



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Low Voltage Contractors

237 Coliseum Drive, Macon, GA 31217

478-207-2440

www.sos.ga.gov/index.php/licensing/plb/60

LOW VOLTAGE CONTRACTORS RECIPROCITY APPLICATION

●●● INSTRUCTIONS AND GENERAL INFORMATION ●●●

Applications are valid for one (1) year from date of receipt.

SECTION 1: PERSONAL INFORMATION

Please be sure to complete all information including your preferred email address for communication with Board staff.

The Board has approved the examination given by North Carolina per Board Rule 121-2-.05.

Submit with your application a letter of verification from the licensing board that administered the examination. The certification must state that the applicant holds a current license and has passed the state examination and have a state seal.

Copies of your state license, wall certificate or examination scores are **not acceptable** as verification/certification. If any of these items are received, the application will be considered incomplete until the verification letter is received.

If your verification letter states that you have obtained your license by “grandfathering”, “endorsement”, or “conversion” you **cannot reciprocate** and an examination application must be completed in order to obtain a Georgia Low Voltage license.

SECTION 2: EXPERIENCE RECORD

List your employer information beginning with your current employer. Licensee name and license number must be listed in addition to the dates of employment and a brief description of your duties. Please review the experience requirements under Board Rule 121-2-.04.

SECTION 3: REFERENCES

Three **(3) notarized original reference forms** from people that have knowledge of your work are required. At least one reference must be from a licensed low voltage contractor. No copies will be accepted, as the form must include the notarized original signatures. A copy of a cover letter that can be provided to references is included in these instructions. Have each reference return the Reference Form directly to you, in a sealed envelope with a signature across the back flap to ensure against tampering, and include all envelopes with your application. You may make additional copies of this form as needed.

SECTION 4: PERSONAL HISTORY

All questions must be answered. **All applicants should submit a background check with application.** This can be obtained by going to your local law enforcement office or through a private background check agency. If you answer “yes” on the conviction question, you must submit the requested **certified** documentation.

SECTION 5: APPLICANT AFFIDAVIT

Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C.G.A. §50-36-1.

All applicants are required to submit a copy of a **Secure and Verifiable Document (SVD)** with this application such as a Driver's License, Passport, or other document OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed. See *O.C.G.A. § 50-36-2*.

LAW AND RULES

Read the law and rules thoroughly before completing the application. See the complete law and rules on the website: www.sos.ga.gov/index.php/licensing/plb/60. You are responsible for knowing the laws and rules for your profession.

APPLICATION STATUS

To check the status of your application, visit www.sos.ga.gov/index.php/licensing/plb/60. Click on the tab, ONLINE SERVICES, then select APPLICATION STATUS.

KEEP A COPY OF YOUR APPLICATION MATERIALS.

All original materials will be retained by our office and will not be returned to you.

FEES

A **\$30.00 non-refundable application fee** by check or money order payable to Georgia Construction Industry Licensing Board must be included with this application. MAIL APPLICATION TO THE BOARD IN A 9X12 ENVELOPE & DO NOT STAPLE OR FOLD APPLICATION.

SECTION 2: EXPERIENCE RECORD

Applicant Name:

- Applicants must show at least **one (1) year** of installation experience.
- Applicants for an alarm or telecommunications license must have experience installing these systems.
- Applicants for an unrestricted license must have experience in both alarm **AND** telecommunication installations.
- Describe briefly, but concisely, the low voltage work you performed, your duties, and degree of responsibility. See **Board Rule 121-2-.04** for a description of the experience requirements.
- Please make additional copies as needed for additional employers.

SPECIFY WORK RELATING TO LOW VOLTAGE DUTIES – BEGIN WITH PRESENT EMPLOYMENT

Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Low Voltage Contractor License#
Employer Phone#	Applicant's Job Title:
Dates Employed From: To: (mo/yr) (mo/yr)	Approximate total number of hours per week the below low voltage duties were performed:
Description of Low Voltage Duties:	
Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Low Voltage Contractor License#
Employer Phone#	Applicant's Job Title:
Dates Employed From: To: (mo/yr) (mo/yr)	Approximate total number of hours per week the below low voltage duties were performed:
Description of Low Voltage Duties:	

SECTION 3: REFERENCES

Applicant Name: _____

Attach **three (3)** completed, **notarized** reference forms from persons who have knowledge of your low voltage experience and list their information below. At least one reference must be a licensed low voltage contractor.

Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	License Type: _____
Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	License Type: _____
Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	License Type: _____

SECTION 4: PERSONAL HISTORY

- YES NO 1. Have you received a diploma in Engineering Technology or a certificate for completion of a vocational-technical school program?

If you answered YES, attach copy of diploma or certificate.

- YES NO 2. Have you ever held a Low Voltage Contractors' license?

If you answered YES, list the type of license, license number, and name of State Board or Agency:

- YES NO 3. Has any licensing board or agency in Georgia or any other state ever: a) Denied your issuance of licensure, renewal, or reinstatement; b) Revoked, suspended, restricted, sanctioned, or probated your license; c) Requested or accepted surrender of your license; d) Reprimanded, fined, or disciplined you?

If you answered YES, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents. Name of State Board or Agency:

- YES NO 4. Have you attached a copy of your criminal background check?

- YES NO 5. Have you ever been arrested, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, or any offense other than a minor traffic violation? (DUI and DWI are not minor traffic violations.)

If you answered YES, you must submit the following:

a) Submit a letter of explanation for each offence and **certified** copy of final court disposition from the county(s) in which you were arrested/convicted. Each court document should include the charges and sentencing information.

b) Probation/Parole - Submit a statement (on official letterhead) from your probation / parole officer regarding your current status. If probation/parole has been completed, submit **certified** documents from the courts verifying case closed and completion of probation / parole.

SECTION 5: APPLICANT AFFIDAVIT

Applicant Name: _____

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (**CHECK ONE**):

1. _____ I am a United States citizen.

Submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on the Board’s website.

2. _____ I am not a United States citizen.

I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Printed Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC My Commission Expires:

O.C.G.A. §45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL



The Office of Secretary of State Professional Licensing Boards Division

Brian P. Kemp
SECRETARY OF STATE

Lisa W. Durden
DIVISION DIRECTOR

Dear Sir or Madam:

The applicant (individual) named on the following form is applying for an Low Voltage Contractor license in the state of Georgia and is required to furnish evidence of his or her ability, experience and professional skills in the field by submitting references attesting to his or her qualifications. These references must have worked directly with the individual on low voltage projects.

The Division wishes to point out that the statements submitted must be from personal knowledge, made with the full realization of the responsibility toward the public, and not made for the mere purpose of aiding the applicant. In view of this responsibility, the Division requests your cooperation by answering truthfully, carefully and completely the questions printed on the reference letter form. It is unlawful to make false statements regarding an applicant's experience. Please be assured that the information you furnish will be treated as confidential and will not be released without specific authorization by the Division. The Board requests that you do not let the applicant see your answers or comments and that you do not otherwise communicate the results of your evaluation.

Please fill out all information on the following reference form and have it notarized. The Board prefers that you mail this original notarized form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Low Voltage Contractors Division at 237 Coliseum Drive, Macon, GA 31217, please make a blank copy of this form and mail it back to the applicant, then mail the completed form to the board.

Sincerely,

State Construction Industry Licensing Board
Low Voltage Contractors Division

237 Coliseum Drive • Macon, Georgia 31217 • 478-207-2440
www.sos.ga.gov



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REFERENCE FORM

Applicant Name: _____

Your name (please print): _____

Address: _____ City, State, Zip: _____

Phone# _____ Company: _____ Present Position: _____

YES NO 1. Are you a Low Voltage Contractor?

If YES, License# _____ Issuing State _____

2. How long have you known the applicant? From _____ to _____

3. How well do you know the applicant? Very Well Well Slightly Not at all

YES NO 4. Are you in any way related to the applicant? If YES, explain: _____

YES NO 5. Do you have personal knowledge of the applicant's installation experience supervised by a licensed low voltage contractor on low voltage systems (as defined below)?

▪ "**General system**" means any electrical system, other than an alarm or telecommunication system, involving low-voltage wiring, including, but not limited to stand alone intercom systems and call alert systems (audio or visual); distribution wiring for alarm systems and telecommunications systems including local area network systems; sound systems; public address systems; the low voltage side of energy management systems; antenna systems and satellite dish systems, irrigation system wiring; and low voltage lighting.

▪ "**Alarm system**" means any device or combination of devices used to detect a situation, causing an alarm in the event of a burglary, fire, robbery, medical emergency, or equipment failure, or on the occurrence of any other predetermined event.

▪ "**Telecommunication system**" means a switching system and associated apparatus which performs the basic function of two-way voice or data service, or both, and which can be a commonly controlled system capable of being administered both locally and remotely via secured access.

6. Check the low voltage systems the applicant has experience installing & specify the length of time for each system.

	Length of time installing	No direct knowledge
<input type="checkbox"/> General Low Voltage Systems	_____	<input type="checkbox"/>
<input type="checkbox"/> Alarm Systems	_____	<input type="checkbox"/>
<input type="checkbox"/> Telecommunication Systems	_____	<input type="checkbox"/>
<input type="checkbox"/> All above Low Voltage Systems	_____	<input type="checkbox"/>

7. What is your opinion of the applicant's personal integrity and reputation? _____

8. Considering the need to protect the public health, safety, and welfare, in your opinion, how does this applicant rank in professional competence and responsibility? Qualified Additional experience needed Unqualified

YES NO 9. Based on your personal knowledge of the applicant's experience in installing low voltage systems, do you recommend the applicant for low voltage licensure?

If NO, explain: _____

I certify that the above statements are true & correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20 _____

NOTARY PUBLIC My Commission Expires: _____
Revised 09-16

Reference Signature