

***EACH SUBCONTRACTOR PERFORMING WORK OF \$50,000 OR MORE FOR A LICENSED GENERAL CONTRACTOR MUST BE LICENSED BY THE ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS.***

***THIS APPLICATION MAY BE COPIED AND DISTRIBUTED. ADDITIONAL COPIES ARE AVAILABLE ON THE BOARD'S WEBSITE: [WWW.GENCONBD.STATE.AL.US](http://WWW.GENCONBD.STATE.AL.US) OR YOU MAY CONTACT THE BOARD'S OFFICE AT (334)272-5030.***

**SUBCONTRACTOR APPLICANT INSTRUCTIONS AND INFORMATION**

***LAWS, RULES & REGULATIONS***

APPLICANT SHALL BECOME FAMILIAR WITH THE PROVISIONS AND THE LAWS, RULES AND REGULATIONS OF THE STATE LICENSING BOARD FOR GENERAL CONTRACTORS. YOU MAY OBTAIN THIS INFORMATION FROM THE AGENCY'S WEBSITE: [www.genconbd.state.al.us](http://www.genconbd.state.al.us) OR BY CONTACTING OUR OFFICE.

***COMPLETION OF APPLICATION***

APPLICATION MUST BE COMPLETED WITH INK, TYPEWRITTEN PREFERRED. ALL QUESTIONS AND SCHEDULES MUST BE ANSWERED AND COMPLETED; WRITE "NONE" WHERE APPLICABLE. ONLY ONE COPY NEEDS TO BE FILED WITH THE BOARD. BE SURE THAT ALL SIGNATURES ARE AFFIXED WHERE INDICATED.

***CLASSES OF LICENSE***

THE BOARD WILL CLASSIFY EACH APPLICANT AND ISSUE A LICENSE CERTIFICATE FOR THE TYPES OF CONTRACTS ON WHICH WHICH HE MAY BID BASED UPON THE FOLLOWING CRITERIA:

- (a) APPLICANT WILL NOT BE CLASSIFIED OR PERMITTED TO BID ON OR PERFORM TYPE(S) OF WORK NOT INCLUDED IN HIS APPLICATION REQUEST.
- (b) APPLICANT SHALL STATE ON THE APPLICATION THE CLASSIFICATION HE DESIRES TO PERFORM AND CONTRACT.

***FEEES***

A \$150 CERTIFIED CHECK, CASHIERS CHECK OF MONEY ORDER MADE PAYABLE TO THE STATE LICENSING BOARD FOR GENERAL CONTRACTORS MUST ACCOMPANY THIS APPLICATION.

***REFERENCES***

APPLICANT MUST ATTACH A TOTAL OF THREE ORIGINAL LETTERS OF REFERENCE FROM ANY COMBINATION OF THE FOLLOWING:

- (1) Licensed General Contractor
- (2) Registered Architect
- (3) Licensed Engineer

EACH REFERENCE LETTER MUST INCLUDE THE FOLLOWING INFORMATION:

- (a) Name of Prime Contractor
- (b) Date & Location (city, state) Work Was Performed.
- (c) Type Of Work Performed.
- (d) Name of Project & Amount You Were Paid

***APPLICATION IS SUBMITTED TO THE STATE LICENSING BOARD FOR GENERAL CONTRACTORS, 2525 FAIRLANE DRIVE, MONTGOMERY, AL 36116 UNDER THE PROVISIONS OF TITLE 34, CHAPTER 8, CODE OF ALABAMA, 1975 AND THE RULES AND REGULATIONS ADOPTED AND PROMULGATED BY THE BOARD UNDER AUTHORITY VESTED IN IT BY THE SAID ACT. ALL APPLICATION FEES ARE FOR THE ADMINISTRATION AND ENFORCEMENT OF THE ACT AND ARE***

***NON REFUNDABLE.***

***EACH APPLICATION MUST BE ACCOMPANIED BY A CERTIFIED CHECK, CASHIERS CHECK OR MONEY ORDER FOR \$150 PAYABLE TO THE STATE LICENSING BOARD FOR GENERAL CONTRACTORS. FAILURE TO FULLY ANSWER ALL OF THE FOLLOWING QUESTIONS AND TO FURNISH THE REQUIRED SUPPORTING PAPERS, COMPLETELY EXECUTED, WILL BE SUFFICIENT GROUNDS FOR REJECTING THIS APPLICATION***

# ALABAMA LICENSING BOARD FOR GENERAL CONTRACTORS

## SUBCONTRACTOR APPLICANT INFORMATION

2525 Fairlane Drive

Montgomery, AL 36116

Phone: (334) 272-5030

Date Of Application \_\_\_\_\_

Applicant Trade Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Applicatin Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Style Of Business: \_\_\_\_\_ Individual \_\_\_\_\_ Limited Partnership \_\_\_\_\_ Co-Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

### IF PARTNERSHIP

Name Of Partners: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

3.) \_\_\_\_\_ 4.) \_\_\_\_\_

use the abbreviation, "Ltd." after the name of limited partner

### IF CORPORATION

State and Date of Incorporation: \_\_\_\_\_ / \_\_\_\_\_ Domicile: \_\_\_\_\_

Has The Corporation Filed With Alabama Secretary Of States Office To Do Business In Alabama? Yes \_\_\_\_\_ Date \_\_\_\_\_  
(license can not be issued until date is shown)

### CORPORATE OFFICERS

President \_\_\_\_\_ Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

### EXPERIENCE

Describe In Detail The Kind of Contracting Work You Will Bid Upon: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Professional/Trade Licenses or Certificates Held.

Licenses/Certificate Issued By	Field/Trade Specialization	License/Certificate No.	Issue Date	Expiration Date

Copies Of Each Must Be Attached

### EXPERIENCE STATEMENT

Experience	Name Of Company	Type Construction	How Long
Supervisor			
Contractor			
Foreman			
Project Mgr			

**EMPLOYEES OF APPLICANT**

Name Of Employee	Position	Years Experience

**IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PROVIDE A FULL EXPLANATION ON A SEPARATE SHEET OF PAPER**

YES/NO

<input type="checkbox"/>	1. Within the past 7 years, were you indicted or convicted of a felony?
<input type="checkbox"/>	2. Within the past 7 years, were you or any company of which you were either a partner or officer declared or placed in bankruptcy?
<input type="checkbox"/>	3. Within the past 7 years, did you or any company of which you were either a partner or officer have any professional or business license revoked or suspended?
<input type="checkbox"/>	4. Are there any liens for labor or materials filed on any of your work or the work of any firm of which you are a partner or officer?
<input type="checkbox"/>	5. Within the past 7 years, were you or any company of which you were either a partner or officer sued because of a matter involving a construction business?

**CONTRACTOR'S EQUIPMENT SCHEDULE**

(Attach Additional Sheets If Necessary)

List Only Owned Equipment

Quantity	Description	Age	Purchase Price	Depreciation Charged Off	Book Value

Total Equipment At Book Value \$ \_\_\_\_\_

**UNCOMPLETED CONTRACTS**

(Attach Additional Sheets If Necessary)

List All Uncompleted Projects Your Organization Now Has Under Contract

Owner Of Contract	Location	Work Performed	Total Contract

---

---

*INSTRUCTIONS FOR SIGNING*

**EACH PERSON LISTED UNDER "STYLE OF BUSINESS" (pg.1.) MUST SIGN THIS APPLICATION.**

The undersigned hereby apply for license and vouch for the truth and accuracy of all statements, answers and representations made in this application.

_____ Signature	_____ Social Security No. of Signer	_____ Date
_____ Signature	_____ Social Security No. of Signer	_____ Date
_____ Signature	_____ Social Security No. of Signer	_____ Date
_____ Signature	_____ Social Security No. of Signer	_____ Date

*Act No. 91-473, Act of Alabama (1991), requires the collection of application fee to "be distributed by the State Licensing Board for General Contractors at the end of each licensing period to all accredited public institutions of higher education of American Council for Construction Education accredited courses in building science and to all accredited public institutions of higher education offering courses leading to a Bachelor of Civil Engineering degree which offers courses in highway engineering and construction of the undergraduate and graduate levels whose civil engineering program is accredited by the Engineering Accreditation Commission of the Accreditation Board for Engineering and Technology (ABET)".*

**PLEASE SELECT ONE OF THE FOLLOWING TO INDICATE THE PROGRAM YOU WISH TO SUPPORT:**

_____ <b>Building Science</b> (general construction)	_____ <b>Civil Engineering</b> (highway engineering and/or construction)
--	--

**SCHEDULE OF ASSETS**

**A.1 Cash** (Deposited In The Name Of Applicant)

<u>Bank</u>	<u>Location</u>	<u>Amount</u>
		\$
		\$
		\$
		<b>TOTAL \$</b>

**A.2 Account Receivables Completed Contracts** (List Accounts In Excess of \$1,000)

<u>Contractor</u>	<u>Contract Nature</u>	<u>Contract Amount</u>
		\$
		\$
		\$
		\$
		\$
		<b>TOTAL \$</b>

**A.3 Inventory** (Material, Supplies and Contract Cost)

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

**A.4 Stocks and Bonds** (Including U.S. Treasurer Bonds)

<u>Description</u>	<u>Cost</u>	<u>Market</u>
	\$	\$
		<b>TOTAL \$</b>

**A.5 Other Current Assets**

	\$
	<b>TOTAL \$</b>

(A.1 - 5) **TOTAL CURRENT ASSETS \$** \_\_\_\_\_

**B.1 Machinery & Equipment** (Construction & Automotive Only)

Total Machinery & Equipment:	<u>Original Cost</u>	<u>Current Book Value</u>
	\$ _____	(-) depreciation = \$ _____

**B.2 Other Fixed Assets** \$ \_\_\_\_\_ (-) depreciation = \$ \_\_\_\_\_

(B.1 - 2) **TOTAL FIXED ASSETS \$** \_\_\_\_\_

**C.1 Life Insurance:**

<u>Company</u>	<u>Amount</u>	<u>Cash Value</u>
	\$	\$
		<b>TOTAL \$</b>

**C.2 Other Assets**

Explain: \_\_\_\_\_

\_\_\_\_\_

(C.1 - 2) **TOTAL \$** \_\_\_\_\_

**(A,B,C) TOTAL ASSETS \$** \_\_\_\_\_

**SCHEDULE OF LIABILITIES & CAPITAL**

**D.1 Accounts & Notes Payable** (list items in excess of \$1,000)

<u>To Whom</u>	<u>For What</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>TOTAL</b>		<b>\$ _____</b>

**D.2 Taxes:** (Withholding, Income Tax and Other)

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>TOTAL</b>		<b>\$ _____</b>

**D.3 Other Current Liabilities** (Including current part of long term debt for equipment and real property use in the business.)

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>TOTAL</b>		<b>\$ _____</b>

**(D.1 - 3) TOTAL CURRENT LIABILITIES** \$ \_\_\_\_\_

**E. Long Term Debts** \$ \_\_\_\_\_

**F. Less Current Portion** (See D.3) \$ \_\_\_\_\_

**( E(-)F ) NET LONG TERM DEBT** \$ \_\_\_\_\_

**G. Other Non Current Liabilities**  
 Explain: \_\_\_\_\_ \$ \_\_\_\_\_

**(E,F,G) TOTAL FIXED AND OTHER LIABILITIES** \$ \_\_\_\_\_

**CAPITAL**

**H. Individual or Partnership**

<u>Name of Partners</u>	<u>Equity</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>TOTAL EQUITY</b>		<b>\$ _____</b>

**I. Capital Paid** (Number of Shares Outstanding) \$ \_\_\_\_\_

**J. Retained Earnings:** Earned Surplus \$ \_\_\_\_\_

**(H,I,J) TOTAL CAPITAL** \$ \_\_\_\_\_

\_\_\_\_\_  
 Signature / Address

\_\_\_\_\_  
 Signature (Prepared By) / Title / Date