



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Utility Contractors

237 Coliseum Drive, Macon, GA 31217

404-424-9966

www.sos.ga.gov

UTILITY MANAGER LICENSE BY EXAM

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.

SECTION 1: PERSONAL INFORMATION

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

SECTION 2: EXPERIENCE RECORD

You must document a minimum of **two (2) years** of experience as a licensed Utility Foreman in the State of Georgia; or equivalent experience from another state as a manager or foreman in the field **and** at least **three (3) years** total experience for the construction, erection, alteration, or repair of utility systems at least five feet underground.

A **notarized letter on company letterhead** from each employer listed in your experience record is required to verify your experience in the field for the minimum duration required for certification. See Board Rule 121-2-.08.

SECTION 3: REFERENCES

Three (3) notarized original reference forms from people that have knowledge of your utility work are required. Copies are not accepted because the form requires notarized original signatures. A cover letter that can be provided to your references is included in this application packet. Have each reference return the Reference Form directly to the Board at the address above. You may make additional copies of the Reference Form and cover letter as needed.

SECTION 4: PERSONAL HISTORY; SAFETY TRAINING; BACKGROUND CHECK

Answer all questions and submit proof of having completed **12 hours of Safety Training Courses from a Board-approved provider within the past 2 years**. See Board Rule 121-2-.08. A list of approved Safety Training Courses is available on our website at www.sos.ga.gov.

You are required to submit a background check with your application. This can be obtained from your local law enforcement office. If you answer "yes" on the conviction question portion of this application, 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.

*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.**

LAW AND RULES

You are responsible for knowing the laws and rules for your profession. These can be found on the Board's website - [Laws and Rules](#).

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 your 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.

APPLICATION STATUS

Check the status of your application at [STATUS CHECK](#).

KEEP A COPY OF YOUR APPLICATION MATERIALS.

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

FEES

Fees: \$40 (\$30 application fee + \$10 processing fee). Fees are non-refundable. Submit payment by check or money order (do not send cash) payable to Georgia Construction Industry Licensing Board must be included with this application. Please mail to the Board office in a 9X12 envelope. Do not staple or fold the application.

DEADLINES

The application and exam deadline dates can be viewed at the Board's website: [Exam Deadlines](#)

▪ Prior to the Examination

A complete application along with the required **FEE** and **DOCUMENTS** must be received in the Board office at the address listed above prior to the **application deadline as listed on the Board website. If there are any deficiencies with your application, you will be notified in writing by e-mail (or by regular mail if no email address is on file.) Deficient applications will result in the delay of approval to sit for the exam.**

▪ Approval to sit for the Exam

If approved to sit for the exam, you will be sent an approval letter from the Board, and then our testing vendor PSI/AMP will contact you shortly thereafter with detailed exam information, including how to register and pay for the exam.

▪ Approximately 2 Weeks Prior to the Examination

You will receive an Admission Notice from PSI/AMP showing the date and location of the examination, as requested when you registered with PSI/AMP. If you received an approval letter from the Board, but do not receive an admission notice, **Contact PSI/AMP at (800) 345-6559.**

▪ Upon completion of the Examination

PSI/AMP will make the results of your exam available to you and will also send those to the Board. If you fail the exam, you may receive a new Examination Scheduling Form from PSI/AMP to apply for another examination date, and the Board will also follow up with you on exam options. If you fail the exam twice within the initial 1-year exam approval window, there will be a waiting period before you can register to sit for the exam again.

THIRD PARTY AUTHORIZATION

If you wish for someone besides yourself to talk with staff about your application, you must complete and submit a Third-Party Authorization Form. This is optional, but staff will not discuss your application with anyone but you if this form is not in your file. The form can be downloaded from the board's website - [Third Party Authorization Form](#).



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 LICENSING BOARD
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 237 Coliseum Drive, Macon, GA 31217
 404-424-9966
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Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

APPLICATION FOR UTILITY MANAGER

Fee \$40 (\$30 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.

This application is for those who are required to pass an exam to be considered for a Utility Manager license. Use a different application if you wish to apply for reinstatement of a previous license.

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.

Check this box if you are requesting Veterans' Preference Points. Attach a copy of your DD-214.

SECTION 2: EXPERIENCE RECORD

Applicant Name: _____

- UM Applicants must show at least **two (2) years** of experience as a licensed utility foreman in the State of Georgia or equivalent experience from another state as a manager or foreman in the field and at least **three (3) years** total experience for the construction, erection, alteration, or repair of utility systems at least five feet underground.
- You must submit a **notarized letter on company letterhead** from the employers listed below to verify your experience record in the field for the minimum duration required for certification. See Board Rule 121-2-.08.

SPECIFY EXPERIENCE RELATING TO UTILITY DUTIES – BEGIN WITH PRESENT EMPLOYMENT

Be detailed in your description of duties during each period. This is your opportunity to convey to the board that you have the necessary experience for consideration for licensure.

Employer Name:		Employer's Utility Contractor License#	
Employer Address:		Supervisor Name:	
City, State, Zip:		Supervisor's Job Title:	
Employer Phone#		Your Job Title:	
Dates Employed	From: (mo/yr)	To: (mo/yr)	Approximate total number of hours per week utility duties were performed:
Your duties:	<input type="checkbox"/> Utility manager or foreman supervising construction, erection, alteration, or repair of utility systems <input type="checkbox"/> Other duties, describe:		
Typical depth of utility systems installed:		Type of utility systems installed:	<input type="checkbox"/> A notarized letter on company letterhead from this employer has been attached.
Employer Name:		Employer's Utility Contractor License#	
Employer Address:		Supervisor Name:	
City, State, Zip:		Supervisor's Job Title:	
Employer Phone#		Your Job Title:	
Dates Employed	From: (mo/yr)	To: (mo/yr)	Approximate total number of hours per week utility duties were performed:
Your duties:	<input type="checkbox"/> Utility manager or foreman supervising construction, erection, alteration, or repair of utility systems <input type="checkbox"/> Other duties, describe:		
Typical depth of utility systems installed:		Type of utility systems installed:	<input type="checkbox"/> A notarized letter on company letterhead from this employer has been attached.

SECTION 3: REFERENCES

Applicant Name: _____

Name **three (3)** persons who have knowledge of your utility experience and list their information below. These people will submit the Reference Form (included with this packet) to the Board office.

Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	Issuing State: _____
Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	Issuing State: _____
Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	Issuing State: _____

SECTION 4: PERSONAL HISTORY

1. Submit proof of having completed the 12 hours of Safety Training Courses within the past 2 years from a Board-approved provider. YES, I have included this.

2. Have you held a Georgia Utility Foreman license for at least 2 years? YES NO

If YES, submit a copy of the Utility Foreman license.

If NO, submit a letter of explanation and supporting documentation showing equivalent utility experience from another state as a manager or foreman in the field.

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 you answered YES to any part of question #3, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents. Name of Board or Agency: _____

4. Include your background check from local law enforcement. YES, I have included this.

5. a. Have you ever been arrested, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or any offense other than a minor traffic violation? YES NO

b. Have you ever entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any offense other than a minor traffic violation? YES NO

If you answered YES to 5a or 5b, you must submit the following:

- 1. A letter of explanation for each offense; and
- 2. **certified** copy of final court disposition from the county(s) in which you were arrested/convicted; and
- 3. Each court document should include the charges and sentencing information.
- 4. Probation/Parole - Submit a statement (on official letterhead) from your probation / parole office 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.

OR Please 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. **Please 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 Utility Manager license in the state of Georgia and is required to furnish evidence of his or her ability, experience, and professional skill in the field of Utility Contracting. This is done through information provided by References who have worked directly with the applicant on utility projects. You have been named as a Reference for this applicant.

As a Reference, your statements must be from personal knowledge, made with the full realization of the responsibility the applicant, should he or she be licensed, will have toward the public. Your statements should not be made for the mere purpose of aiding the applicant in completion of the requirements of the application, and it is unlawful to make false statements regarding an applicant's experience.

In view of this responsibility, if you agree to complete the Reference Form for this applicant, you are asked to answer the questions on the Form truthfully, carefully, and completely. The information you furnish will be treated as confidential and will not be released without specific authorization by the Board. The Board requests that you not let the applicant see your answers or comments and that you do not otherwise communicate the results of your evaluation.

After completing the form, please sign it in the presence of a Notary Public and mail the original notarized form directly to the Board office: Conditioned Air Contractors Division, Reference Form, 237 Coliseum Drive, Macon, GA 31217.

Sincerely,

State Construction Industry Licensing Board
Division of Utility Contractors

237 Coliseum Drive • Macon, Georgia 31217 • 404-424-9966
www.sos.ga.gov



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REFERENCE FORM

Applicant Name: _____ Your name (please print): _____

Company/firm you are associated with: _____ Current Position: _____

Address: _____ Phone# _____

City, State, Zip: _____ Fax# _____

1. Type of utility license you hold, license number, issuing state:
___ Utility Foreman# _____ ___ Utility Manager# _____ Issuing State _____

2. I have known this applicant since (what year) _____.

3. How well do you know the applicant? [] Very Well [] Well [] Slightly

4. Are you related to the applicant? ___ YES ___ NO If YES, how are you related? _____

5. Do you have knowledge of the applicant's utility contracting systems experience as defined below? ___ YES ___ NO
- 'Utility contracting' means undertaking to construct, erect, alter, or repair or have constructed, erected, altered, or repaired any utility system.
- 'Utility system' means:
(A) Any system at least five feet underground, when installed or accessed by trenching, open cut, cut and cover, or other similar construction methods which install or access the system from the ground surface, including, but not limited to, gas distribution systems, electrical distribution systems, communication systems, water supply systems, and sanitary sewerage and drainage systems; and
(B) Reservoirs and filtration plants, water and waste-water treatment plants, leachate collection and treatment systems associated with landfills, and pump stations, when the system distributes or collects a service, product, or commodity for which a fee or price is paid for said service, product, or commodity or for the disposal of said service, product, or commodity.

6. How do you have personal knowledge of the applicant's experience and knowledge of utility 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, what is your opinion of the applicant's level of professional competence and responsibility? [] Qualified [] Additional experience needed [] Unqualified

9. REMARKS: The Board would appreciate any additional or amplifying information regarding the applicant's utility experience, capabilities or limitations: _____

Attention! By signing, you are attesting that you have PERSONAL knowledge of this applicant's experience and knowledge. If this is not the case, DO NOT SIGN this form. Ask the applicant to use someone else as a Reference.

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
My Commission Expires: _____

NOTARY SEAL

Reference Signature