GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD
Division of Electrical Contractors
237 Coliseum Drive, Macon, GA 31217
404-424-9966
www.sos.ga.gov

This application is for: LICENSURE BY EXAMINATION or
REINSTATEMENT of a License Lapsed 3+ Years (exam required)

INSTRUCTIONS AND GENERAL INFORMATION

Incomplete applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of deficiency notification.

SECTION 1: PERSONAL INFORMATION - Complete all information including your preferred email address for communication with Board staff.

SECTION 2: PRIMARY EXPERIENCE

You must document a minimum of **4 years** (2,000 hours = 1 year) of qualifying experience. This experience must be gained working under a Licensed Electrical Contractor who is actively engaged in electrical contracting work. If you worked under an unlicensed contractor, that experience will not count toward your 4 years of experience.

The Qualifying Licensee's name and license number must be listed for the experience to count towards primary experience.

If the license holder is from out of state, notate on the application if their license is equivalent to a Restricted or Non-Restricted Georgia license. Have each employer return the Primary Experience Form directly to the Board office at the address above. Make additional copies of the Primary Experience Form as needed.

Employer information includes the qualifying licensee's name and license number; dates of employment (in the month/year format); range of sizes for each category (i.e. 200-300 amps, ½-20 hp, etc.); and average number of hours performed per week. The board may also require proof of hours worked.

SECTION 3: REFERENCES

Three (3) notarized original reference forms from people that know of your work are required.

At least one reference must be from a Licensed Electrical Contractor. Copies of the completed form will not be accepted, as the form must include the notarized original signatures. A cover letter is provided in this application packet that you can send to your references. Each reference is to return the Reference Form directly to the Board Office at the address above. Make additional copies of the Reference Form as needed.

SECTION 4: PERSONAL HISTORY, EDUCATION, BACKGROUND CHECK

All questions must be answered. Submit only certificates showing you have completed a vocational/technical school program or a copy of your diploma in Engineering Technology or related electrical field. No other education is accepted, nor should it be submitted.

Submit a CERTIFIED background check obtained from your Local Law Enforcement Office. If you answer **'YES'** on the conviction question, you must submit the requested **certified** documents.

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, submit a copy of your qualified alien documentation to the Board office as your Secure and 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 - wŜØlŜø the law and rules thoroughly π LAWS, RULES. You are responsible for knowing the laws and rules of your profession.

A separate statewide low voltage contractor license is required of persons who contract for low voltage work (See O.C.G.A. §43-14-2 for definitions).

VETERANS' PREFERENCE POINTS

Veterans may be eligible for Veterans' Preference Points on their examination if they served on active duty in the Armed Forces, Reserves, or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of your DD-214 form with the application.

DISABILITY ACCOMMODATION

Persons who have a disability and may require accommodation should obtain the *Request for Disability Accommodation Guidelines* form on the Board's website under Application/Form Downloads.

APPLICATION STATUS

To check the status of your application, click HERE.

KEEP A COPY OF YOUR APPLICATION MATERIALS. All original materials will be retained by our office and will not be returned to you.

FEES

Include the non-refundable application fee by check or money order payable to Georgia Construction Industry Licensing Board. See Fee Schedule

-- EC Exam Application Fee - $40 ($30 application fee + $10 processing fee)

-- EC Reinstatement Application Fee - $160 ($150 application fee + $10 processing fee)

EXAM

Exams are offered on a continuous basis. You must have board approval to sit for the exam.

- You must have an application on file with the Board.
  - Complete the Application; submit the fee and all requested documents to the Board office.
  - You will be notified by email if there are deficiencies with your application.
  - Deficiencies will cause a longer application processing time, so make every effort to fully complete the application and submit all requested documents.
- When your application is complete, staff will present it to the Board for review.
  - You will be notified of the Board's decision regarding your eligibility to sit for the exam.
  - PSI/AMP is the testing vendor. We will notify PSI when you have been approved to sit for the exam, and they, in turn, will contact you via email with information on registration, exam payment, and date/time selection for the exam.

THIRD-PARTY AUTHORIZATION

If you wish for staff to talk with someone besides you about your application, you must complete and submit a Third-Party Authorization Form. This is optional, but staff will not discuss your application with anyone other than you if this form is not in your file. The form can be downloaded from the board's website - Third Party Authorization Form.

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LICENSING BOARD
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Date Entered _____
Receipt # _____
Submitted $ _____
Date Issued _____

Electrical Contractor License

Application for LICENSURE BY EXAMINATION or Application for REINSTATEMENT AFTER 3+ YEARS LAPSED LICENSE

This application is for initial licensure **or** reinstatement of a license that has been lapsed for 3 or more years.
Use a different application if you wish to apply by reciprocity or reinstate a license that has been lapsed for less than 3 years.

I am applying for: (Choose one):

- ☐ Class 1 Restricted, Exam required - $40 ($30 application fee + $10 processing fee)
- ☐ Class 2 Non-restricted, Exam required - $40 ($30 application fee + $10 processing fee)
- ☐ Reinstatement of License # _____, Exam required - $160 ($150 app fee + $10 proc. fee)

My license expired: _____

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: _____

☐ Check this box if you are a military spouse or a transitioning service member of the United States armed forces including the National Guard.

☐ Check this box if you are requesting **Veteran's Preference Points.** Attach a copy of your DD-214.

SECTION 2: PRIMARY EXPERIENCE RECORD - (experience must be gained under an active Licensed Electrical Contractor)

Applicant Name: _____

NOTE! **This form must be completed by a Licensed Electrical Contractor** who can certify to your experience as noted in this Section. It does not necessarily have to be completed by your employer.

- For Class I (restricted) license, you must have experience in at least **six (6)** of the Primary Experience areas.
- For Class II (non-restricted) license, you must have experience in **all** Primary Experience areas and must have experience with electrical installations in excess of single-phase, 400 amperes systems working under a Class II (non-restricted) Licensed Electrical Contractor.
- Return this form directly to the Board office at the address provided.
- You may make copies of this form as needed to show at least **4 years** of qualifying experience gained under an active Licensed Electrical Contractor.

EMPLOYMENT INFORMATION

My employer's name is/was:	Applicant - Your Name:
The address for the employer named above is:	Applicant - What is/was your job title with this employer?
The phone # for the employer named above is:	What are/were your dates of employment? From (mo/yr): _____ To: (mo/yr) _____
Is the employer named above in the electrical contracting business? ☐ Yes ☐ No	If no, what is the business of the employer? About how many total hours per week did you perform electrical work for this employer?

The section below is to be completed by a Licensed Qualifying Electrical Contractor who has witnessed your work and can attest to your experience. Respond to Primary Experience questions (1 - 8). Note if applicable or unknown.

(1) Installation of raceway systems, including pull boxes, junction boxes, conduit bodies and the connections in the system and to cabinets, panelboards, switchboards, and boxes, which meet all Code use and installation requirements. Give a detailed description (type and size of raceways, project square footage, or estimated quantity of raceway installed) of projects where the applicant was in responsible charge for sizing the raceway systems and was in direct control of the installation of the work. Include references to Code sections that had to be addressed related to work.

(2) Installation of conductors, including flexible cords, cables, splices, taps, terminations, bonding jumpers, overcurrent protective devices, metering devices, etc., in cabinets, panelboards, switchboards, boxes, and conduit, which meet all Codes use and installation requirements, such as to sizing, ampacity, voltage, etc. Provide details (type and size of conductors and cables, project square footage or estimated quantity of conductors or cables installed) of projects where the applicant was in responsible charge for sizing the wiring systems and was in direct control of the installation of the work. Include references to Code sections that had to be addressed related to work.

(3) Installation of service entrances, metering devices, cabinets, switchboards, service risers and fasteners, overcurrent protective devices, disconnecting means, ground electrodes, main bonding jumpers, and ground fault protectors which all meet Code installation requirements, such as to sizing, rating, clearances, and weatherproofing.
Provide details (type and size of equipment, meter size and type, overcurrent devices, and grounding) of projects where the applicant was in responsible charge and in direct control of the installation of the work. Include references to Code sections that had to be addressed related to work such as to sizing, rating, clearances, and weatherproofing.

I certify that the above documentation of experience is true and correct to the best of my knowledge and is not made to aid an unqualified applicant to become licensed. I further realize the responsibility this applicant will have should he/she be licensed with safeguarding the life, health and property of the public. ***NOTE: By signing, you are indicating that the applicant has worked with you to gain experience during the time frames listed on this form. If you do not have this knowledge, do not sign the form. Return this form directly to the Board office at the address provided.***

Printed Name: _____ Signature: _____ Date_____

*(Qualifying Electrical Contractor License Holder)***

↘↘ Questions 4 - 8 continue on next page. ↘↘

SECTION 2: PRIMARY EXPERIENCE RECORD - continued

Applicant Name: _____

(4) Installation of motors and generators with feeders, branch circuits, overcurrent protective devices, disconnect means, and controllers all of which meet Code installation requirements, such as sizing, rating, usage, and location.
Provide details (motors and generators type/size, type of protective devices, and controllers) of projects where the applicant was in responsible charge and in direct control of the installation of the work. Include references to Code sections that had to be addressed related to work such as to sizing, rating, usage, and location.

(5) Installation of switches, disconnects, controls, etc., which supply lighting fixtures, appliances, electrical circuits, controls for heating and air conditioning equipment, other utilization and general use equipment, according to use and Code installation requirements.
Provide details (switches type/size, type of control, and lighting/appliances/HVAC) of projects where the applicant was in responsible charge and in direct control of the installation of the work. Include references to Code sections that had to be addressed related to work.

(6) Installation of materials and equipment required for use in special occupancies according to use and Code installation requirements, as defined by Chapter 5 of the National Electrical Code.
Provide details of projects where the applicant was in responsible charge and in direct control of the installation of the work defined by NEC Chapter 5. Include references to Code sections that had to be addressed related to work.

(7) Bonding of interior metal piping systems, installation of properly sized equipment grounding conductors, grounding of exposed noncurrent carrying metal parts of electrical equipment, and protection of grounding conductors from physical damage.
Provide details of projects where the applicant was in responsible charge and in direct control of the installation of the work requiring bonding and grounding of equipment and systems. Include references to Code sections that had to be addressed related to work.

(8) Determination of general lighting loads, minimum branch circuits, minimum ampacity of conductors in feeder and branch circuits, maximum allowable conductor fill for raceways, net loads, using specified or optional methods, rates or demand factors, and derating factors given in the Code.
Provide details of projects and type of calculations preformed (lighting loads, branch and feeder circuit minimum ampacity, raceway fill, etc.). Include references to Code sections and method of calculations.

I certify that the above documentation of experience is true and correct to the best of my knowledge and is not made to aid an unqualified applicant to become licensed. I further realize the responsibility this applicant will have should he/she be licensed with safeguarding the life, health and property of the public. ***NOTE: By signing, you are indicating that the applicant has worked with you to gain experience during the time frames listed on this form. If you do not have this knowledge, do not sign the form. Return this form directly to the Board office at the address provided.***

Printed Name: _____ Signature: _____ Date_____
*(Qualifying Electrical Contractor License Holder)***

License # _____ State Issued: _____

SECTION 3: REFERENCES

Applicant Name: _____

Name **three (3) persons** with whom you have worked that can attest to your experience and list their information below. These people will submit the Reference Form (included with this packet) to the Board office. At least one reference must be a licensed electrical contractor.

Ref #1 - Name:	Telephone#
Address:	Professional License#
City, State, Zip:	Issuing State:
Ref #2 -Name:	Telephone#
Address:	Professional License#
City, State, Zip:	Issuing State:
Ref #3 -Name:	Telephone#
Address:	Professional License#
City, State, Zip:	Issuing State:

SECTION 4: PERSONAL HISTORY

1. Have you received a diploma in Engineering Technology or a certificate for completion of a vocational-technical school program? ☐ YES ☐ NO **If YES**, include a copy of diploma or certificate.

2. Have you ever held an electrical contractors' license? ☐ YES ☐ NO
   If YES, provide the type of license, license number, and name of State Board or Agency.

   _____

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

4. Submit your criminal background check from your local law enforcement agency. **(required)** ☐ Yes, I have included this.

5. Have you ever:
   a) been arrested, charged, convicted, or sentenced, for any felony, misdemeanor, DUI or DWI? ☐ YES ☐ NO
   b) entered a plea of guilty or nolo contendere for any felony, misdemeanor, DUI or DWI? ☐ YES ☐ NO
   c) been given First Offender status for any felony, misdemeanor, DUI or DWI? ☐ YES ☐ NO

   If YES to any part of question 5, you must submit the following:
   - A letter of explanation for each offense **and**
   - A **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.

6. If you are on 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:

Select One:

☐ 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.

OR

☐ 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 SIGNATURE

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
Construction Industry Licensing Boards Division

Brad Raffensperger
SECRETARY OF STATE

Gabriel Sterling
INTERIM DIVISION DIRECTOR

To Whom It May Concern:

The applicant (individual) named on the following form is applying for an Electrical Contractor license in the state of Georgia and is required to furnish evidence of his or her ability, experience, and professional skill in the field of Electrical Contracting. This evidence is provided through Reference statements. The applicant has listed you as a Reference, and your evaluation of the applicant is vital to our evaluation of their qualifications for licensure.

As a Reference, you must have worked directly with the applicant on projects. Your statements must be from personal knowledge and made with the understanding of the responsibility a licensee has toward the protection of the public. Please answer the questions truthfully and as fully as possible as it is unlawful to make false statements regarding an applicant's experience.

We ask that you not allow the applicant to see your answers or comments. The information you share with us will be confidential and will not be released without specific authorization by the Division.

Please either mail the completed Reference Form directly to the Board: Electrical Contractors Division, Attn: References, 237 Coliseum Dr., Macon, GA 31217, or return the completed form in a sealed envelope to the applicant to send in with his/her application packet.

Thank you for taking the time to assist this applicant with the required references. If you have any questions, please contact the board office at 404-424-9966 or email us at Trades4@sos.ga.gov.

Sincerely,

State Construction Industry Licensing Board

Electrical Contractors Division

GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD
Division of Electrical Contractors
237 Coliseum Drive, Macon, GA 31217
404-424-9966
www.sos.ga.gov

REFERENCE FORM

Applicant Name: _____

Your name (please print): _____

Address: _____ Phone# _____

City, State, Zip: _____ Fax# _____

1. Are you an Electrical Contractor? ☐ YES ☐ NO If YES, License# _____ Issuing State _____

2. Are you related to the applicant? ☐ YES ☐ NO
   If YES, how are you related? _____

3. Approximately how long have you known the applicant? # of years: _____

4. Is the applicant connected with a firm, partnership, or corporation? ☐ YES ☐ NO
   If YES, what is the business name and address? _____

5. What has been your business connection with the applicant? ☐ _____

   _____

6. In your opinion, what are the applicant's character, reputation, and standing in the community? ☐ _____

   _____

7. To your knowledge, what is the applicant's experience in installing electrical systems? _____
   ☐ _____

8. Are you aware of anything that would reflect negatively on the applicant's integrity or good character? ____ YES ☐ NO ☐
   If YES, explain: _____

9. Would you employ this applicant in a position of trust? ☐ YES ☐ NO
   If NO, explain: _____

10. Would you trust the applicant to install an electrical system in your home? ☐ YES ☐ NO
    If NO, explain: _____

11. To your knowledge, does the applicant have at least 4 years of experience installing electrical systems?
    ☐ YES ☐ NO ☐ UNSURE

12. Would you recommend the applicant be licensed as an electrical contractor? ☐ YES ☐ NO
    If NO, explain: _____

I certify that the above statements are true and correct to the best of my knowledge, not made to aid an unqualified applicant to become licensed but with full realization of the responsibility of safeguarding the life, health, and property of the public.

⇨ ⇨**CAUTION:** By signing this form, you are declaring that you personally know this person and have first-hand knowledge of their experience and abilities. If this is not the case, do not sign this Reference Form.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____DAY OF_____, 20_____

_____ _____

NOTARY PUBLIC SIGNATURE Reference Signature
My Commission Expires:

Revised 08/22

Office of the Secretary of State

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize_____to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check ONLY one of the boxes listed below:

☐ This authorization is valid for_____days from date of signature.

☐ I,_____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____

Signature Date

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry:_____Time of Inquiry:_____Operator's Initials: _____

Purpose Code Used: (check one)

	NON-CRIMINAL JUSTICE PURPOSES
	E - Employment
	M - Working with Mentally Disabled
	N - Working with Elderly
	W - Working with Children
	P - Public Records (no consent required)
	F – Probate Court / Weapons Carry License
	PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)
	U - Personal Copy
	CRIMINAL JUSTICE
	J - Civilian Criminal Justice Employment (State & III Info Received)
	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

	No Criminal Record Available
	Criminal Record (Attached/Released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date:_____