



## GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

### Division of Low Voltage Contractors

237 Coliseum Drive, Macon, GA 31217

404-424-9966

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

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## LOW VOLTAGE CONTRACTORS REINSTATEMENT APPLICATION FOR LICENSE LAPSED LESS THAN 3 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*Incomplete applications may be administratively withdrawn if any deficiency items are not submitted within 60 days of the date of the deficiency notice.*

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#### SECTION 1: PERSONAL INFORMATION

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

--If your license has been lapsed for less than 3 years, this is the correct application for reinstatement.

--If your license has been lapsed for 3 or more years, this is not the correct application. Use the reinstatement application for Licenses Lapsed 3 or more Years. For this situation, passing of an exam is required for reinstatement.

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#### SECTION 2: PERSONAL HISTORY

Answer all questions.

Submit a background check from a law enforcement agency with application. This can be obtained from your local law enforcement office. If you answer "yes" on the arrest question, you must submit the requested **certified** documentation.

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#### SECTION 3: 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 must 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.

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#### LAW AND RULES

You are encouraged to review the law and rules before completing the application. It is the licensee's responsibility to know and maintain compliance with the law and rules for the profession.

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#### APPLICATION STATUS

To check the status of your application, [Click Here](#).

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#### KEEP A COPY OF YOUR APPLICATION MATERIALS.

All original materials will be retained by our office and will not be returned to you.

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#### FEES

Fee: \$160.00 (\$150 app fee + \$10 processing fee). Fees are non-refundable. Submit fee by check or money order payable to Georgia Construction Industry Licensing Board must be included with this application. **WHEN MAILING APPLICATION TO BOARD OFFICE, PLEASE MAIL IN A 9X12 ENVELOPE & DO NOT STAPLE OR FOLD APPLICATION.**

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LICENSING BOARD  
Division of Low Voltage Contractors  
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Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

**LOW VOLTAGE CONTRACTOR  
REINSTATEMENT for a License that has been Lapsed  
for Less than 3 years**

*Fee: \$160.00 (\$150 app 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: _____

*Use a different application for an initial license, reinstatement of license lapsed 3+ years, 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 including the National Guard.

**SECTION 2: PERSONAL HISTORY**

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

- 1. 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 #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. 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.

- 3. Probation/Parole - Submit a statement (on official letterhead) from your probation / parole officer regarding your current status. If completed, submit **certified** documents from the courts verifying case closed and completion of probation / parole.

**SECTION 3: APPLICANT AFFIDAVIT**

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.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
Signature of Applicant

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:

- 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: \_\_\_\_\_