 1. Are you a citizen of the United States?

If "YES", please read the declaration below, sign, and provide a legible copy (front and back, as applicable) of any ONE of the documents listed here.

If "NO", see Question 2 below.

- 1) Driver's License or Nondriver Identification Card
- 2) Birth Certificate indicating birth in the United States
- 3) Valid or expired United States Passport
- 4) United States Certificate of Naturalization
- 5) Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended
- 6) Bureau of Indian Affairs Card, Tribal Treaty Card or Tribal Enrollment Number
- 7) Consular report of birth abroad of a citizen of the United State of America
- 8) Certificate of Citizenship issued by the United States Citizenship and Immigration Services
- 9) Certification of report of birth issued by the United States Department of State
- 10) American Indian Card with KIC classification, issued by the United States Department of Homeland Security
- 11) Final adoption decree showing the person's name and United States birthplace
- 12) Official United States military record of service showing the applicant's place of birth in the United States
- 13) An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- 14) ALverify
- 15) Valid Uniformed Services Privileges and Identification Card
- 16) Any other form of identification that the Alabama Department of Revenue authorizes...to be used to demonstrate or confirm a person's United States citizenship or lawful presence in the United States, provided that the identification requires proof of lawful presence in the United States as a condition of issuance.

*I hereby declare that I am a citizen of the United States of America.*

**I sign this declaration under penalties of perjury;** make a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to *Ala. Code §13A-10-102*.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

Yes  No 2. If you are not a citizen of the United States, are you an alien who is lawfully present in the United States?

If "YES", please read the declaration below, sign, and provide a legible copy (front and back, as applicable) of a valid, unexpired Alabama Driver's License or Alabama Nondriver Identification Card AND a legible copy (front and back, as applicable) of ONE of the documents listed below:

- 1) United States Citizenship and Immigration Services (CIS) Card (Resident Alien Card), Document and Number
- 2) Student and Exchange Visitor Information System (SEVIS) Identification, Document and Number (Form I-20 or Form DS-2019)
- 3) Certificate of Naturalization, Document and Number
- 4) Passport from Country-of-Origin, Document and Number
- 5) Arrival and Departure Record (Form I-94), Document and Number
- 6) VISA, Document and Number

*I hereby declare that I am an alien lawfully present in the United States of America.*

**I sign this declaration under penalties of perjury;** make a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to *Ala. Code §13A-10-102*.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

**SECTION 4: 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; 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 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 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)

\_\_\_\_\_  
Position Held

County of \_\_\_\_\_ )

State of \_\_\_\_\_ )

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ . (Notarial Seal)  
(Month) (Year)

Signature – Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**SECTION 5: 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; 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

County of \_\_\_\_\_ )

State of \_\_\_\_\_ )

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ . (Notarial Seal)  
(Month) (Year)

Signature – Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_