



CONTRACTOR REGISTRATION FORM
 200 1st Street N.E. Moultrie, GA 31768
 P: 229-668-7223 F: 229-668-7650
www.moultriega.com

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.)	\$80.00	40.00	Cash: \$ _____ Check #: _____ Check: \$ _____
State Trade Contractors (Electrician, Plumber, HVAC, etc.) located inside the City of Moultrie	\$100.00	\$50.00	

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 Nationally 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, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 202_____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____.

Notary Public

My Commission Expires: _____

INDIVIDUAL CONSENT REQUEST FOR DISSEMINATION OF RECORDS AND INFORMATION

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.

PLEASE PRINT

Person of Inquiry/Full Name

Street Address

City

State

Zip Code

Phone Number

Race

Sex

Date of Birth

Social Security Number

Signature/Person of Inquiry

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____.

Notary Public
My Commission Expires: _____

PURPOSE OF INQUIRY (Check One)

Housing
Employment with Elderly
Contractor Registration

School

Non-Law Enforcement Employment
Employment with Children
Occupational Tax

Law Enforcement Employment
Employment with Mental Health

REQUESTOR'S ACKNOWLEDGEMENT

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 action. 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 shall be a misdemeanor.

REQUESTING:

- MPD Record Only
- GCIC Record
- NO RECORD
- SEE ATTACHED

Requestor's Signature

(FEES: Record Search/Dissemination—\$_____)

Representing—Company, Firm, etc...

Dissemination Officer

Date