



## GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

### Division of Utility Contractors

237 Coliseum Drive, Macon, GA 31217

404-424-9966

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

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## UTILITY FOREMAN REINSTATEMENT APPLICATION

FOR LICENSE LAPSED *LESS THAN 3 YEARS*

### ••• INSTRUCTIONS AND GENERAL INFORMATION •••

*Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.*

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#### SECTION 1: PERSONAL INFORMATION

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

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#### SECTION 2: PERSONAL HISTORY, SAFETY COURSE, BACKGROUND CHECK

All questions must be answered. You must submit proof of completing a 12-hour Safety Training Course from a Board approved provider in the past 2 years. See Board Rule 121-2-.10. A list of approved Safety Training Courses is available on our website at [www.sos.ga.gov](http://www.sos.ga.gov).

You are required to submit background check with your application. This can be obtained by going to your local law enforcement office. If you answer "yes" on the arrest/conviction question on the application, 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.*

\*If you are a qualified alien, please submit a copy of your qualified alien documentation to the Board office as your Secure & Verifiable Document. **\*All licensees are required to complete and submit the attached Affidavit of Citizenship Form along with a secure and verifiable document.**

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#### LAW AND RULES

Read the law and rules thoroughly before completing the application. See the complete law and rules on the website: [Laws and Rules](#). You are responsible for knowing the laws and rules for your profession.

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#### APPLICATION STATUS

To check the status of your application, visit [CHECK STATUS](#).

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#### FEES

Fee: \$80 (\$70 application fee + \$10 processing fee) by check or money order made payable to Georgia Construction Industry Licensing Board by check or money order.

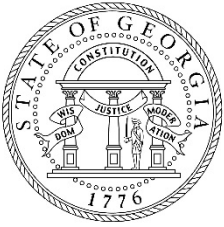
WHEN MAILING APPLICATION TO BOARD OFFICE, PLEASE MAIL IN A 9X12 ENVELOPE & DO NOT STAPLE OR FOLD APPLICATION.

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

## UTILITY FOREMAN Application for

### Reinstatement of a License that has been Lapsed for Less than 3 Years

**FEE - \$80 (\$70 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.

I am applying to Reinstatement this License Type: Utility Foreman - License #UF \_\_\_\_\_ This license expired on: \_\_\_\_\_

Use a different application if you want to apply for your initial license or reinstate a license that has been lapsed for 3+ years.

## 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: --  
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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 National Guard.

## SECTION 2: PERSONAL HISTORY

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

1. Include proof of having completed the 12 hours of Safety Training Courses within the past 2 years from a board-approved provider. \_\_\_ YES, I have that information to include.
2. 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 question in #2**, 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: \_\_\_\_\_

3. REQUIRED: Include a copy of your background check from your local law enforcement agency. \_\_\_ YES, it's included.
4. Have you ever been arrested, charged, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any other offense. \_\_\_ YES \_\_\_ NO

**If you answered YES**, you must submit the following:

- a) Submit a letter of explanation for each offence and **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.
- b) 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 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.  
OR **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.**

\_\_\_\_\_ 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

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

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

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

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

My Commission Expires: \_\_\_\_\_