



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Low Voltage Contractors

237 Coliseum Drive, Macon, GA 31217

404-424-9966

www.sos.ga.gov

LOW VOLTAGE CONTRACTORS EXAMINATION APPLICATION

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.

SECTION 1: PERSONAL INFORMATION

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

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 the Licensing Boards Division at the address shown above.

SECTION 4: PERSONAL HISTORY

All questions must be answered.

Submit a background check with 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** 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. You are responsible for knowing the laws and rules for your profession.

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 the DD-214 form with the application.



GEORGIA CONSTRUCTION INDUSTRY
 LICENSING BOARD
 Division of Low Voltage Contractors
 237 Coliseum Drive, Macon, GA 31217-3858
 404-424-9966
www.sos.ga.gov

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

LOW VOLTAGE CONTRACTOR
Application for Licensure by EXAMINATION

Fee \$40.00 (\$30 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 deficiency notification.

This application is for those wishing to apply for licensure by successfully passing an exam. Use a different application if you wish to apply by reciprocity or to reinstate your license.

I am applying for this license type: (SELECT ONE)

Alarm	Telecommunications
General	Unrestricted

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 the National Guard.

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

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 in detail 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. This shows the Board you have the experience needed.

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: <i>Provide as much detail as possible to demonstrate to the Board the level of your experience.</i>	

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: <i>Provide as much detail as possible to demonstrate to the Board the level of your experience.</i>	

SECTION 3: REFERENCES

Applicant Name: _____

List **three (3)** 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. These people will submit the required Reference Form to the Board.

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

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

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

If you answered YES, list 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 #3 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:** _____

4. Include a copy of your criminal background check. Yes, I have. NO. Your application is incomplete until received.

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 you answered YES, 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. 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**):

_____ 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.

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. **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

Dear Sir or Madam:

The applicant (individual) named on the following form is applying for a Low Voltage Contractor license in the state of Georgia and has listed you as someone who has knowledge of his/her character and experience in the field. Your evaluation of the applicant is an important part of the evaluation process.

Please complete the information on the included Reference Form, sign it in the presence of a Notary Public, and return the form directly to the Board at: Professional Licensing Boards Division, Low Voltage Contractors, 237 Coliseum Drive, Macon, GA 31217.

Your statements about the applicant must be based on personal knowledge. Please exercise sincerity as you complete the form and not submit it for the mere purpose of helping the applicant check off an application requirement. You are asked to not let the applicant see your comments and not to communicate the results of your evaluation to the applicant.

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.

Sincerely,

State Construction Industry Licensing
Board Low Voltage Contractors Division

237 Coliseum Drive • Macon, Georgia 31217
404-424-9966 • www.sos.ga.gov



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Low Voltage Contractors

237 Coliseum Drive, Macon, GA 31217

404-424-9966 - www.sos.ga.gov

REFERENCE FORM

Applicant's Name: _____

Your name (please print): _____

Address: _____ City, State, Zip: _____

Phone# _____ Company: _____ Present Position: _____

1. Are you a Low Voltage Contractor? ___ YES ___ NO 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

4. Are you related to the applicant? ___ YES ___ NO If yes, explain: _____

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)? ___ YES ___ NO

- General system, Alarm system, Telecommunication system definitions

6. Check the low voltage systems for which you know the applicant has experience installing. Specify the length of time for each system. NOTE: the "Length of Time Installing" cannot exceed the length of time you have known the applicant (from Question 2).

Table with 3 columns: System type, Length of time installing, No direct knowledge

7. What is your opinion of the applicant's 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 ___ Unqualified ___ Additional experience needed

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? ___ YES ___ NO If NO, explain: _____

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

NOTE: If you do not have personal knowledge of the applicant's experience, do not sign this form. By signing, you are attesting to the fact that you know the applicant and his/her experience level.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF _____, 20 _____

NOTARY PUBLIC SIGNATURE

My Commission Expires:

Reference Signature