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**GENERAL DIVISION  
EXAMINATION APPLICATION FOR AN INDIVIDUAL**

\*\*\*GENERAL INFORMATION\*\*\*

**THE APPLICATION AND REQUIRED FEE SHOULD BE MAILED TO THE ADDRESS SHOWN ABOVE. ALL SUPPORTING DOCUMENTS SHOULD BE ATTACHED TO AND SUBMITTED WITH THE APPLICATION.**

\*\*The application must be completed in ink\*\*

**TO CHECK YOUR LICENSE APPLICATION STATUS ONLINE, PLEASE PROVIDE YOUR EMAIL ADDRESS ON THE APPLICATION WHERE REQUESTED. ACKNOWLEDGMENT OF RECEIPT OF YOUR APPLICATION WILL BE SENT BY EMAIL. YOUR EMAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

THIS APPLICATION PACKET INCLUDES: COMPLETED

Application for Licensure	_____
Employment Affidavit	_____
CPA Reference Letter and or Report from a CPA	_____
Authorization for Release of Information	_____
Reference for General Contractor	_____

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**LICENSES REQUIRED**

Licenses are required of persons who contract for any residential (residential-basic or residential light commercial) or general contracting business. See O.C.G.A. § 43-41-2 from the Board's Law, as well as the Board's Rules for definitions.

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1. **INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE**
2. **RETURNED.** Applications are valid for one year. Check or money order should be made payable to "State Licensing Board for Residential and General Contractors." As provided by O.C.G.A. § 16-9-20, a \$40.00 service fee will be assessed on dishonored checks.
3. **APPLICATION FEE.** Submit non-refundable fee of \$200.00 with application.
4. **REQUIREMENTS FOR LICENSURE:**
  - Must be a minimum of 21 years old.
  - Must be of good character and otherwise qualified as to competency, ability, integrity, and financial responsibility.
  - Must comply with one of the following:
    - (a) Four year degree from an accredited college or university in engineering, architecture, construction management, building construction or related field acceptable to the Division **and** one year of work experience as or in the employment of a general contractor or other proven experience deemed substantially similar by the Division; **or**
    - (b) Combination of college level academic accredited 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; **or**
    - (c) 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.
  - Must submit to the Board, **in a sealed envelope**, an official transcript, diploma, or certification from accredited college, university, or technical school attended if you are applying based on education ((a) or (b) above).
  - Must submit, in support of (a), (b), or (c) above, at least one letter of recommendation from a registered Architect or Engineer or other as approved by the Board that shall follow the guidelines provided in Forms E-1 through E-3 attached.
  - Must complete the Consent Form (Page 7) granting permission to the Board for a background check, including criminal history, and submit it **with your application** to the Board office.
  - Must furnish a list of all persons, entities, and businesses with which the applicant will be affiliated. Please include principal officers, titles, and contact information.

- Must **submit with your application** the attached CPA reference letter (Page 11) or the Report from a CPA (Pages 12-15), completed and notarized, to prove the individual applicant has a minimum net worth of \$150,000.00.
- Must **submit with your application** a Certificate of Insurance in the name of the individual showing proof of general liability insurance in a minimum amount of \$500,000 per occurrence. The individual must also show proof of workers compensation insurance, if the individual is currently required by Georgia law to carry such.

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#### **LAW AND RULES**

Read the law and rules thoroughly before completing the application. See the complete law and rules at the Board's website: [www.sos.ga.gov/index.php/licensing/plb/46](http://www.sos.ga.gov/index.php/licensing/plb/46). You are responsible for knowing the law and rules for your profession.

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#### **VETERANS' PREFERENCE POINTS**

Veterans may be eligible for Veterans' Preference Points on their examination 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 were committed by the President and either served on active duty for at least one year or were discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of the DD-214 form with the application.

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#### **DISABILITY ACCOMMODATION**

Persons who have a disability and may require accommodation should either: a) contact the Board office or b) visit our website (click the link to "download forms") to obtain the "Request for Disability Guidelines" form.

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#### **KEEP A COPY OF YOUR APPLICATION MATERIALS.**

All original materials will be maintained by our office and not returned to you.



**Work Experience Information** (must list, as requested in the chart below, 1 to 4 years of experience, depending upon which eligibility requirement you meet under Board Rule 553-4-.01(3)(c)(1), (2), or (3)).

**Please have attached Employment Affidavit completed and submit it along with this application.**

NOTE: You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required amount of years. Additionally, you must provide at least one letter of recommendation as provided for in Form E attached. ALSO NOTE: The chart below is NOT for specific project information, but for dates of employment. That is, the dates you have been employed with the employer listed in the first column, NOT the dates you began and completed a particular project.

Employer Name & Address	Direct Supervisor (If you are owner of business, list "self".)	Employment Dates (beginning date to end date)	Position/ Title	Type of Work Performed

**Education Information (required ONLY IF qualifying under Board Rule 553-4-.01(3)(c)(1) or (2)):** (four year baccalaureate degree in the field of engineering, architecture, construction management, building construction, or other field acceptable to the division and one year of 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)

**Name/Address of technical school, college or university attended (attach additional sheet if necessary):**

a. **Dates Attended:** \_\_\_\_\_

b. **Major or field studied:** \_\_\_\_\_

c. **Degree Awarded:**  Diploma/Certificate  Bachelor's  Doctorate  Masters  
*(Must submit with this application, in a sealed envelope from the appropriate institution, an official transcript, diploma, or certification from accredited college, university, or technical school.)* NOTE: This documentation is only needed if you are qualifying using education in some fashion.

**Financial Responsibility** (To be answered by the applicant)

1. **Do you as an individual applying in your own name have a minimum net worth of \$150,000.00?**

**Yes (Reference Letter from CPA required, see attached)**  **No**

Reference Letter on page 11 from CPA required **OR** the Report and affidavit, and an accompanying most recent balance sheet from a CPA on pages 12-15.

2. Have you paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes, as required by law, for the previous three years?  Yes  No
3. Have you paid all judgments, taxes, student loans or child support payments as required by law?  Yes  No
4. Have you (as an individual or business entity) ever filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?  
 Yes  No

If you answered "No" to question 2 or 3 above, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A "No" answer does not necessarily mean a license will not be granted. However, the State Licensing Board for Residential and General Contractors may request additional documentation if the information submitted is insufficient. If you answered "Yes" to question 4, submit written explanation and all pertinent court documents and schedules filed with the bankruptcy court.

5. Do you currently carry worker's compensation insurance as required by state law?  
 Yes (Attach Certificate of Insurance)  No  N/A (Less than 3 employees)
6. Do you currently carry general liability insurance in a minimum amount of \$500,000?  
 Yes (Attach Certificate of Insurance from insurer)  No

**General Information** (To be answered by the applicant)

1. Are you at least 21 years of age?  Yes  No
2. Are you of good moral character and otherwise qualified as to competency, ability, integrity and financial responsibility?  Yes  No  
Please note that completion of and submission to the Division of this application provides your consent for the Division to perform a background check on you. Thus, you must complete the attached Consent Form (Page 7) and submit it along with this application.
3. Do you meet the eligibility requirements under Board Rule 553-4-.01 (3)(c)(1)(2) or (3)?   
Yes  No
4. Have you ever taken and passed the NASCLA exam?  Yes  No  
If Yes, when did you take the exam? \_\_\_\_\_ and in which State? \_\_\_\_\_
5. Have you ever been convicted and sentenced, or pled guilty to, pled nolo contendere to, or been given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWIs & DUIs are not minor traffic violations)  
 Yes\*  No

\*If you answered "Yes", you must submit to the Board the following: a) a certified copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation/parole officer regarding your current status/completion of any probation/parole.

6. Have you ever had revoked or suspended or otherwise sanctioned any professional license issued by any board or agency in Georgia or in any other state?  Yes\*  No

**\*If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to this Board's office.**

7. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, denied renewal of a professional license by any board or agency in Georgia or in any other State?  Yes\*  No

**\*If you answered "Yes" to this question, please attach an explanation.**

**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):

- 1) \_\_\_\_\_ 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.
- 2) \_\_\_\_\_ I am not a United States citizen, but 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.

Applicant's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public My commission expires \_\_\_\_\_

(Seal)

**IMPORTANT NOTICE: Please submit this unstapled and unfolded application in a 9 X 12 envelope.**

Georgia Bureau of Investigation  
Georgia Crime Information Center (GCIC)

**Consent Form**

I hereby authorize \_\_\_\_\_  
to receive any Georgia criminal history record information pertaining to me which may  
be in the files of any state or local justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal  
Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States  
Code § 534) and affirm that I have retained a copy (attachments A and B) for my  
records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose Code "M")

Employment with elder care (Purpose code "N")

Employment with children (Purpose code "W")

One of the following must be checked:

This authorization is valid for 90 / 180 / \_\_\_\_\_ (circle or enter) days from date  
of signature.

I, \_\_\_\_\_  
give consent to the above named to perform periodic criminal background checks  
for the duration of my licensure with this state.

## Attachment A

### NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

## Attachment B

### PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

STATE LICENSING BOARD FOR RESIDENTIAL  
AND GENERAL CONTRACTORS

State of Georgia

Professional Licensing Boards

237 Coliseum Drive

Macon, GA 31217-3858

Telephone: (478) 207-2440

Fax: (478) 207-1458

Web Site: [www.sos.ga.gov/index.php/licensing/plb/46](http://www.sos.ga.gov/index.php/licensing/plb/46)

**TO BE COMPLETED BY EMPLOYER AND RETURNED TO APPLICANT**

**GENERAL CONTRACTOR  
EMPLOYMENT AFFIDAVIT**

O.C.G.A. §§ 43-41-6(d)(3)(A), (B) and (C) state:

“[To be eligible as a general contractor, a person must have] (A) . . . received a baccalaureate degree from an accredited four-year college or university in the field of engineering, architecture, construction management, building construction, or other 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; (B) . . . 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. . . . or (C) . . . 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.”

**AFFIDAVIT**

I, \_\_\_\_\_  
(General Contractor)

solemnly attest and affirm that \_\_\_\_\_,  
(Applicant)

meets the above stated requirements of:

Section 43-41-6(d)(3)(A) or  Section 43-41-6(d)(3)(B) or  Section 43-41-6(d)(3)(C)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Contractor's Signature)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

(Seal)

**Employment Affidavit**

**Form A**



STATE LICENSING BOARD FOR RESIDENTIAL  
AND GENERAL CONTRACTORS

State of Georgia  
Professional Licensing Boards  
237 Coliseum Drive  
Macon, GA 31217-3858  
Telephone: (478) 207-2440  
Fax: (478) 207-1458

Web Site: [www.sos.ga.gov/index.php/licensing/plb/46](http://www.sos.ga.gov/index.php/licensing/plb/46)

**CERTIFIED PUBLIC ACCOUNTANT (CPA) REFERENCE LETTER**

**TO BE COMPLETED BY APPLICANT:**

Reference Relating to: \_\_\_\_\_  
(Please print name of individual applying in his or her own name)

Trade Name of Business with which the individual applicant will be affiliated:

\_\_\_\_\_

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

Social Security # \_\_\_\_\_ or Federal Tax ID # \_\_\_\_\_

**TO BE COMPLETED BY CPA AND RETURNED TO APPLICANT:**

The above-named individual is applying in his or her own name for a general contractor's license in the State of Georgia and I hereby certify that I have performed an:

- audit
- review
- compilation

of the applicant's financial information and that said applicant has a minimum net worth in the amount of \$150,000.00.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Certified Public Accountant (CPA)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certification Number

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(Seal)

**State Licensing Board for Residential and General Contractors  
State of Georgia  
Professional Licensing Boards  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
Telephone: (478) 207-2440  
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Web-Site: [www.sos.ga.gov/index.php/licensing/plb/46](http://www.sos.ga.gov/index.php/licensing/plb/46)**

**REPORT OF CERTIFIED PUBLIC ACCOUNTANT FOR A REVIEW OF AN INDIVIDUAL**

State Licensing Boards Division for Residential and General Contractors  
State of Georgia  
Professional Licensing Boards Division  
237 Coliseum Drive  
Macon, Georgia 31217-3858

We have reviewed the accompanying balance sheet of \_\_\_\_\_ [INDIVIDUAL/  
SOLE PROPRIETOR'S NAME], as of \_\_\_\_\_, \_\_\_\_ (give most recent financial period), and the related  
statements of earnings and members' equity and cash flows for the year then ended, in accordance with Standards  
for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All  
information included in these financial statements is the representation of the management of  
\_\_\_\_\_ [INDIVIDUAL/SOLE PROPRIETOR'S NAME].

A review consists principally of inquiries of \_\_\_\_\_ [INDIVIDUAL/  
SOLE PROPRIETOR'S NAME] personnel and analytical procedures applied to financial data. It is substantially  
less in scope than an audit in accordance with generally accepted standards, the objective of which is the  
expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such  
an opinion.

Based on our review, we are not aware of any material modifications that should be made to the individual's  
financial statements in order for them to be in conformity with generally accepted accounting principles in the  
United States of America.

The additional information on the attached balance sheet presented only for analysis purposes, and has been  
subjected to the inquiry and analytical procedures applied in the review of the basic financial statements. All  
information included in these schedules is the representation of the management of  
\_\_\_\_\_ [INDIVIDUAL/SOLE PROPRIETOR'S NAME]. We did not  
become aware of any material modification that should be made to this additional information.

\_\_\_\_\_  
Certified Public Accountant

\_\_\_\_\_  
Date



State Licensing Board for Residential and General  
 Contractors State of Georgia  
 Professional Licensing  
 Boards 237 Coliseum  
 Drive  
 Macon, Georgia 31217-3858  
 Telephone: (478) 207-2440  
 Fax: (478) 207-1458  
 Web-Site:www.sos.ga.gov/index.php/licensing/plb/46

REPORT OF CERTIFIED PUBLIC ACCOUNTANT FOR AN AUDIT OF AN INDIVIDUAL

State Licensing Board for Residential and General  
 Contractors State of Georgia  
 Professional Licensing Boards  
 237 Coliseum Drive  
 Macon, Georgia 31217-3858

We have audited the accompanying balance sheet of \_\_\_\_\_  
 [INDIVIDUAL'S NAME], as of \_\_\_\_\_, \_\_\_\_ (most recent financial period) and the related  
 statements of earnings and retained earnings and cash flows for the year then ended. These financial  
 statements are the responsibility of the individual. Our responsibility is to express an opinion on these  
 financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards in the United States of  
 America. Those standards require that we plan and perform the audit to obtain reasonable assurance about  
 whether the financial statements are free of material misstatement. An audit includes examining, on a test  
 basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes  
 assessing the accounting principles used in significant estimates made by the individual, as well as  
 evaluating the overall financial statement presentation. We believe that our audit provides a reasonable  
 basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial  
 position of \_\_\_\_\_ [INDIVIDUAL'S NAME], as of  
 \_\_\_\_\_, \_\_\_\_ (most recent financial period), and the results of his or her operation and his or her cash  
 flows for the year then ended in conformity with generally accepted accounting principles in the United  
 States of America.

The additional information presented on the attached balance sheet is presented for purposes of additional  
 analysis. Such information has been subjected to the audit procedures applied in the audits of the basic  
 financial statements, and, in our opinion, is fairly stated in all material respects in relation to the basic  
 financial statements taken as a whole.

\_\_\_\_\_  
 Certified Public Accountant

\_\_\_\_\_  
 Date

**Form C-2**



State Licensing Board for Residential and General Contractors  
State of Georgia  
Professional Licensing Boards  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
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**REPORT OF CERTIFIED PUBLIC ACCOUNTANT FOR A COMPILATION OF AN INDIVIDUAL**

State Licensing Boards Division for Residential and General Contractors  
State of Georgia  
Professional Licensing Boards Division  
237 Coliseum Drive  
Macon, GA 31217-3858

We have compiled the accompanying balance sheet of \_\_\_\_\_  
[INDIVIDUAL'S NAME], as of \_\_\_\_\_, \_\_\_\_\_ (give most recent financial period),  
and the related statements of income and retained earnings and cash flows for the year then ended,  
in accordance with Statements on Standards for Accounting and Review Services issued by the  
American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the  
representation of management of \_\_\_\_\_ [INDIVIDUAL'S NAME].  
We have not audited or reviewed the accompanying financial statements and, accordingly, do not  
express an opinion or any other form of assurance on them.

\_\_\_\_\_  
Certified Public Accountant

\_\_\_\_\_  
Date



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 State of Georgia  
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**AFFIDAVIT**

State of \_\_\_\_\_  
 County of \_\_\_\_\_

The undersigned, \_\_\_\_\_, being duly sworn, deposes and says that he or she is a certified public accountant, holding a registration certificate that is active and in good standing in the State of Georgia or \_\_\_\_\_ (Certificate # \_\_\_\_\_), and that he or she is a partner of the firm of \_\_\_\_\_ and he or she signed the foregoing opinion for said firm; and further that all parties of said firm practicing in the State of Georgia or \_\_\_\_\_ hold a certificate that is active and in good standing as a public accountant in accordance with the laws of such State regulating such practice.

\_\_\_\_\_  
 Certified Public Accountant

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public

My commission expires \_\_\_\_\_.

(Seal)



**State Licensing Board for Residential and General Contractors**  
**State of Georgia**  
**Professional Licensing Boards**  
**237 Coliseum Drive**  
**Macon, Georgia 31217-3858**  
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**REFERENCE FOR GENERAL CONTRACTOR**

**APPLICANT SECTION** (one form for each project is required – photocopy as necessary)

Full Name: \_\_\_\_\_

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

1. List a commercial project in which you, as contractor, had general oversight and primary management responsibility for its successful performance and completion. Include project name, approximate size (sf), date, and dollar value of the commercial project you and the Architect or Engineer (of record) worked on together during the qualifying experience time period (completed within five years of the date of application or other approved by the Board):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do you have at least two years experience coordinating multiple trades?

Yes (List the trades below)       No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. 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, Explain:

\_\_\_\_\_

\_\_\_\_\_

4. If you are a specialty contractor, do you have experience with real property improvements?

Yes (List and describe the improvements you have completed)       No

N/A (Not a Specialty Contractor)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Print Name of Applicant)

\_\_\_\_\_  
(Applicant's Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public Signature

My commission expires: \_\_\_\_\_.

(Seal)



**ARCHITECT SECTION** (To be completed by the architect/engineer of record)

1. In your opinion, did the applicant reasonably demonstrate the abilities, skills, and knowledge of general contracting on the above mentioned project(s)?

Yes  No, Explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Based upon the foregoing, do you recommend that the state grant a license to conduct general contracting to the applicant, pursuant to the successful completion of the exam and any other application requirements?

Yes  No, Explain:

\_\_\_\_\_  
\_\_\_\_\_

3. Please provide any further explanation or comments regarding the applicant's abilities, skills, knowledge, and integrity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person Completing Architect/Engineer or Other Reference's Information:**

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

Phone #: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

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

License/Registration #: \_\_\_\_\_

\_\_\_\_\_

State of Issuance: \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, solemnly attest and affirm that  
(Signature of Architect, Engineer or other as approved by the Board)

the above mentioned information is true to the best of my knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My commission expires \_\_\_\_\_.

(Seal)