



## Contractors Registration Form

### City of Moultrie

#### Planning & Community Development Department

#### Mailing Address

P.O. Box 3368  
Moultrie, GA 31776  
Phone: (229) 668-7223

#### Shipping Address

200 1<sup>st</sup> St NE  
Moultrie, GA 31768  
Fax: (229) 668-7650

#### Select One:

Date: \_\_\_\_\_ New \_\_\_\_\_ Existing \_\_\_\_\_

SS#: \_\_\_\_\_ Fed ID #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Description: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Fees listed are for businesses located inside Moultrie.

**State trade contractors (located outside the City of Moultrie) pay a onetime \$20 registration fee**

	Annual Fees	Pro-rated Fees (After Aug 1)	Payment Method and Amount
Sub-Contractors (Roofer, Painter, Handyman, etc.)	\$75.00	37.50	Cash: \$ _____ Check #: _____ Check: \$ _____
State Trade Contractors (Electrician, Plumber, HVAC, etc.) located inside the City of Moultrie	\$93.75	\$46.88	

**NOTE:** Applications will not be processed without the proper documentation or payment. Required documentation: A current: (1) State Card, (2) Soil Erosion Card- (*Building Contractors Only*), (3) Occupational Tax Certificate (your home locality), (4) Photo ID, and, (5) building contractors must have a completed Authorization Form for persons other than who is listed on the State Card.

It is understood that any erroneous information, change, cancellation, or forfeiture in any of the information given will automatically render my authorization to work in the City of Moultrie invalid and void until such time that all requirements are met.

To the best of my knowledge, all information given is current and correct.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title with the company: \_\_\_\_\_

# Georgia Security and Immigration Compliance Act

## CITY OF MOULTRIE PUBLIC BENEFIT AFFIDAVIT

By executing this affidavit under oath, as an applicant or to renew an existing account, for an Occupation Tax Certificate, Alcohol License, Taxicab License, Insurance License, or other public benefit as referenced in O.C.G.A. Section 50-36-1(e)(2), I am stating the following for:

\_\_\_\_\_ that  
(Name of Applicant / Business / Corporation / Partnership or Private Entity)

- 1) ☐ I am a United States Citizen
- 2) ☐ I am a legal permanent resident of the United States.\*
- 3) ☐ 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.\*

**\*If you are a legal permanent resident, qualified alien, or non-immigrant, submit a legible copy of your documentation and an approved photo identification such as: your drivers' license.**

The undersigned applicant also hereby verifies that he or she is 18 years 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.

The secure and verifiable document(s) with this affidavit can best be classified as:

\_\_\_\_\_  
In making the above representation 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.

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

\_\_\_\_\_  
Printed Name Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Alien Registration Number for Non-Citizens\*

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires:  
\_\_\_\_\_

## Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant or to renew an existing account, for a(n) occupational tax certificate, contractors' registration, a regulatory or alcohol license, as referenced in O.C.G.A. § 36-60-6(d), from the City of Moultrie, Georgia, the undersigned applicant representing the private employer know as:

Name of Company: \_\_\_\_\_

verifies one of the following with respect to the application for the above mentioned document:

- a) \_\_\_\_\_ On January 1, 2013, the individual, firm, or corporation employed more than one hundred (100) employees.
- b) \_\_\_\_\_ On January 1, 2013, the individual, firm, or corporation employed less than one hundred (100) employees.

***If the employer selected (a) complete the following:***

The employer has registered with and utilizes the federal work authorization program (*also known as the E-Verify program*) in accordance with the applicable provisions and deadlines establish in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization number (*also known as the Client ID number*) and date of authorization are as listed below:

Federal Work Authorization Number, (*also known as the, Client ID Number*): \_\_\_\_\_

Date of Authorization: \_\_\_\_\_

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In making the above representation 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. § 36-60-6(a), and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 2013

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

\_\_\_\_\_  
Address of the Individual, Firm, or Corporation

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 2013

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Frank N. Lang, Sr.  
Chief of Police

## MOULTRIE POLICE DEPARTMENT

P.O. BOX 850  
MOULTRIE, GEORGIA 31776-0850

TELEPHONE: (229) 985-3131  
FAX: (229) 890-1916



### REQUEST FOR DISSEMINATION OF RECORDS AND INFORMATION INDIVIDUAL'S CONSENT

[Pursuant to O.C.G.A.35-3-34 & O.C.G.A.35-3-35]

I, the undersigned, hereby authorize \_\_\_\_\_ to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Person of Inquiry/Full Name Printed

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

X \_\_\_\_\_  
Signature/Person of Inquiry

Purpose of Inquiry —    Housing    School    Employment    Other  
*Circle One*

Please Mark One:

\_\_\_\_\_ **Business Registration**  
(*Business License*)  
or  
\_\_\_\_\_ **Contractor Registration**

\_\_\_\_\_  
Notary

Seal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commission Expires

### REQUESTOR'S ACKNOWLEDGMENT

DISCLOSURE PROVISION: In the event that an employment or licensing decision is made adverse to the person above, the person must be informed, by the individual or group making the decision, of all pertinent information which resulted in the adverse decision. This disclosure shall include information that a record was obtained, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information to the person shall be a misdemeanor.

#### **Requesting:**

( )MPD Record Only

( )GCIC Record                      No Record                      See Attached

X \_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Representing — Company, Business, Firm, Etc.

Dissemination Officer \_\_\_\_\_  
(FEES: Record Search / Dissemination \$10.00)

Date \_\_\_\_\_  
(Revised 01-10-2007)