



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Electrical Contractors

237 Coliseum Drive, Macon, GA 31217

404-424-9966

www.sos.ga.gov

ELECTRICAL CONTRACTORS - REINSTATEMENT APPLICATION FOR LICENSE LAPSED LESS THAN THREE (3) YEARS

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the date of the deficiency notice.

SECTION 1: PERSONAL INFORMATION

Complete all information including your preferred email address for communication with Board staff.

The reinstatement application and fee must be received in the Board office within 3 years of the license expiration date. You may verify the expiration date online at <http://verify.sos.ga.gov/Verification>

To reinstate a license more than 3 years after the expiration date, an Application for Reinstatement by Re-examination must be submitted.

SECTION 2: CONTINUING EDUCATION

To reinstate your license, you must have completed 4 hours of continuing education for each year since the last renewal of the license, or, if a license has not been renewed or reinstated since the issuance of the license, you must have completed 4 hours of continuing education for each year since the initial issuance of the license. Continuing education must be related to Electrical Contracting and conducted by a college, technical college, or trade association.

Submit continuing education documentation as follows:

Lapsed less than one (1) year:	8 hours
Lapsed less than two (2) years:	12 hours
Lapsed less than three (3) years:	16 hours

SECTION 3: PERSONAL HISTORY, EDUCATION, BACKGROUND CHECK

Answer all of the questions. 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 with your application. This can be obtained by going to your local law enforcement office. If you answer "yes" on the conviction question, you must submit the requested **certified** documents.

SECTION 4: 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 Board's website: [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).

APPLICATION STATUS

To check the status of your application, [Click Here](#), or Select Licensing Services, then choose Check 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

Include a check or money order for **\$160 (\$150.00 non-refundable application fee + \$10 processing fee)** made payable to Georgia Construction Industry Licensing Board with this application. [FEE Schedule](#)



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

ELECTRICAL CONTRACTOR

APPLICATION FOR REINSTATEMENT for License Lapsed Less Than 3 Years

Fee \$160 (\$150 application fee + \$10 processing fee). Fees are non-refundable.

Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the date of the deficiency notice.

I am applying to **reinstated the following license:**

Class 1 Restricted #ER _____ expired: _____

Class 2 Non-Restricted #EN _____ expired: _____

Use a different application if you wish to apply for licensure by exam or reciprocity.

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 or National Guard.

SECTION 2: CONTINUING EDUCATION

Applicant Name: _____

Submit continuing education documentation as follows: Lapse less than one (1) year: 8 hours
 Lapse less than two (2) years: 12 hours
 Lapse less than three (3) years: 16 hours

Institute, Organization, or Agency Conducting Program	Title of Course	Date(s) Attended	Hours Completed
-----> TOTAL HOURS COMPLETED			

SECTION 3: PERSONAL HISTORY

1. Has any licensing board or agency in Georgia or any other state ever:
 - a) Denied you issuance of a license, 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 #1 question**, 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: _____

2. **Required:** Include a copy of your criminal background check obtained from local law enforcement. ___ I have done this.

3. 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 you answered **YES to any question in #3 above**, you must submit the following:

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

4. 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 4: 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



Office of the Secretary of State

Name-Based Criminal History Record Information Consent/Inquiry Form

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

Form with fields: Full Name (print), Address, Sex, Race, Date of Birth, Social Security Number

Please check ONLY one of the boxes listed below:

- Two checkboxes for authorization validity and consent to periodic checks.

Signature

Date

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

Table with categories: NON-CRIMINAL JUSTICE PURPOSES, PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY), CRIMINAL JUSTICE

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

Table with options: 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: _____