



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 FOREMAN SUPPLEMENTAL FORM FOR APPLICANTS WHO APPLY ONLINE

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.

Fees were paid online when you completed the online portion of this application.

Print the receipt of your online application and submit it with the following necessary supporting documentation to the Board office. You may mail it to the address listed above or email to Trades4@sos.ga.gov. Your application is not considered complete until this supplemental information is received by the Board office.

- Safety Training Course** - Submit documentation of completing 12 hours of actual instruction including Competent Person in Trenching and Excavation and Competent Person in Confined Space Entry Training from Board approved Safety Training Course 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/index.php/licensing/plb/56.
- Employer Letter** - Submit a notarized letter on company letterhead from each employer listed on the Experience Record to verify experience in the field.
- Background Check** - Submit a background check obtained from a local law enforcement department. This is required of all applicants.
- Secure and Verifiable Document** - 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.

If you have answered any of the online questions in a way that requires additional documentation, please submit it to the Board office. **Until all documentation is received, your application will be considered incomplete.**

Print your name and the application number obtained from your receipt at the top of any supporting documentation page you submit to the Board office.

APPLICATION STATUS

After you submit the online application and send in the supporting documentation, you may check the progress of the review of your application by going to the Board website, [APP STATUS](#).

LAW AND RULES

See the complete law and rules at the Board's website: [Laws and Rules](#). You are responsible for knowing the laws and rules of your profession.

KEEP A COPY OF YOUR APPLICATION MATERIALS.

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

FEES

The \$30 app fee + processing fee were paid online at the time you completed the online portion of the application. Fees are non-refundable.



GEORGIA CONSTRUCTION INDUSTRY
 LICENSING BOARD
 Division of Utility Contractors
 237 Coliseum Drive, Macon, GA 31217-3858
 404-424-9966
www.sos.ga.gov

Date Entered _____

UTILITY FOREMAN SUPPLEMENTAL FORM

for Applicants who Apply Online

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

APPLICANT'S NAME:

APPLICANT TRACKING CODE: (Found on receipt page)

EXPERIENCE RECORD

- 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.
- 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 Name:	Supervisor Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Utility License#
Employer Phone#	Applicant's 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 Name:	Supervisor Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Utility License#
Employer Phone#	Applicant's 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 Name:	Supervisor Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Utility License#
Employer Phone#	Applicant's 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.

REFERENCES

Applicant Name: _____

List the name, address, and phone number for **three (3) persons** who will attest to your utility experience. These individuals should have personal knowledge and preferably have worked with you on utility projects.

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:

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.

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.

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. **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.

Signature of Applicant

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

NOTARY SEAL

NOTARY PUBLIC SIGNATURE
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: _____