



## GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

### Division of Utility Contractors

237 Coliseum Drive, Macon, GA 31217

478-207-2440

[www.sos.ga.gov/index.php/licensing/plb/56](http://www.sos.ga.gov/index.php/licensing/plb/56)

---

## UTILITY FOREMAN 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.

---

#### SECTION 2: EXPERIENCE RECORD

You must document a minimum of **one (1) year** of experience for the Utility Foreman license in the field in the construction, erection, alteration or repair of utility systems at least five feet underground. A **notarized letter on company letterhead** from each employer listed in your experience record is required to verify your experience in the field for the minimum duration required for certification. See Board Rule 121-2-.09.

---

#### SECTION 3: REFERENCES

List **three (3) persons** who have knowledge of your utility experience to whom the Division may refer.

---

#### SECTION 4: PERSONAL HISTORY

All questions must be answered. You must submit proof of completing a 7 hour Safety Training Course from a Board approved provider in the past 2 years. See Board Rule 121-2-.10. A list of approved Safety Training Courses is available on our website at [www.sos.ga.gov/index.php/licensing/plb/56](http://www.sos.ga.gov/index.php/licensing/plb/56).

**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.*

\*If you are a qualified alien, please submit a copy of your qualified alien documentation to the Board office as your Secure & Verifiable Document. **\*All licensees are required to complete and submit the attached Affidavit of Citizenship Form along with a secure and verifiable document.**

---

#### 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/56](http://www.sos.ga.gov/index.php/licensing/plb/56). 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/56](http://www.sos.ga.gov/index.php/licensing/plb/56) Click on the tab, ONLINE SERVICES, then select APPLICATION STATUS.

---

#### FEES

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

---

#### KEEP A COPY OF YOUR APPLICATION MATERIALS.

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

---



GEORGIA CONSTRUCTION INDUSTRY  
 LICENSING BOARD  
 Division of Utility Contractors  
 237 Coliseum Drive, Macon, GA 31217-3858  
 478-207-2440  
[www.sos.ga.gov/index.php/licensing/plb/56](http://www.sos.ga.gov/index.php/licensing/plb/56)

Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

## APPLICATION FOR UTILITY FOREMAN

Application Fee \$30.00 (non-refundable)

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

Method Obtained by:  Initial Certification

Use separate application for reinstatement.

### SECTION 1: PERSONAL INFORMATION

1. Legal Name to

Appear on License:

\_\_\_\_\_

FIRST MIDDLE LAST SUFFIX

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

\_\_\_\_\_

FIRST MIDDLE LAST SUFFIX / MAIDEN

3. Social Security#:

			-			-						
--	--	--	---	--	--	---	--	--	--	--	--	--

Date of Birth:

		-			-							
M	M		D	D		Y	Y	Y	Y			

4. Physical Address:

(PO BOX NOT ACCEPTABLE)

\_\_\_\_\_

NUMBER AND STREET APT#

\_\_\_\_\_

CITY STATE ZIP

5. Mailing Address:

(if different)

\_\_\_\_\_

NUMBER AND STREET OR P.O. BOX APT#

\_\_\_\_\_

CITY STATE ZIP

6. Daytime Phone#:

			-				-					
--	--	--	---	--	--	--	---	--	--	--	--	--

Business or Cell  
Phone#:

			-				-					
--	--	--	---	--	--	--	---	--	--	--	--	--

7. Email Address: \_\_\_\_\_

**SECTION 2: EXPERIENCE RECORD**

Applicant Name:

- Applicants for Utility Foreman license must show at least **one (1) year** of experience in the field in the construction, erection, alteration or repair of utility systems at least five feet underground.
- You must submit a **notarized letter on company letterhead** from the employers listed below to verify your experience record in the field for the minimum duration required for certification. See Board Rule 121-2-.09.
- Please make additional copies as needed for additional employers.

**SPECIFY EXPERIENCE RELATING TO UTILITY DUTIES – BEGIN WITH PRESENT EMPLOYMENT**

Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Utility License#
Employer Phone#	Applicant's Job Title:
Dates Employed      From:                      To: (mo/yr)                                      (mo/yr)	<input type="checkbox"/> A <b>notarized letter on company letterhead</b> from this employer has been attached.
Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Utility License#
Employer Phone#	Applicant's Job Title:
Dates Employed      From:                      To: (mo/yr)                                      (mo/yr)	<input type="checkbox"/> A <b>notarized letter on company letterhead</b> from this employer has been attached.
Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Utility License#
Employer Phone#	Applicant's Job Title:
Dates Employed      From:                      To: (mo/yr)                                      (mo/yr)	<input type="checkbox"/> A <b>notarized letter on company letterhead</b> from this employer has been attached.
Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Utility License#
Employer Phone#	Applicant's Job Title:
Dates Employed      From:                      To: (mo/yr)                                      (mo/yr)	<input type="checkbox"/> A <b>notarized letter on company letterhead</b> from this employer has been attached.

**SECTION 3: REFERENCES**

Applicant Name: \_\_\_\_\_

List **three (3)** persons who have knowledge of your utility experience to whom the Division may refer.

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

**SECTION 4: PERSONAL HISTORY**

YES  NO 1. In the past 2 years, have you completed the 7 hour Safety Training Course from a board approved provider as required? **If YES**, attach a copy of the certificate of completion or card issued.

YES  NO 2. Have you ever held a utility 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, charged, 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.

**Please 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. **Please 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**