



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

2025 UNLIMITED RENEWAL INACTIVE LICENSE APPLICATION (INDIVIDUAL & BUILDING OFFICIAL)

OFFICE USE ONLY
(Date Stamp)
License Fee \$
Late Fee \$
Total Paid \$
Check No.

Review the information in the box below. If the information is INCORRECT or the BOX IS EMPTY, CHECK HERE AND please enter the correct contact information in the spaces provided below.

Empty box for review of information.

License File No.
Mailing Address
City County State Zip
Business Phone Cellular Phone
Fax E-mail Address

Check if above information is the same for Physical Address.

Physical Address
City County State Zip

INSTRUCTIONS: Please type or print in ink all information. Facsimile transmissions will not be accepted. All questions on the front and back of this application must be answered completely. Use additional sheets if necessary. 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. Your fee must be paid before your application will be processed. The deadline for renewal applications is November 30, 2024. A \$50.00 late fee must accompany any renewal application postmarked\* after November 30, 2024. Your 2024 license expires December 31, 2024.

\*The term "postmarked" means postmarked by the U.S. Postal Service, not metered.

NOTICE: Submitting false information for the purpose of obtaining a license is a criminal offense and grounds for license denial. An individual license allows only the individual to engage in residential construction.

CONTINUING EDUCATION REQUIREMENTS: Licensees submitting an inactive renewal application are not required to complete continuing education; however, inactive licensees must complete six (6) hours of continuing education to regain an active status. All licensees age of 60 or over as of October 1st of the current calendar year (individual renewal applicants and/or the designated qualifying representative for corporate renewal applicants), upon submission of a Continuing Education Age Exemption Form, are exempt from the continuing education requirement.

**SECTION 1: BUILDING OFFICIALS** (To be completed by Building Officials ONLY. You must mark either A or B)

I am a Building Official or Building Inspector.

I am an employee of \_\_\_\_\_ jurisdiction.

**ATTACH PROOF OF EMPLOYMENT AS A BUILDING OFFICIAL OR BUILDING INSPECTOR.**

By virtue of employment, I am exempt or prohibited from holding a license;

— AND —

A I currently hold the following S.B.C.C.I. or I.C.L.C. certifications:

**ATTACH COPY OF CERTIFICATE**

- Certified/Chief Building Official
- Building Inspector
- Deputy Building Official
- Residential Building Inspector
- Property Maintenance and Housing Inspector
- Housing Inspector
- Plan Reviewer
- Building Plans Examiner
- Design Professional

— OR —

B I do not maintain any of the above certifications. I hereby request to submit evidence to the Board to demonstrate that I possess sufficient building qualifications and experience to receive a license.

**SECTION 2: OATH AND RELEASE FOR INDIVIDUALS**

I solemnly swear or affirm that I am the person referred to in this application; that the statements made herein and on the attachments hereto are accurate, complete, and true to the best of my knowledge; that the 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 granted a license renewal by the Home Builders Licensure Board, 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 I have 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 Individual Applicant

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

Social Security Number of Individual Applicant

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.)*