

STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS
GENERAL CONTRACTOR DIVISION
237 Coliseum Drive
Macon, GA 31217
Phone: 478-207-2440
www.sos.ga.gov/index.php/licensing/plb/46

GENERAL DIVISION
APPLICATION FOR LICENSE OBTAINED FROM A PRIOR APPROVAL STATUS
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 is an application to allow the applicant to take a prior approved status and use it to attempt to have another approval issued for a different company (see O.C.G.A. § 43-41-9).

You must submit for the same type of licensure (basic, light-commercial, or general contractor) for which you were originally approved.

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. You are responsible for knowing the laws and rules for your profession.

KEEP A COPY OF YOUR APPLICATION MATERIALS. All original materials will be maintained by our office and not returned to you.



STATE LICENSING BOARD FOR RESIDENTIAL
AND GENERAL CONTRACTORS

General Division
237 Coliseum Drive, Macon, GA 31217-3858
478-207-2440

www.sos.ga.gov/index.php/licensing/plb/46

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

**Application for Licensure as a General Contractor
Obtained from Prior Approval Status
\$200.00 Non-refundable application fee**

Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. § 16-9-20

The application must be completed in ink

APPLICANT INFORMATION:

1. Name: _____
Last First Middle Maiden

2. Mailing Address: _____
(Street) (Apt#) (City/State/Zip Code)

If your mailing address is a P. O. Box, you must also provide a physical address:

(Street) (Apt #) (City/State/Zip Code)

If you are granted a license, your name, mailing address and license number are public information.

3. Telephone #: () _____ **Other #:** () _____ **Email:** _____

4. Social Security Number*: _____ - _____ - _____ **5. Date of Birth** _____

*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.

6. _____ I am a U.S. citizen

_____ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

7. Please check the license type for which you were approved.

_____ **General Contractor Qualifying Agent** _____ **General Contractor Individual**

Date of approval _____ **If license has been issued, license number** _____

If you were approved as a qualifying agent, what company did you qualify?

8. Please check the license type for which you are applying.

_____ **General Contractor Qualifying Agent**
If you are applying as a Qualifying Agent, please complete the information below.

_____ **General Contractor Individual**
If you are applying as an Individual, please skip to Company Affiliation section.

QUALIFYING AGENT INFORMATION: Please be sure the Qualifying Agent Affidavit below is completed and signed by an authorized agent of the business organization who possesses binding authority for the business organization. The applicant may appoint him or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority. Please note the affidavit must be notarized.

9. *Name and type of Business Organization: _____

Partnership/LLP LLC Corporation (please list state of incorporation): _____
 Joint Venture Other _____

If the business organization is one other than a 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 such business organization.

* Submit on a separate sheet, attached to this application, the names of all persons, entities and business organizations you will be affiliated with as a licensed general contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.

10. Physical Business Address: _____
(Street) (Apt #) (City/State/Zip Code)

11. Federal ID#: _____

12. Business Telephone #: () _____ 13. Fax #: () _____

QUALIFYING AGENT AFFIDAVIT

I, _____, of _____, certify that I am
(Name) (Company Name)

the Owner Officer Partner of said business organization and possess binding authority for the

business organization and do hereby appoint _____ to act as
(Name)

qualifying agent on the business organization's behalf and to take the examination (unless exempted), as required for a Georgia general 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 and 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.

(Owner/Officer/Partner Signature) (Title)

Subscribed before me this _____ day of _____, 20 _____.

(Notary Public)

My Commission Expires: _____
(Seal)

Company Affiliation

1. Which of the following applies to you?

I am no longer with the company, _____, for which I initially applied.
Name of original company

Date of disaffiliation, if applicable: _____

I am remaining with the company, _____, for which I was initially approved as a QA. Name of original company

2. What is/was your title and/or position with the initial company you qualified?

3. I am currently affiliated with this company for which I am applying by employment or ownership. (please check one)

4. What is your title and/or position with this company you are trying to qualify?

Financial Responsibility (To be answered by the applicant – if applying as an individual in his or her own behalf, answer for the individual – if applying as a qualifying agent for a business organization, answer for the business organization)

1. Do you (as an individual or business entity) have a minimum net worth of \$150,000.00?

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

Reference Letter on page 10 from CPA required or the Report and Affidavit, and accompanying most recent balance sheet from an Independent CPA, reference pages 11-14.

2. Have you (as an individual or business entity) 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 (as an individual or business entity) 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 (as an individual or business entity) currently carry general liability insurance in a minimum amount of \$500,000?

Yes (Attach Certificate of Insurance from insurer) No

General Information:

1. **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 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.**

2. **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 the Board's office.**

3. **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 _____, 20_____

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

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.



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AND GENERAL CONTRACTORS

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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 or name of qualifying agent applying to engage in general contracting in the name of a business organization.)

If applying for a qualifying agent license, Name of Business Organization:

Address: _____

Social Security # _____ or Federal Tax ID # _____

TO BE COMPLETED BY CPA AND RETURNED TO APPLICANT:

The above-named individual is applying 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 **individual's** or **business organization's** financial information and that said individual or business organization 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)



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REPORT OF CERTIFIED PUBLIC ACCOUNTANT FOR A REVIEW OF AN INDIVIDUAL OR QUALIFYING AGENT

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'S OR COMPANY'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'S OR COMPANY'S NAME].

A review consists principally of inquiries of _____ [INDIVIDUAL'S OR COMPANY'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 these 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'S OR COMPANY'S NAME]. We did not become aware of any material modification that should be made to this additional information.

 Certified Public Accountant

 Date



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Report of Certified Public Accountant for an Audit of an Individual or Qualifying Agent

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 OR COMPANY'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 Company's management. 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 management, 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 OR COMPANY'S NAME], as of
 _____, ____ (most recent financial period), and the results of its operation and its 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

Audit

Form B-2



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**REPORT OF CERTIFIED PUBLIC ACCOUNTANT FOR A COMPILATION OF AN INDIVIDUAL
OR A QUALIFYING AGENT**

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 OR COMPANY'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 OR COMPANY'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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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 _____.