









### SECTION 3: REFERENCES

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

Attach **three (3)** completed, **notarized** reference forms from 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.

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 a copy of your diploma or certificate.

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

If 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, \_\_\_\_\_  
\_\_\_\_\_

4. **REQUIRED:** Submit a copy of your background check from a law enforcement agency. F

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

*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 is required to furnish evidence of his or her ability, experience and professional skills in the field by submitting references attesting to his or her qualifications. These references must have worked directly with the individual on low voltage projects. The applicant has listed you as a Reference.

Please fill out all information on the following Reference Form and sign it in front of a Notary Public. Mail the Reference Form directly to the Low Voltage Contractors Division at 237 Coliseum Drive, Macon, GA 31217.

Your statements about the applicant must be from personal knowledge and not made for the mere purpose of aiding the applicant. The Board requests that you do not let the applicant see your answers or comments and that you do not otherwise communicate the results of your evaluation.

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](http://www.sos.ga.gov)



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Low Voltage Contractors

237 Coliseum Drive, Macon, GA 31217

404-242-9966

www.sos.ga.gov/index.php/licensing/plb/60

REFERENCE FORM

Applicant's Name: \_\_\_\_\_

Your name (please print): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone# \_\_\_\_\_ Company: \_\_\_\_\_ Present Position: \_\_\_\_\_

YES  NO 1. Are you a Low Voltage Contractor?

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

YES  NO 4. Are you in any way related to the applicant? If YES, explain: \_\_\_\_\_

YES  NO 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)?

▪ "**General system**" means any electrical system, other than an alarm or telecommunication system, 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.

6. Check the low voltage systems the applicant has experience installing & specify the length of time for each system.

	Length of time installing	No direct knowledge
<input type="checkbox"/> General Low Voltage Systems	_____	<input type="checkbox"/>
<input type="checkbox"/> Alarm Systems	_____	<input type="checkbox"/>
<input type="checkbox"/> Telecommunication Systems	_____	<input type="checkbox"/>
<input type="checkbox"/> All above Low Voltage Systems	_____	<input type="checkbox"/>

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

YES  NO 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? If NO, explain: \_\_\_\_\_

I certify that the above statements are true & 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.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

NOTARY PUBLIC SIGNATURE

my Commission Expires:

Revised 3/22

Reference Signature