



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 - RECIPROCITY APPLICATION

(North Carolina Only)

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Incomplete applications may be administratively withdrawn if any deficiency items are not submitted within 60 days of the date of the deficiency notice.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 Board has approved the examination given by North Carolina per Board Rule 121-2-.05.

Verification of Licensure:

Submit with your application a letter of verification from the licensing board that administered the examination.

The verification must include the state seal and notate that you hold a current license and have passed the state examination.

Not accepted as verification: copies of your state license, wall certificate, or examination scores.

If your verification letter states that you have obtained your license by “grandfathering”, “endorsement”, or “conversion” **you are not eligible for a reciprocal license with Georgia.** You would need to apply by exam and would be required to pass the exam.

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 AND BACKGROUND CHECK

All questions must be answered.

Submit a background check with your application (obtained from local law enforcement).

If you answer “yes” to the arrest question in this section, 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. [LAWS and RULES](#). You are responsible for knowing the laws and rules for your profession.

APPLICATION STATUS To check the status of your application, visit [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

Fee: \$40 (\$30 application fee + \$10 processing fee) payable by check or money order to Georgia Construction Industry Licensing Board must be included with this application. Make sure the Applicant's name is on all pages of the application. MAIL APPLICATION TO THE BOARD IN A 9X12 ENVELOPE. Please do not staple the pages together.



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

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

LOW VOLTAGE CONTRACTOR
Application for Licensure by Reciprocity

- Fee **\$40.00**, non-refundable (\$30 application fee + \$10 processing fee)
- Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.

I am applying by Reciprocity for a Georgia Low Voltage Unrestricted Contractors License.

I have obtained licensure by **examination** in North Carolina License # _____
and have included a license verification.

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.

SECTION 2: EXPERIENCE RECORD

Applicant Name: _____

- Show at least **one (1) year** of installation experience.
- For UNRESTRICTED, must have experience in both alarm **AND** telecommunication installations.
- Describe 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.
- Please make additional copies as needed for additional employers.

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: (mo/yr) To: (mo/yr)	Approximate total number of hours per week the below low voltage duties were performed:
Description of Low Voltage Duties: <i>Be detailed. This outlines for the Board your experience in this field. Add extra pages as needed.</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: (mo/yr) To: (mo/yr)	Approximate total number of hours per week the below low voltage duties were performed:
Description of Low Voltage Duties:	

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 you answered 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,

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 you answered YES, 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. REQUIRED: Include a copy of your background check from a law enforcement agency. ___Yes, I have.

5. Have you ever been arrested, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or other offense? ___YES ___NO

If you answered YES, you must submit the following:

a) - a letter of explanation for each offense, and

- **certified** copy of final court disposition from the county(ies) in which you were arrested/convicted. Each court document must include the charges and sentencing information.

b) If on Probation or 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 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 named you as a Reference.

Your statements must be from personal knowledge, made with the full realization of the responsibility toward the public, and not made for the mere purpose of aiding the applicant. Please answer the Reference Form questions truthfully, carefully, and completely. It is unlawful to make false statements regarding an applicant's experience.

The information you furnish will be treated as confidential and will not be released without specific authorization by the Division. 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.

Please fill out all information on the Reference Form and sign it in the presence of a Notary Public. You may either mail the form directly to the Low Voltage Contractors Division at 237 Coliseum Drive, Macon, GA 31217, or you may return the completed form to the applicant in a sealed envelope for him/her to include with their application packet.

Sincerely,

State Construction Industry Licensing Board
Low Voltage Contractors Division



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 Name: _____

Your name (please print): _____ Phone #: _____

Address, City, State, Zip: _____

Company: _____ Present Position: _____

- 1. Are you a Low Voltage Contractor? ___Yes ___No If YES, License# _____ Issuing State: _____
2. Approximately 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, what is the relationship? _____
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" means any electrical system, other than an alarm or telecommunication system, involving low-voltage wiring, including 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.

Table with 3 columns: System, Length of time installing, No direct knowledge. Rows include General Low Voltage Systems, Alarm Systems, Telecommunication Systems, and All above Low Voltage Systems.

- 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 [] Additional experience needed [] Unqualified
9. Based on your personal knowledge of the applicant's experience in installing low voltage systems, would you recommend the applicant for low voltage licensure? ___Yes ___No 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: _____

SEAL

Reference Signature _____



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.

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

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____