



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

General Contractor Division

237 Coliseum Drive, Macon, GA 31217

404-424-9966

www.sos.ga.gov

GENERAL CONTRACTOR QUALIFYING AGENT RECIPROcity APPLICATION

●●● INSTRUCTIONS AND GENERAL INFORMATION ●●●

Incomplete applications are subject to be administratively withdrawn if any deficiency items are not submitted within 60 days of notice of deficiency.

LICENSES REQUIRED

If you contract for any general contracting or residential (residential-basic or residential-light commercial) contracting business, you are required to be licensed. See O.C.G.A § 43-41-2 and Board Rules.

SECTION 1: PERSONAL INFORMATION

Complete all information including your preferred email address for communication with Board staff. You must be at least 21 years old to apply for this license type.

The Board has reciprocal agreements with the following states:

LOUISIANA – Commercial license (Building Construction classification) issued by the Louisiana State Licensing Board for Contractors.

MISSISSIPPI – Commercial Contractors license (Building Construction classification) issued by the Mississippi State Board of Contractors.

NORTH CAROLINA – Building Contractor license issued by the North Carolina State Licensing Board for General Contractors.

TENNESSEE – Contractor license (BC or BC-B classification) issued by the Tennessee Board for Licensing Contractors.

⇒⇒⇒ To be eligible for reciprocity, you must have held an active license for the past three (3) years that was issued based on your passing an exam, and the license has not been penalized by the Board for violations of the law within the past three (3) years. If this is not your situation, you are not eligible to apply by Reciprocity.

⇒⇒⇒ **Submit a letter of verification from the licensing board that administered your examination.** Copies of your state license, wall certificate, or examination scores are not acceptable.

⇒⇒⇒ You are required to pass the Georgia Business and Law exam before a license can be issued.

SECTION 2: QUALIFYING AGENT

Submit proof that the business organization for which you are applying as a Qualifying Agent is actively authorized and certified to do business in Georgia. Visit the Secretary of State, Corporations Division at www.sos.georgia.gov/corporations, to print a copy of your business organization's History page or Letter of Authority.

You may appoint yourself as the Qualifying Agent ONLY IF you are the ONLY authorized agent of the business organization who possesses binding authority.

SECTION 3: WORK EXPERIENCE

You must show one (1) to four (4) years of proven experience depending on which eligibility requirement you meet under Board Rule 553-4-.01(3)(c)(1), (2), or (3). Describe the kind of work, tasks, and duties you performed, not just a list of specific projects. List the dates of your employment with the employer listed in the first column, NOT the dates you started and completed a project. The business organization that is appointing you as a Qualifying Agent should also be listed under your work experience, including your beginning employment date and position title with the organization. Your current experience should end in "Present".

SECTION 4: EMPLOYMENT AFFIDAVIT

You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.

SECTION 5: EDUCATION (optional)

Education information is required ONLY IF qualifying under Board Rule 553-4-.01(3)(c)(1) or (2). Submit in a sealed envelope, an official transcript, diploma, or certification from an accredited college, university, or technical school attended if you are applying based on education.

SECTION 6: FINANCIAL RESPONSIBILITY

Answer all questions. Submit additional documentation as requested in the application.

--You must obtain general liability insurance in a minimum amount of \$500,000 per occurrence and **submit a signed, current certificate of insurance with your application.**

--These are **not** accepted: binders, information pages, policies, or declaration pages.

--Since you are applying as a Qualifying Agent, the company for which you are applying as a Qualifying Agent must be shown as the insured on the certificate.

--The certificate must list the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 as the certificate holder.

--You must submit proof of Workers Compensation Insurance if you are currently required by Georgia law to have such.

SECTION 7: GENERAL INFORMATION

Answer all questions. Submit additional documentation as requested in the application.

SECTION 8: AFFILIATIONS

You must provide the names of all persons, entities, and business organizations with which you will be affiliated as a licensed residential contractor or general contractor. "Affiliated with" means you are employed by, are the owner of, serve as an owner or director, are a partner or member, or serve as a qualifying agent for any of the above. See O.C.G.A § 43-41-6(e)

SECTION 9: APPLICANT AFFIDAVIT

Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C.G.A. §50-36-1.

You are required to submit a copy of a **Secure and Verifiable Document (SVD)** with this application such as a Driver's License, Passport, or other acceptable document, OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed. See *O.C.G.A. § 50-36-2.*

VETERANS AND MILITARY SERVICE MEMBERS

Honorably discharged veterans may be eligible for Veterans' Preference Points applied to their examination scores if they served on active duty in the Armed Forces, Reserves, or National Guard for at least 90 days during wartime or during any conflict when military personnel was committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for Veterans' Preference Points, submit a completed copy of your DD-214 form with the application.

A transitioning service member of the military is on active duty status, or on separation leave, who is within 24 months of retiring or 12 months of separation.

Additional information for Veterans, Military Service Members, Transitioning Service Members, and Military Spouses is available online at <http://sos.ga.gov/PLB/acrobat/Forms/PLBVeteransInfo.pdf>

DISABILITY ACCOMMODATION

Persons who have a disability and may require accommodation should obtain the *Request for Disability Accommodation Guidelines* form on the Board's website under Application/Form Downloads.



STATE LICENSING BOARD FOR
 RESIDENTIAL AND GENERAL CONTRACTORS
 General Contractors Division
 237 Coliseum Drive, Macon, GA 31217-3858
 404-424-9966
www.sos.ga.gov/index.php/licensing/plb/46

Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

GENERAL CONTRACTOR QUALIFYING AGENT RECIPROcity APPLICATION

Application Fee \$200.00 + \$10.00 Processing Fee (non-refundable)

Incomplete applications are subject to be administratively withdrawn if any deficiency items are not submitted within 60 days of notice of deficiency.

This application is for those who are applying to be a QA for a company by way of Reciprocity. Use a different application if you wish to apply as an individual or apply by examination.

SECTION 1: PERSONAL INFORMATION

1. Legal Name to

Appear on License:

FIRST MIDDLE LAST SUFFIX

2. Name as shown on exam records, transcripts, or any documentation provided to the Board including maiden name (if different):

FIRST MIDDLE LAST SUFFIX / MAIDEN

3. Social Security*:

□□□□ - □□□□ - □□□□□□

Date of Birth:

□□□□ - □□□□ - □□□□□□

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*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 et seq. and O.C.G.A. § 20-3-295 et seq., 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

4. Physical Address:

(PO BOX NOT ACCEPTABLE)

NUMBER AND STREET

APT OR SUITE#

CITY STATE ZIP

5. Mailing Address:

(if different)

NUMBER AND STREET OR PO BOX

APT OR SUITE#

CITY STATE ZIP

6. Daytime Phone#:

□□□□ - □□□□ - □□□□□□

Business or Cell
Phone#:

□□□□ - □□□□ - □□□□□□

7. Email Address: _____

- Check this box if you are a military spouse or a transitioning service member of the United States armed forces or the National Guard.
- Check this box if you are requesting Veterans' Preference Points. Submit a copy of your DD-214.
- Check this box to confirm you are at least 21 years of age.

I have obtained licensure by examination in:

- Louisiana License # _____
- Mississippi License # _____
- North Carolina License # _____
- Tennessee License # _____

SECTION 2: QUALIFYING AGENT

Applicant Name: _____

1. Name of Business Organization (exactly as registered with the Georgia Corporations Division):

2. Type: LLC LLP/LP Corporation (and list state of incorporation): _____

Partnership* Joint Venture* Other*: _____

*If the business organization is not an LLC, LLP/LP, or Corporation please submit official company formulation documentation proving the existence of the business organization

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

_____ CITY STATE ZIP

4. Federal ID # - 5. Business Phone # - -

6. Business Organization Email Address: _____

QUALIFYING AGENT AFFIDAVIT

The applicant may appoint himself or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority.

I, _____, certify that I am the Owner or Partner or Officer
Printed Name of Owner/Partner/Officer

for the business organization identified above and possess binding authority for the business organization and do hereby appoint the applicant to act as a qualifying agent on the business organization’s behalf and to take the examination (unless exempted), as required for a Georgia contractor’s license.

I further attest that the individual applicant has final approval authority for all construction work performed by the business organization or entity within the State of Georgia and that the individual applicant has final approval authority on all construction matters, including contracts, contract performance, and financial affairs related to such construction matters, for each construction job for which his or her license was used to obtain the building permit.

I understand that should the qualifying agent leave the business organization while being the only qualifying agent affiliated with the business organization, the business organization shall promptly notify the appropriate division of the termination of the relationship and shall have 120 days from the termination of the qualifying agent’s affiliation to employ another qualifying agent and submit an application for licensure under the new qualifying agent.

Signature of Owner/Partner/Officer

Title

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

NOTARY PUBLIC SIGNATURE
My Commission Expires: _____

O.C.G.A. §45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.
NOTARY SEAL

SECTION 3: WORK EXPERIENCE

Applicant Name: _____

- You must show one (1) to four (4) years of proven experience depending upon which eligibility requirement you meet under Board Rule 553-4-.01(3)(c)(1), (2), or (3).
- Describe the work you performed for each employer. This page is for work experience, not specific projects. List your employment dates with the employer listed in the first column, NOT the dates you began and completed a particular project. The business organization that is appointing you as a qualifying agent should be listed under your work experience to include your beginning employment date and position title. Your current experience should end with the word "Present".

Employer Name, Address, City, State, Zip	Who was your Direct Supervisor?	Your Employment Dates (mo/yr to mo/yr)	Your Position Title?	What did you do for this employer? (tasks, duties, responsibilities)

1. Do you have at least two years of experience coordinating multiple trades? YES NO
 If YES, list the trades: _____

2. Do you have at least one year of experience holding a position in or relating to administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management? YES NO

3. Are you a specialty contractor? YES NO
 If YES, list and describe the real property improvements you have completed: _____

4. **NASCLA** exam - If you have already taken the NASCLA exam, when did you take it? ___/___/_____
 -Please purchase your NASCLA transcript (<https://ned.nascla.org>) to be submitted to the Georgia State Licensing Board for Residential and General Contractors.
-If you have not yet taken the NASCLA, please wait until you receive notification from the Board that you are approved to sit for the exam.

SECTION 4: EMPLOYMENT AFFIDAVIT

NOTE: You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.

I, _____ solemnly attest and affirm that _____
Printed Name of General Contractor (not a company name) Printed Name of Applicant

meets the eligibility requirements for licensure as a general contractor according to one of the following criteria:

O.C.G.A. § 43-41-6(d)(3)(A)

“Has received a baccalaureate degree from an accredited four-year college or university in the field of engineering, architecture, construction management, building construction, or another field acceptable to the division and has at least one year of proven experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the division;”

OR

O.C.G.A. § 43-41-6(d)(3)(B)

“Has a combination acceptable to the division of academic credits from any accredited college-level courses and proven practical experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the division equaling at least four years in the aggregate. For purposes of this subparagraph, all university, college, junior college, or community college-level courses shall be considered accredited college-level courses; or”

OR

O.C.G.A. § 43-41-6(d)(3)(C).

“Has a total of at least four years of proven active experience working in a construction industry-related field, at least two of which shall have been as or in the employment of a general contractor, or other proven experience deemed acceptable by the division and at least one of which shall have been in or relating to administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management, or functions deemed substantially similar by the division.”

Signature of Applicant

Signature of General Contractor

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC SIGNATURE

My Commission Expires: _____

O.C.G.A. § 45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.
NOTARY SEAL

SECTION 5: EDUCATION (Section 5 is optional - complete this section if you are using Education as a qualifier.)

Applicant Name: _____

Education Information is required ONLY IF qualifying under Board Rule 553-4-.01(3)(c)(1) or (2):

(baccalaureate degree from an accredited four-year college or university in the field of engineering, architecture, construction management, building construction, or another field acceptable to the division and at least one year of proven experience or a combination acceptable to the division of academic credits from any accredited college-level courses and proven practical experience working as or in the employment of a general contractor, or other proven experience deemed substantially similar by the division equaling at least four years in the aggregate).

1. School Name: _____

2. School Address: _____

NUMBER AND STREET or PO BOX

CITY

STATE

ZIP

3. Dates Attended: _____ 4. Major or field studied: _____

5. Degree Awarded: College-Level Academic Credit Only Diploma/Certificate Bachelor Masters Doctorate

Please check this box if you have submitted an official school transcript.

SECTION 6: FINANCIAL RESPONSIBILITY

1. To satisfy the financial responsibility requirement, do you affirm that the business organization has a minimum net worth of \$150,000? YES NO

2. Has the business organization paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law? YES NO

If NO, submit a letter of explanation and any supporting documentation.

3. Have you paid all judgments, taxes, student loans, or child support payments as required by law? YES NO

If NO, submit a letter of explanation and any supporting documentation.

4. During the last 10 years, have you personally, as an individual, or has any business entity with which you have been involved filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under bankruptcy laws? YES NO

If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.

5. Confirm that you have submitted a certificate of insurance documenting that the business organization carries general liability insurance in a minimum amount of \$500,000 per occurrence. **Confirmed**

If you do not, the application is considered incomplete until received.

6. Is the business required to carry Workers' Compensation Insurance? (In Georgia, if you have 3 or more employees, Workers' Compensation Insurance is required.) ___ YES ___ NO

If YES, submit a certificate of insurance documenting your workers' compensation coverage.

7. Confirm that you have submitted a Letter of Authority from the Corporations Division showing proof that the business organization for which you are applying as a qualifying agent is actively authorized and certified to conduct business in Georgia. **Confirmed**

SECTION 7: GENERAL INFORMATION

Applicant Name: _____

1. 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 other than a minor traffic violation? **If YES**, you must submit the following:
 - a. Submit a letter of explanation for each offense.
 - b. Submit a certified copy of court documents showing arrest, dismissal or final court disposition - conviction/sentencing documents.
 - c. Submit a statement (on official letterhead) from your probation/parole officer regarding your current status or completion of any probation/parole.

2. Has any licensing board or agency in Georgia or any other state ever:
 - a) Denied 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 of Question 2, submit a letter of explanation and a **certified** copy of the action taken against your license along with relevant supporting documents.

SECTION 8: AFFILIATIONS

Provide the names of all persons, entities, and business organizations with which you will be affiliated as a licensed residential contractor or general contractor. "Affiliated with" means you are employed by, have ownership of, serve as an owner or director, are a partner or member, or serve as the qualifying agent. Check one:

- I will **NOT** be affiliated with any persons, entities, or business organizations as a licensed residential contractor or general contractor. **OR** I **WILL** be affiliated with the below persons, entities, or business organizations as a licensed residential contractor or general contractor.

Name of Person, Entity, or Business Organization	Type of Affiliation					
	Employee	Owner (ownership %)	Director	Partner (ownership %)	Member	Qualifying Agent

Please list any professional certifications you currently hold.

SECTION 9: APPLICANT AFFIDAVIT

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.

Please submit a copy of your current Secure and Verifiable Document(s) such as a driver’s license, passport, or document as indicated on the Board’s website.

OR

_____ 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.

Printed Name of Applicant

Signature of Applicant

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

NOTARY PUBLIC SIGNATURE
My Commission Expires: _____

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If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.
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