

SECTION 2: EXPERIENCE RECORD

Applicant Name: _____

- Applicants for Utility Foreman license must show at least **one (1) year** of experience in the field in 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-.09.
- Please make additional copies as needed for additional employers.

SPECIFY EXPERIENCE RELATING TO UTILITY DUTIES – BEGIN WITH PRESENT EMPLOYMENT

Employer's Name:	Supervisor's Name:
Employer's Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Utility License #:
Employer's Phone #	Your Job Title:
Dates Employed From: To: (mo/yr) (mo/yr)	<input type="checkbox"/> A notarized letter on company letterhead from this employer has been attached.
Employer's Name:	Supervisor's Name:
Employer's Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Utility License #:
Employer's Phone #:	Your Job Title:
Dates Employed From: To: (mo/yr) (mo/yr)	<input type="checkbox"/> A notarized letter on company letterhead from this employer has been attached.
Employer's Name:	Supervisor's Name:
Employer's Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Utility License#
Employer's Phone #	Your Job Title:
Dates Employed From: To: (mo/yr) (mo/yr)	<input type="checkbox"/> A notarized letter on company letterhead from this employer has been attached.
Employer's Name:	Supervisor's Name:
Employer's Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Utility License#
Employer's Phone #	Your Job Title:
Dates Employed From: To: (mo/yr) (mo/yr)	<input type="checkbox"/> A notarized letter on company letterhead from this employer has been attached.

SECTION 3: REFERENCES

Applicant Name: _____

List **three (3)** persons who have knowledge of your utility experience to whom the Division may refer.

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. 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. Have you previously held a utility license? YES NO If yes, provide the following:
Type of license: _____ Lic. #: _____ Issuing 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 part of #3 above, 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: Include a copy of your background check from your local law enforcement agency. YES, it's included.

5. 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 offense other than a minor traffic violation? YES NO

If you answered YES, you must submit a letter of explanation for each offense and a certified copy of final court disposition from the county(ies) in which you were arrested/convicted. Each court document should include the charges and sentencing information.

If on 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.

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



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.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check **ONLY** one of the boxes listed below:

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____