



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 - REINSTATEMENT APPLICATION FOR LICENSE LAPSED 3 OR MORE YEARS

●●● 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Incomplete applications may be administratively withdrawn if any deficiency items are not submitted within 60 days of the date of the deficiency notice.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.

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 Board at the address above. You may make additional copies of this form as needed.

SECTION 4: PERSONAL HISTORY

All questions must be answered. **You must submit a background check from a law enforcement agency with your application.** 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.

You 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.

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, visit [CHECK 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

Fee: \$40 (\$30 app fee + \$10 processing fee) payable by check or money order to Georgia Construction Industry Licensing Board. Fees are non-refundable.

WHEN MAILING APPLICATION TO BOARD OFFICE, PLEASE MAIL IN A 9X12 ENVELOPE & DO NOT STAPLE OR FOLD APPLICATION.

EXAM

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

1. You must have an application on file with the Board.
 - a. Complete the Application; submit the fee and all requested documents to the Board office.
 - b. You will be notified by email if there are deficiencies with your application.
 - c. Deficiencies will cause a longer application processing time, so make every effort to fully complete the application and submit all requested documents.
2. When your application is complete, staff will present it to the Board for review.
 - a. You will be notified of the Board's decision regarding your eligibility to sit for the exam.
 - b. 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.



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	_____

**APPLICATION FOR LOW VOLTAGE CONTRACTOR
 REINSTATEMENT OF A LICENSE that has been
 LAPSED for 3 or more years (exam required)**

Fee: \$160 (\$150 application fee + \$10 processing fee) Fees are non-refundable.
Incomplete applications may be administratively withdrawn if any deficiency items are not submitted within 60 days of the date of the deficiency notice.

License Type:

<input type="checkbox"/> General	#LVG _____	expired: _____
<input type="checkbox"/> Alarm	#LVA _____	expired: _____
<input type="checkbox"/> Telecommunications	#LVT _____	expired: _____
<input type="checkbox"/> Unrestricted	#LVU _____	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 or of the National Guard.
- Check this box if you are requesting **Veterans' Preference Points**. Submit 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 briefly, but concisely, 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: To: (mo/yr) (mo/yr)	Approximate total number of hours per week the below low voltage duties were performed:
Description of Low Voltage Duties:	

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:	

SECTION 3: REFERENCES

Applicant Name: _____

Attach **three (3)** completed, **notarized** reference forms from persons who can personally attest to knowing 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 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. **REQUIRED:** Submit a copy of your background check from a law enforcement agency. YES, I have.

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 the presence of a Notary Public. You may either mail the Reference Form directly to the Low Voltage Contractors Division at 237 Coliseum Drive, Macon, GA 31217, or you may return the completed form in a sealed envelope to the applicant to submit with his/her application packet.

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



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Low Voltage Contractors

237 Coliseum Drive, Macon, GA 31217

404-242-9966

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 in any way 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"** 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. **NOTE: the "Length of Time Installing" cannot exceed the length of time you have known the applicant (from Question 2).**

	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 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, 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

Reference Signature

My Commission Expires: _____



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:

- Checkboxes for authorization validity and consent to periodic criminal history background 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 purpose codes: NON-CRIMINAL JUSTICE PURPOSES (E, M, N, W, P, F), PERSONAL REQUEST (U), CRIMINAL JUSTICE (J, Z)

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

Table with inquiry results: No Criminal Record Available, Criminal Record (Attached/Released), No NCIC/GCIC Warrant, Possible NCIC/GCIC Warrant

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____