



## GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

### Division of Utility Contractors

237 Coliseum Drive, Macon, GA 31217

404-424-9966

[www.sos.ga.gov](http://www.sos.ga.gov)

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## UTILITY MANAGER REINSTATEMENT APPLICATION for LICENSE LAPSED *MORE THAN THREE (3) YEARS*

### ••• INSTRUCTIONS AND GENERAL INFORMATION •••

*Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.*

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#### SECTION 1: PERSONAL INFORMATION

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

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#### 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.
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#### 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 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.

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#### SECTION 4: PERSONAL HISTORY; SAFETY TRAINING

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](http://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 or through a private background check agency. If you answer “yes” on the conviction question portion of this application, you must submit the requested **certified** documentation.

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#### 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.**

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#### LAW AND RULES

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

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## APPLICATION STATUS

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

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### 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 under Application/Form Downloads.

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### VETERANS' PREFERENCE POINTS

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 veterans' preference points, submit a completed copy of your DD-214 long form with the application. **NOTE: VPP points applied to exam scores are good in Georgia only. The VPP points do not carry with your score for other states.**

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### KEEP A COPY OF YOUR APPLICATION MATERIALS.

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

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### FEES

The **\$160.00 non-refundable fee** (\$150 application fee + \$10 processing fee) by check or money order payable to Georgia Construction Industry Licensing Board must be included with this application. Do not send cash. Mail your application to the board office in a 9X12 envelope. Please do not folder or staple your application.

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### EXAM

- Exams are offered on a continuous basis.
  
  - Your application for licensure 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.
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### 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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Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

**APPLICATION for UTILITY MANAGER  
 REINSTATEMENT for LICENSE LAPSED for 3 OR  
 MORE YEARS**

**Fee \$160.00** (\$150 application fee + \$10 processing fee). **Fees are non-refundable**

*Do not send cash. Check, certified or cashier's check, or money order accepted.*

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

I am applying for Reinstatement by Exam for this license: UM \_\_\_\_\_ which expired on \_\_\_\_\_.  
**Use a different application if you wish to apply for an initial license or if your license has been lapsed for less than 3 years.**

**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, or the National Guard.
- Check this box if you are requesting Veteran's Preference Points. Attach a copy of your DD-214 long form.
- Remember to submit your Secure & Verifiable Document (drivers' license, passport, or other approved document).

**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 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 and tasks performed 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#		Applicant's 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. Add additional pages if needed:		
Typical depth of utility systems installed:	Type of utility systems installed:	<input type="checkbox"/> A <b>notarized letter on company letterhead</b> 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#		Applicant's 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: Add additional pages if needed.		
Typical depth of utility systems installed:	Type of utility systems installed:	<input type="checkbox"/> A <b>notarized letter on company letterhead</b> from this employer has been attached.

### SECTION 3: REFERENCES

**Applicant Name:** \_\_\_\_\_

Name **three (3)** persons who will attest to your utility experience and list their information below. These people will complete and 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

- Required!** Proof that you have completed within the past 2 years a 12-hour Safety Training Course from a board-approved provider.  Yes, I have included Certificates of Completion or Cards.
- Have you been licensed as a Georgia Utility Foreman for a minimum of 2 years?  YES  NO  
**If YES**, submit a copy of the Utility Foreman license.  
**If NO**, you must submit documentation showing equivalent utility experience from another state as a manager or foreman in the field to be considered for licensure.
- Has any licensing board or agency in Georgia or any other state ever:
  - Denied your issuance of licensure, renewal, or reinstatement?  YES  NO
  - Revoked, suspended, restricted, sanctioned, or probated your license?  YES  NO
  - Requested or accepted surrender of your license?  YES  NO
  - 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: \_\_\_\_\_
- I have included the required background check from local law enforcement.
- 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
  - 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:

- A **letter of explanation** for each offense; and
- certified copy** of final court disposition from the county(s) in which you were arrested/convicted; and
- Each court document should include the charges and sentencing information.
- 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.

**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.

\_\_\_\_\_  
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 to reinstate 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 evidence is provided through References who have worked directly with the applicant on utility projects, and 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

237 Coliseum Drive • Macon, Georgia 31217  
404-424-9966 - [www.sos.ga.gov](http://www.sos.ga.gov)



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## Division of Utility Contractors

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### REFERENCE FORM

Applicant's 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: \_\_\_\_\_ Issuing State \_\_\_\_\_

Utility Foreman# \_\_\_\_\_ Utility Manager# \_\_\_\_\_

2. I have known this applicant since (what year): \_\_\_\_\_

3. How well do you know the applicant?  Very Well  Well  Slightly  Not at all

4. Are you related to the applicant? YES \_\_\_ NO \_\_\_ If yes, how are you related? \_\_\_\_\_

5. What is your opinion of the applicant's integrity and reputation? \_\_\_\_\_

6. Do you have personal 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.

7. How do you know of the applicant's experience and knowledge? (i.e., worked with applicant)? \_\_\_\_\_

8. Considering the need to protect the public health, safety, and welfare, please provide your opinion of the applicant's level of professional competence and responsibility?  Qualified  Additional experience needed  Not qualified

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

I certify that the above statements are true and correct to the best of my knowledge, not made 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 SEAL

NOTARY PUBLIC SIGNATURE

My Commission Expires:

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: \_\_\_\_\_