



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

Residential Contractor Division

237 Coliseum Drive, Macon, GA 31217

404-424-9966 - www.sos.ga.gov

RESIDENTIAL BASIC LICENSE by EXAMINATION APPLICATION

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Incomplete applications are subject to be administratively withdrawn if any application deficiencies are not submitted within 60 days of the deficiency notice.

USE THIS FORM to apply for **RESIDENTIAL BASIC INDIVIDUAL OR RESIDENTIAL BASIC QUALIFYING AGENT**

Some sections of this application will be for QA applicants only and will be marked as such.

--**Individual** means you are working for yourself as a sole proprietorship, not for a company. If licensed as an Individual, you cannot do work for a business organization with a Corporate Registration, even if it is your own LLC.

--**Qualifying Agent** means you are the agent for a company, which is a LLC, INC (corporation), partnership, or joint venture. If there is a company, there must be a Qualifying Agent for that company.

LICENSES REQUIRED - Licenses are required for persons who contract for any residential (residential-basic or residential-light commercial) or general contracting business. See O.C.G.A § 43-41-2 in the Board Law, as well as the Board's rules for definitions. --[Click here to view Law](#)--

EXAM - You will have to pass an exam as part of the pre-licensure process for this license type.

SECTION 1: PERSONAL INFORMATION

Complete all information requested. Include your email address, as this is how staff will communicate with you most of the time. You must be at least 21 years of age to apply for this license.

SECTION 1QA: QUALIFYING AGENT (to be completed by QA applicants only)

If applying for a QA, you must submit proof that the business organization for which you are applying 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 QA ONLY IF you are the ONLY authorized agent of the business organization who possesses binding authority.

SECTION 2: WORK EXPERIENCE

You must show at least two (2) years of proven experience working as a residential contractor OR in the employment of a residential contractor, predominantly in the residential-basic category. For employer information, begin with your current employer, and your current experience should end in "Present."

For QA applicants - The business organization that is appointing you as **qualifying agent** should be listed under your work experience and should include the employment start date and position title with the organization.

SECTION 3: PROJECTS COMPLETED

You must show successful completion of at least two (2) projects falling within the **residential-basic category**. These projects must have been completed within the two (2) years immediately preceding the date of this application.

SECTION 4: EMPLOYMENT/PROJECT 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: FINANCIAL RESPONSIBILITY and INSURANCE REQUIREMENTS

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

- **Affirm your NET WORTH.** If you cannot do so, a blank **Bank Credit Reference** form is available, along with a sample **Surety Bond**, and **Line of Credit sample letter**.
- **LIABILITY INSURANCE** - You must obtain general liability insurance of not less than \$300,000 per occurrence and **submit a signed, current certificate of insurance on an ACORD FORM with your application**. Do not send in binders, information pages, policies, or declaration pages. These will not be accepted.

INSURED INFO: -- **INDIVIDUAL APPLICANTS** - your name must be listed as the INSURED on the certificate.
-- **QA APPLICANTS** - the company for which you are applying to the QA must be listed as the INSURED on the certificate (not your name)

CERTIFICATE HOLDER INFO: The certificate must list the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 as the CERTIFICATE HOLDER.

- **WORKERS COMP** - If you are required by Georgia law to have Workers Compensation Insurance, submit proof of such to the board. As of this application version date, Georgia requires Workers Comp if you have 3 or more employees.

SECTION 6: GENERAL INFORMATION

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

SECTION 7: APPLICANT AFFIDAVIT, SECURE AND VERIFIABLE DOCUMENT (SVD)

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.**

All applicants 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 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.**

BOARD LAW AND RULES

You should take time to read over the Laws and Rules for the profession for which you are applying for licensure. This information outlines the rules and regulations you must follow to keep your license in good standing. The Board law and rules are available [HERE](#). It is your responsibility to know these laws and rules.

VETERANS' PREFERENCE POINTS

Veterans may be eligible for **Veteran's Preference Points** to be applied to their examination scores. To be eligible, you must have 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 were 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 copy of your DD-214 form along with the application.

DISABILITY ACCOMMODATION

Disabled persons requiring accommodation during testing must submit the **Request for Disability Accommodation Guidelines form** along with required documentation for review before sitting for the exam.

KEEP A COPY OF YOUR APPLICATION and DOCUMENTS YOU SEND TO THE BOARD

What you send in stays with the board, so don't send originals unless required, and keep copies for your records. We will not return documents to you.

FEES / MAILING YOUR APPLICATION

A **\$210 (\$200 application fee + \$10 processing fee) non-refundable fee** by check or money order payable to State Licensing Board for Residential and General Contractors must be included with this application.

Mail your completed application, fee payment, and required documents in a 9 X 12 envelope to Res/Gen Licensing Boards, 237 Coliseum Dr., Macon, GA 31217. Please **do not** fold or staple your application and documents.



STATE LICENSING BOARD FOR
 RESIDENTIAL AND GENERAL CONTRACTORS
 Residential Contractors Division
 237 Coliseum Drive, Macon, GA 31217-3858
 404-424-9966
www.sos.ga.gov

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

**APPLICATION FOR RESIDENTIAL LICENSE
 BASIC INDIVIDUAL OR BASIC QUALIFYING AGENT
 by EXAMINATION**

Fee \$210 (\$200 application fee + \$10 processing fee) **Fees are non-refundable.**

Incomplete applications are subject to be administratively withdrawn if any application deficiencies are not submitted within 60 days of notice of such deficiencies.

I am applying for this license type (select one): _____ **Residential Basic Individual** (cannot work for a company)
Use a different application for reciprocity, prior approval, or reinstatement/reactivation. _____ **Residential Basic Qualifying Agent** (affiliated with a company)

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: - -
M M D D Y Y Y Y

*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 **Veteran's Preference Points**. Include a copy of your DD-214.
- Check this box to affirm that you are at least 21 years of age. You must be at least 21 to apply for this license.

SECTION 1QA: QUALIFYING AGENT (QA Applicants - complete this page; Individual Applicants - skip this page)

Applicant Name: _____

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

1. Name and type of Business Organization: _____

- Partnership*/LLP* LLC Corporation (state of incorporation): _____ Joint Venture*
- Other*: _____

*If the business organization is one other than an LLC or Corporation (paperwork for which can be found on the Secretary of State's Corporation Division's website) please submit official company formulation documentation proving the existence of the business organization

2. Physical Business Address: _____

(PO BOX NOT ACCEPTABLE)

NUMBER AND STREET

SUITE#

CITY

STATE

ZIP

3. Federal ID #

		-							
--	--	---	--	--	--	--	--	--	--

4. Business Phone #

			-			-				
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QUALIFYING AGENT AFFIDAVIT

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 residential basic 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 2: WORK EXPERIENCE

Applicant Name: _____

- Show at least two (2) years of proven experience. Your current experience should end with the word "Present." For more information, review OCGA § 43-41-2(10) and Board Rule 553-3-.03 (c) and (d) Make additional copies of this page if needed. Describe the type of work you performed for each employer. This page is for work experience, not for specific projects.

Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Contractor License#
City, State, Zip:	Supervisor's Job Title:
Dates Employed From: To: (mo/yr) (mo/yr)	Applicant's Job Title:
What type of work did you do for this employer?	

Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Contractor License#
City, State, Zip:	Supervisor's Job Title:
Dates Employed From: To: (mo/yr) (mo/yr)	Applicant's Job Title:
What type of work did you do for this employer?	

SECTION 3: PROJECTS COMPLETED - Two (2) Residential Basic Projects are required

Applicant Name: _____

___ I affirm that as of the date this application was signed, these 2 projects were completed within the past 2 years. I also affirm that I was a contractor on the projects and had significant responsibility for their successful performance and completion.

Project # 1 was completed on: _____ (month/day/year)	My Employer at time of Completion: _____ Employer's Name
The address for this project is: _____ Street address	The project was completed under this Licensed Contractor: _____ Contractor's Name
_____ City, State, Zip	The Contractor License# (Individual or QA) is: _____
Describe what structure was built for this project so that the board can determine if it meets the requirements for licensure. Add add'l pages if needed.	

Project # 2 was completed on: _____ (month/day/year)	My Employer at time of Completion: _____ Employer's Name
The address for this project is: _____ Street address	The project was completed under this Licensed Contractor: _____ Contractor's Name
_____ City, State, Zip	The Contractor License# (Individual or QA) is: _____
Describe what structure was built for this project so that the board can determine if it meets the requirements for licensure. Add add'l pages if needed.	

SECTION 4: EMPLOYMENT/PROJECTS AFFIDAVIT

APPLICANT NAME: _____

To summarize O.C.G.A. §§ 43-41-6(b)(3) and (b)(4) state:

To be eligible as a residential-basic contractor, a person must have at least 2 years of proven experience working as a residential contractor or in the employment of a residential contractor, predominantly in the residential-basic category, or other proven experience deemed substantially similar by the division; and have had significant responsibility for the successful performance and completion of at least 2 projects falling within the residential-basic category in the 2 years immediately preceding application.”

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, _____, License # _____, solemnly attest and
*Print Name of Residential or General Contractor
(not a company name)*

affirm that _____ meets the requirements of O.C.G.A. §§ 43-41-6(b)(3) and (b)(4).
Print Name of Applicant

Signature of Applicant

Signature of Residential 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: FINANCIAL RESPONSIBILITY

Applicant Name: _____

QAs: ANSWER THIS SIDE

INDIVIDUALS: ANSWER THIS SIDE

1. Do your total assets (what is owned) exceed your total liabilities (what is owed)? YES
If **NO**, submit a letter of explanation. NO

2. Have you paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law? YES
If **NO**, submit a letter of explanation and any supporting documentation. NO

3. Have you paid all judgments, taxes, student loans, or child support payments as required by law? YES
If **NO**, submit a letter of explanation and any supporting documentation. NO

4. During the last 10 years, have you personally, as an individual, 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. Do you affirm, as an individual, that you have a minimum net worth of \$25,000? YES
If you do not have, as an individual, a minimum net worth of \$25,000, submit one of the following: (select one) NO

- Bank Credit Reference Form, reflecting 24 months' history; or
- \$25,000 Surety Bond; or
- \$25,000 Line of Credit Letter; or
- \$25,000 Letter of Credit.

NOTE – A blank Bank Credit Reference Form, sample Surety Bond, and Line of Credit sample letter are available for download from the Board's website.

6. Submit a certificate of insurance on an ACORD form documenting that you carry general liability insurance in a minimum amount of \$300,000 per occurrence. YES, I have this to submit.
 NO

7. Do you carry Workers Compensation insurance as required by state law? Georgia requires Workers Compensation Insurance if you have 3 or more employees. YES
 NO

If **YES**, submit a certificate of insurance.

1. Do the business organization's total assets (what is owned) exceed the business organization's total liabilities (what is owed)? YES
If **NO**, submit a letter of explanation. NO

2. Has the business organization paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law? YES
If **NO**, submit a letter of explanation and any supporting documentation. NO

3. Have you paid all judgments, taxes, student loans, or child support payments as required by law? YES
If **NO**, submit a letter of explanation and any supporting documentation. NO

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
If **YES**, submit a letter of explanation, discharge documents, and schedules A, B, D, and F. NO

5. Do you affirm that the business organization has a minimum net worth of \$25,000? YES
If **NO**, submit ONE of the following: NO

- Bank Credit Reference Form reflecting 24 months' history; or
- \$25,000 Surety Bond; or
- \$25,000 Line of Credit Letter; or
- \$25,000 Letter of Credit.

NOTE – A blank Bank Credit Reference Form, sample Surety Bond, and Line of Credit sample letter is available for download from the Board's website.

6. Submit a certificate of insurance documenting that the business organization carries general liability insurance in a minimum amount of \$300,000 per occurrence. YES, I have this to submit.
 NO

7. Does the business organization carry Workers Compensation insurance as required by state law? Georgia requires Workers Compensation Insurance if you have 3 or more employees. YES
If **YES**, submit certificate of insurance. NO

8. Submit a letter of authority from the Corporations Division showing proof that the business organization for which you are applying as the qualifying agent is actively authorized and certified to do business in Georgia. YES, I have this to submit.
 NO

SECTION 6: GENERAL INFORMATION

Applicant Name: _____

1a. Have you ever been arrested, charged, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or other offense other than a minor traffic violation? YES NO

1b. Have you ever entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any offense other than a minor traffic violation? YES NO

If YES to 1a or 1b, you must submit the following:

- a. a letter of explanation for each offense; and
- b. a certified copy of court documents showing arrest, dismissal, or final court disposition - conviction/sentencing documents; or
- c. If on probation/parole, 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 any state, including Georgia, 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 question in #3, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents.

3. **INDIVIDUAL APPLICANTS ONLY: (QA applicants can skip this question)** YES NO
Will you be conducting business as a sole proprietor using a trade name?

If YES, list the trade name and physical address of the company with which you will be affiliated through this license.

TRADE NAME		
_____		_____
NUMBER AND STREET	<u>(PO BOX NOT ACCEPTABLE)</u>	APT OR SUITE#
_____	_____	_____
CITY	STATE	ZIP



Reminder - To perform work on behalf of a business organization (limited liability company, corporation, partnership, business trust, joint venture, or other legal entity), you must submit the Qualifying Agent application. If you are a sole proprietorship, you should be applying for an Individual license.

SECTION 7: 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 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: _____

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