



CONTRACTORS REGISTRATION FORM
 200 1st Street N.E. Moultrie, GA 31768
 P: 229-668-7223 F: 229-668-7650
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 July 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: _____

Moultrie Police Department Name-Based Criminal History Record Information Consent/Inquiry Form



I hereby authorize _____ to conduct an inquiry for
 _____ Agency/Company
 the purpose listed below and receive any Georgia and/or national; criminal history record
 information as authorized by state and federal law.

Full Name (Print) (First, Middle, Last) Persona de Encuesta/Nombre por completo			
Address (Street #, Name, City, State, Zip Code) Direccion de la calle, Ciudad, Estado, Codigo Postal			
Sex Sexa	Race Raza	Date of Birth Fecha de Nacimiento	Social Security # Num Seguro Social

_____ This authorization is valid for _____ days from date of signature.
 I, _____, give consent to the above-named entity to perform
 periodic criminal history background checks for the duration of my employment.

 Signature **Firma/Persona de Escusta** _____
 Date

 Attorney for Individual (Pur E and U Only) _____ _____
 Bar Number _____ Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (Check One)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E-Employment
<input type="checkbox"/>	M-Working with Mentally Disabled
<input type="checkbox"/>	N-Working with Elderly
<input type="checkbox"/>	W-Working with Children
<input type="checkbox"/>	P-Public Records (No Consent Required)
<input type="checkbox"/>	F-Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U-Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J-Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z-Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (Check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

ATTN Field (Released To): _____

 Agency Designee Signature and Title Date

SUBJECT IDENTIFICATION CARD PRESENTED: _____

