



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Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.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

- 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

Required: Three (3) notarized reference forms from people that can attest to your utility experience. Copies are not accepted because the form requires notarized original signatures. A cover letter to provide to your references is included with this application packet. References may return the completed form to you in a sealed envelope for you to submit with the application, OR, they may mail the Reference Form directly to the Board office. 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 completion of **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.

Submit a background check obtained from your local law enforcement office. If you answer “yes” to the conviction question portion of this application, you must submit the requested **Certified** documents and letter of explanation.

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.

All applicants are required to complete and submit the Affidavit of Citizenship Form along with a secure and verifiable document such as your driver's license, passport, or other approved Secure & Verifiable Document (see website for list).

If you are a qualified alien, submit a copy of your qualified alien documentation as your Secure & Verifiable Document.

LAW AND RULES

You are responsible for understanding the laws and rules of your profession, available at this link: [Laws and Rules](#).

VETERANS' PREFERENCE POINTS (VPP)

Veterans may be eligible for **Veteran's 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 VPP, submit a completed copy of your DD-214 form with the application. **NOTE: VPP points only count in Georgia. VPP Points added to exam scores do not carry with the exam score to any other state.**

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.

EXAM

- Exams are offered on a continuous basis.

- Your application will be reviewed. You will be notified if there are any deficiencies.
- When your application is complete, it will be evaluated to determine your eligibility to sit for the exam.
- If approved to test, you will be notified via email by board staff. The notification will provide information and next steps to register with PSI (testing vendor), pay the exam fee, and schedule your preferred exam date and time.
- After you take the exam, PSI/AMP will make the results available to you and will also send those to the Board.
 - You are allowed 2 separate attempts to pass the exam.
 - If you fail the first attempt, you may register, pay, and sit for a second attempt.
 - If you fail the exam the second time, you will be required to wait a period of time before registering for a 3rd attempt.

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 previously held 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 Veteran's Preference Points. Attach a copy of your DD-214 long form.

SECTION 2: EXPERIENCE RECORD

Applicant Name: _____

- UM Applicants - 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.
- Submit a notarized letter on company letterhead from the employers listed below for verification of your experience 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

Give details of the work you did/do for each employer. 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: _____

The **three (3)** people listed below can attest to your knowledge and experience in utility contracting work. 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 the completion of the requirements of the application, and it is unlawful to make false statements regarding an applicant's experience.

Given 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 allow 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 either return it to the applicant in a sealed enveloped for them to send it in with their application, or you may mail the original notarized form directly to the Board office: Utility Contractors Division, Reference Form, 237 Coliseum Drive, Macon, GA 31217.

Sincerely,

State Construction Industry Licensing Board
Division of Utility Contractors



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Utility Contractors
237 Coliseum Drive, Macon, GA 31217
404-424-9966 - www.sos.ga.gov

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 health, safety, and welfare of the public, 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 knowledge, not to aid 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



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: _____