



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Utility Contractors

237 Coliseum Drive, Macon, GA 31217

404-424-9966

www.sos.ga.gov

UTILITY CONTRACTOR APPLICATION

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notice.

SECTION 1: COMPANY INFORMATION

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

SECTION 2: OWNER, PARTNER, AND OFFICER INFORMATION

Complete information on all owners, partners, and officers of the business.

SECTION 3: BUSINESS HISTORY

Answer all questions concerning the history of the business.

SECTION 4: QUALIFYING UTILITY MANAGERS

List the names of the Utility Managers employed to supervise the utility work for **each** office or branch of the business. An Employment of Utility Manager Form must be completed for each Utility Manager listed.

A Utility Manager may only be associated with one Utility Contractor. To verify if a Utility Manager is associated with another Utility Contractor, conduct a licensure search at [VERIFY](#). If the person is associated with another Utility Contractor, they must notify the board that they have disassociated from the other Utility Contractor before they can apply to be the UM for another UC.

Do not apply for a Utility Contractor license for your business before you have a Utility Manager to qualify the firm.

SECTION 5: SAFETY POLICY, CERTIFICATION, AND AUTHORIZATION

Each owner, partner, and officer listed in Section 2 must sign the Safety Policy as adopted by the business, certification of the application, and authorization for release of any criminal history records. These signatures must be properly notarized.

You must submit a copy of the Utility Contractor's **Safety Policy** along with the application.

LAW AND RULES

Read the law and rules thoroughly before completing the application. See the complete law and rules on the website www.sos.ga.gov - [LAWS AND RULES](#). You are responsible for knowing the laws and rules for your profession.

APPLICATION STATUS

To check the status of your application, visit [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

FEE: \$60 (\$50 application fee + \$10 processing fee) **Fees are non-refundable.**

Do not send cash. Check or money order accepted payable to

Georgia Construction Industry Licensing Board. When mailing your application to the board office, please enclose it in a 9X12 envelope and do not fold or staple the papers.



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 LICENSING BOARD
 Division of Utility Contractors
 237 Coliseum Drive, Macon, GA 31217-3858
 404-424-9966
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Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

APPLICATION FOR UTILITY CONTRACTOR

FEE: \$60 (\$50 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 notice.

This application is for initial licensure of a Utility Contractor (company).

Use a different application if applying for reinstatement of a lapsed license.

SECTION 1: COMPANY INFORMATION

1. Legal Name of Business: _____

2. Type of Business: Sole Proprietorship Partnership Limited Liability Company (LLC) Corporation

3. Federal Employer Identification Number (FEIN)#:

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4. Physical Address: _____
(PO BOX NOT ACCEPTABLE) NUMBER AND STREET SUITE #

_____ CITY STATE ZIP

5. Mailing Address: _____
(if different) NUMBER AND STREET OR P.O. BOX SUITE#

_____ CITY STATE ZIP

6. Business Phone#:

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 Alternate Phone#:

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7. Email Address: _____

SECTION 2: OWNER, PARTNER, OFFICER INFORMATION

Company Name _____

Provide the following information for each owner, partner, and officer with the business. Make additional copies of this section as needed.

If Yes is answered to the Arrest Question*, you must submit the following: 

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

Job Title:	Date of Birth:
_____	_____
Name:	Social Security #
_____	_____
Residence Address: (PO Box not acceptable)	Home Phone:
_____	_____
City, State, Zip:	Cell Phone:
_____	_____

*Arrest question: 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 other offense? ___ Yes ___ NO

If yes, send certified documents.

Job Title:	Date of Birth:
_____	_____
Name:	Social Security #
_____	_____
Residence Address: (PO Box not acceptable)	Home Phone:
_____	_____
City, State, Zip:	Cell Phone:
_____	_____

*Arrest question: 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 other offense? ___ Yes ___ NO

If yes, send certified documents.

Job Title:	Date of Birth:
_____	_____
Name:	Social Security #
_____	_____
Residence Address: (PO Box not acceptable)	Home Phone:
_____	_____
City, State, Zip:	Cell Phone:
_____	_____

*Arrest question: 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 other offense? ___ Yes ___ NO

If yes, send certified documents.

Job Title:	Date of Birth:
_____	_____
Name:	Social Security #
_____	_____
Residence Address: (PO Box not acceptable)	Home Phone:
_____	_____
City, State, Zip:	Cell Phone:
_____	_____

*Arrest question: 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 other offense? ___ Yes ___ NO

If yes, send certified documents.

SECTION 3: BUSINESS HISTORY

Company Name: _____

1. Has the business/firm ever held a Utility Contractor license? ___Yes ___NO

If YES, list the type of license, license number, and name of State Board or Agency: _____

2. Has any licensing board, agency, or OSHA 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 question in #2, 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: _____

SECTION 4: QUALIFYING UTILITY MANAGERS

List the names of Utility Managers employed to supervise the utility work for each office or branch of the business. An Employment of Utility Manager Form must be completed for each Utility Manager listed.

SECTION 5: SAFETY POLICY, CERTIFICATION, AND AUTHORIZATION

___ As required, I have attached a copy of our business Safety Policy, and I further certify that this Safety Policy:

- Is concerned and supports safety in the conduct of its utility work;
- Makes active and continuous efforts to provide a safe working environment;
- Complies with state and federal safety requirements;
- Maintains a safety program; and
- Conducts regularly scheduled safety meetings for all field personnel.

I certify that the information contained in this application is true to the best of my knowledge. I understand that any forged, false, or fraudulent information contained in this application is grounds for the Division to refuse to issue a license or to revoke any license issued based on this application. I authorize the Division to receive any criminal history record information concerning me from any state board or local criminal justice agency.

Printed Name of Owner, Partner, or Officer

(as listed in Section 2)

Title

Signature

(as listed in Section 2)	Title	Signature

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

NOTARY SEAL

NOTARY PUBLIC SIGNATURE

My Commission Expires: _____



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EMPLOYMENT OF UTILITY MANAGER

1. Name of Business: _____

2. Address of Branch Office to which Utility Manager is assigned:

_____ STREET ADDRESS _____ CITY _____ STATE AND ZIP

3. Name of Utility Manager: _____ FIRST _____ MIDDLE _____ LAST _____ SUFFIX

4. Utility Manager # _____ Expiration Date: _____

5. Job Title with Business: _____ Date First Employed by Business: _____

I certify that I am a regular, full-time employee of the above-named business and am responsible for supervising utility work performed by this, and only this one business. 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.

_____ SIGNATURE OF UTILITY MANAGER _____ DATE

I certify that the above-named Utility Manager is a regular, full-time employee of this business and is responsible for supervising utility work performed by this, and only this one business.

_____ SIGNATURE OF OWNER, PARTNER, OR OFFICER _____ TITLE _____ DATE

Subscribed and Sworn Before Me on this the _____ DAY OF _____, 20 _____

NOTARY SEAL

NOTARY PUBLIC SIGNATURE
My Commission Expires: _____
UC Initial, Revised 06/22