



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Utility Contractors

237 Coliseum Drive, Macon, GA 31217

404-424-9966 Trades4@sos.ga.gov

www.sos.ga.gov

**UTILITY CONTRACTOR
NOTICE of the SEVERANCE of a QUALIFYING LICENSEE**

The Division of Utility Contractors must be notified in writing within 5 days following the last day of employment of the severance of connection between a company and a qualifying licensee.

O.C.G.A. § 43-14-8.2 and Board Rules 121-2-.07(2), 121-6-.03(2), 121-6-.05.

Please provide the following information:

| | |
|-----------------------------|--|
| Company Name: | Utility Contractor License # UC _____ |
| Qualifying Licensee's Name: | Utility Manager License # UM _____ |

I, _____, certify that I am the

Qualifying Licensee or Authorized Company Representative

for the company identified above, and upon being duly sworn, hereby state as follows:

As of _____, the above-listed licensee no longer qualifies/qualified this
Date of Severance

company to perform utility contracting.

Qualifying Licensee or Authorized Representative Signature

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



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EMPLOYMENT OF UTILITY MANAGER

1. Name of Business: _____

2. Utility Contractor # UC _____ Expiration Date: _____

3. Address of Branch Office to which Utility Manager is assigned:

_____ STREET ADDRESS CITY STATE AND ZIP

4. Name of Utility Manager: _____ FIRST MIDDLE LAST SUFFIX

5. Utility Manager # UM _____ Expiration Date: _____

6. Job Title with Business: _____ Date First Employed by Business: _____

I certify that I am a regular, full-time employee of the above-named business and am responsible for supervising utility work performed by this, and only this one business and branch office. I hereby swear and affirm that all information provided 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 licensed, and I agree to abide by these laws and rules.

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 licensed.

_____ SIGNATURE OF UTILITY MANAGER DATE

I certify that the above-named Utility Manager is a regular, full-time employee of the above-named business and is responsible for supervising utility work performed by this, and only this one business and branch office.

_____ SIGNATURE OF OWNER, PARTNER, OR OFFICER TITLE DATE

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20 _____

NOTARY PUBLIC
My Commission Expires:

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