



CONTRACTORS REGISTRATION FORM  
 200 1st Street N.E. Moultrie, GA 31768  
 P: 229-668-7223 F: 229-668-7650  
[www.moultriega.com](http://www.moultriega.com)

Date: \_\_\_\_\_

SS#: \_\_\_\_\_

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

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

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

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

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

Select One:  
 New  Existing

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

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: \_\_\_\_\_



**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     School     Non-Law Enforcement Employment     Law Enforcement Employment
- Employment with Elderly     Employment with Children     Employment with Mental Health
- Contractor Registration     Occupational Tax

**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