

GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD
DIVISION OF LOW VOLTAGE CONTRACTORS

237 Coliseum Drive

Macon, Georgia 31217

(478) 207-2440 [Telephone]

888-866-9718 [Fax]

www.sos.ga.gov/plb/construct

LOW VOLTAGE CONTRACTORS

STATEWIDE LICENSES

●●●GENERAL INFORMATION and CHECKLIST●●●

A Complete Application Packet Includes:

Application for License Examination Form (including 3 reference letter forms)

OTHER MATERIALS MAILED TO APPLICANTS:

Approximately 45 Days Prior to the Examination

Letter from the Board notifying the applicant of approval or disapproval to take the examination. If approved, applicant will receive the Candidate Information Bulletin, which includes an outline of topics covered in the examination.

Approximately 2 Weeks Prior to the Examination

Admission Notices from AMP to scheduled applicants, giving the date and location of the examination, as requested on the AMP-GA 15 form. [If you receive an approval letter from the Board, but do not receive an admission notice, contact AMP at (800) 345-6559.]

Approximately 45 Days After the Examination

Examination Results. Applicants who failed the exam will receive a new Examination Scheduling Form to apply for another examination date. Applicants who passed the examination will receive their license identification card.

LICENSES REQUIRED

Low Voltage Licenses are required of persons who contract to install, alter, service, or repair low voltage systems. Separate licenses are issued for general, alarm, telecommunication, and unrestricted low voltage contracting. See §43-14-2 of the Excerpts from the Board Laws and Rules for definitions and §43-14-13 for exemptions to the requirements by downloading from our web page: www.sos.ga.gov/plb/construct.

RESTRICTIONS ON STATEWIDE LOW VOLTAGE CONTRACTOR LICENSES

Low Voltage Contractor Licenses are required of persons who contract to install, alter, repair, or service low voltage systems. Low Voltage systems are defined in O.C.G.A. §43-14-2 (See Excerpts from the Board Laws and Rules).

General System Low Voltage Contractor licenses cover low voltage systems, other than alarm and telecommunications systems. (See Board Rule 121-2-.04.) Alarm and telecommunications licenses also cover general systems. Unrestricted licenses cover all low voltage systems.

Please detach and keep these instructions for your records

APPLICATION FOR LOW VOLTATGE CONTRACTOR
GEORGIA STATE BOARD OF CONSTRUCTION
237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440
www.sos.ga.gov/plb/construct

Please read the instructions carefully and be familiar with the laws and rules governing the practice of low voltage in the State of Georgia. Visit the following web site for information:
<http://www.sos.ga.gov/plb/construct>.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year. Only complete applications received by the deadline are reviewed by the Low Voltage Board.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application. Do not send the checklist with your application; it is for your use only!

The \$30.00 non-refundable application fee payable to Georgia State Board of Construction must be included with application

- EXPERIENCE:** All information on your employer(s) and details of your work experience are completed.
- PERSONAL HISTORY:** **Beginning October 15, 2007**, all applicants must submit a background check with the application. This may be obtained through your local law enforcement center.
- NOTARIZED APPLICATION:** The four-page completed application must be mailed to the Board's office at the address listed above and received in the board office no later than 60 days prior to the expected exam date. The Board, at their next scheduled meeting, will review the application with required documentation. Approval of licensure is at the Board's discretion.
- Three (3) original notarized reference letters are attached from the people listed in Part III.**
- OTHER STATE LICENSURE CERTIFICATION:** If you are applying for reciprocity, you MUST include a letter of verification/good standing from the North Carolina state licensing board stating that you have taken the state exam. *Copies of your scores or your current license are not acceptable.*

**SEE SEPARATE APPLICATION FOR REINSTATEMENT BY RE-EXAMINATION
for licenses lapsed more over three (3) years.**

Detach and keep this information for your records.

STATE CONSTRUCTION INDUSTRY LICENSING BOARD
DIVISION OF LOW-VOLTAGE CONTRACTORS

INSTRUCTIONS TO APPLY FOR
LOW-VOLTAGE CONTRACTORS LICENSE

Based on Out of State Examination

Please read these instructions carefully before completing your applications. Type or hand print your application.

Under Board Rule 121-2-.05, Statewide License by Endorsement, the Division of Low-voltage Contractors may accept results of approved out of state examinations for licensure. The Board has approved:

The examinations for Unlimited or Low-voltage classifications administered by the North Carolina State Board of Examiners of Electrical Contractors; and

Persons applying for Georgia license based on these examinations must also meet the experience and other requirements for Georgia license.

To apply, complete the license application form as instructed. In addition, an original letter of certification from the North Carolina Licensing Board must be submitted. The certification must state that the applicant holds a current license and has passed the state examination. **The application fee of \$30.00 must be submitted with the application.**

The examination scheduling form and examination fee are not required for application based on out of state examination.

DETACH AND KEEP FOR YOUR OWN RECORDS

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt number _____



FOR BOARD USE ONLY

License no. _____

Date Issued _____

Applicant No. _____

GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD
237 Coliseum Drive • Macon, Georgia 31217-3858 • (478) 207-2440
www.sos.ga.gov/plb/construct

APPLICATION FOR LOW VOLTAGE CONTRACTOR

Application Fee \$30.00 (non-refundable)

In the form of a money order or company or personal check made out to GCILB

License Type: _____ General
(Check only) _____ Alarm
one category!) _____ Telecommunications
_____ Unrestricted

Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards): _____

Method Obtained by:

Applicant is applying for above referenced license by:

- Examination
- Reciprocity with the State of North Carolina**

Name _____
as desired on License First Middle Last Suffix

_____-_____-_____/_____/_____
Social Security Number (required for tracking purposes) **Date of Birth**

Physical Address _____
P.O. Box not acceptable Number and Street Apt. No City/State Zip

Mailing Address _____
(if different) P.O. Box OR Number and Street Apt. No City/State Zip

Daytime Telephone Number Business or Cell phone Number

E-mail address: _____

_____ I am requesting Veterans' Preference Points (exam applicants only).
Attached is a copy of my DD-214

EXPERIENCE RECORD, cont'd

| | | |
|--|--------------------------|--------------------|
| Name of Employer: | | Phone: () |
| Employer's Complete Address: | | |
| Name of Supervisor: | Job Title of Supervisor: | Type License Held: |
| Your Job Title | Employed FROM: [Mo/Yr] | TO: [Mo/Yr] |
| Approximate # of Hours/Week you perform duties listed below: | | |
| Description of Low Voltage Duties: | | |
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|--|--------------------------|--------------------|
| Name of Employer: | | Phone: () |
| Employer's Address: | | |
| Name of Supervisor: | Job Title of Supervisor: | Type License Held: |
| Your Job Title | Employed FROM: [Mo/Yr] | TO: [Mo/Yr] |
| Approximate # of Hours/Week you perform duties listed below: | | |
| Description of Low Voltage Duties: | | |
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|--|--------------------------|--------------------|
| Name of Employer: | | Phone: () |
| Employer's Address: | | |
| Name of Supervisor: | Job Title of Supervisor: | Type License Held: |
| Your Job Title | Employed FROM: [Mo/Yr] | TO: [Mo/Yr] |
| Approximate # of Hours/Week you perform duties listed below: | | |
| Description of Low Voltage Duties: | | |
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Secretary of State
Professional Licensing Boards Division
237 Coliseum Drive
Macon, Georgia 31217-3858
478-207-2440
www.sos.ga.gov/plb/construct

Dear Sir or Madam:

The applicant named on this form is required to furnish evidence of his or her ability, experience, and professional skills in the field of Low Voltage Contracting. The applicant is required to furnish the State Construction Industry Licensing Board, Division of Low Voltage Contractors with three references attesting to his or her qualifications. These references must have worked directly with the individual on low voltage projects. At least one reference must be from a licensed low voltage contractor.

The Division wishes to point out that the statements submitted must be from personal knowledge only and made with the full realization of the responsibility toward the public. In view of this responsibility, the Division requests your cooperation by answering truthfully, carefully, and completely the questions printed on the back of this letter. 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.

To further assure confidentiality, the enclosed form may be placed in a sealed envelope with your signature across the flap and given to the applicant to include with the application.

Sincerely,

State Construction Industry Licensing Board
Division of Low Voltage Contractors

**Low Voltage Contractors
Applicant Reference Form**

Applicant Name: _____

1. How well do you know the applicant? () very well () well () slightly () not at all
2. List dates (months and years) of contact with the applicant, from _____ to _____
3. Do you have personal knowledge of the applicant's supervised installation experience by a licensed low voltage contractor on low voltage systems (as defined below) () Yes If yes, complete form () No If no, complete only numbers 1, 2, 3, 5, 6, and signature.
 - "General low-voltage systems" mean any electrical systems, other than alarm or telecommunication systems, 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.
4. Check the low voltage systems the applicant has experience installing & specify the length of time for each system.

| | |
|---------------------------------|---------------------------------|
| • General Low Voltage Systems | Length of time installing _____ |
| • Alarm Systems | Length of time installing _____ |
| • Telecommunications Systems | Length of time installing _____ |
| • All above Low Voltage Systems | Length of time installing _____ |
5. What was/is your relationship with the applicant? _____
6. What is your opinion of the applicant's personal integrity and reputation:

7. 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
8. Based on your personal knowledge of the applicant's experience in installing low voltage systems, do you recommend the applicant for low voltage licensure? () yes () no

I certify that the above statements are true and 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.

Print name _____ Low Voltage License No. _____ State of License _____

Present position _____ Company _____

Address _____ Day-time number () _____

Signature & Date

Subscribed and sworn to before me this _____ day of _____, _____

Notary Seal & Date commission expires



Secretary of State
Professional Licensing Boards Division
237 Coliseum Drive
Macon, Georgia 31217-3858
478-207-2440
www.sos.ga.gov/plb/construct

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State Construction Industry Licensing Board
Division of Low Voltage Contractors

Low Voltage Contractors Applicant Reference Form

Applicant Name: _____

1. How well do you know the applicant? () very well () well () slightly () not at all
2. List dates (months and years) of contact with the applicant, from _____ to _____
3. Do you have personal knowledge of the applicant's supervised installation experience by a licensed low voltage contractor on low voltage systems (as defined below) () Yes If yes, complete form () No If no, complete only numbers 1, 2, 3, 5, 6, and signature.
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4. Check the low voltage systems the applicant has experience installing & specify the length of time for each system.

| | |
|---------------------------------|---------------------------------|
| • General Low Voltage Systems | Length of time installing _____ |
| • Alarm Systems | Length of time installing _____ |
| • Telecommunications Systems | Length of time installing _____ |
| • All above Low Voltage Systems | Length of time installing _____ |
5. What was/is your relationship with the applicant? _____
6. What is your opinion of the applicant's personal integrity and reputation:

7. Considering the need to protect the public health, safety and welfare, in your opinion how does this applicant rank in professional competence and responsibility:
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I certify that the above statements are true and 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.

Print name _____ Low Voltage License No. _____ State of License _____

Present position _____ Company _____

Address _____ Day-time number () _____

Signature & Date

Subscribed and sworn to before me this _____ day of _____, _____

Notary Seal & Date commission expires



Secretary of State
Professional Licensing Boards Division
237 Coliseum Drive
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Sincerely,

State Construction Industry Licensing Board
Division of Low Voltage Contractors

Low Voltage Contractors Applicant Reference Form

Applicant (individual's) Name: _____

1. How well do you know the applicant? () very well () well () slightly () not at all
2. List dates (months and years) of contact with the applicant, from _____ to _____
3. Do you have personal knowledge of the applicant's supervised installation experience by a licensed low voltage contractor on low voltage systems (as defined below) () Yes If yes, complete form () No If no, complete only numbers 1, 2, 3, 5, 6, and signature.
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4. Check the low voltage systems the applicant has experience installing & specify the length of time for each system.

| | |
|--|---|
| <ul style="list-style-type: none">• General Low Voltage Systems• Alarm Systems• Telecommunications Systems• All above Low Voltage Systems | <ul style="list-style-type: none">Length of time installing _____Length of time installing _____Length of time installing _____Length of time installing _____ |
|--|---|
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6. What is your opinion of the applicant's personal integrity and reputation:

7. Considering the need to protect the public health, safety and welfare, in your opinion how does this applicant rank in professional competence and responsibility:
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Print name _____ Low Voltage License No. _____ State of License _____

Present position _____ Company _____

Address _____ Day-time number () _____

Signature & Date

Subscribed and sworn to before me this _____ day of _____, _____

Notary Seal & Date commission expires



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the Construction Industry Licensing Boards ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

This authorization is valid for 90/180/___ (circle one) days from date of signature.

I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

___ Working with mentally disabled

___ Working with elder care

___ Working with children

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]