

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

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**GENERAL DIVISION**  
**RECIPROCITY APPLICATION FOR A QUALIFYING AGENT – LIMITED TIER**  
\*\*\*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: | <u>COMPLETED</u>         |
|-----------------------------------|--------------------------|
| Application for Licensure         | <input type="checkbox"/> |
| Employment Affidavit              | <input type="checkbox"/> |
| Consent Form                      | <input type="checkbox"/> |
| Verification of Licensure         | <input type="checkbox"/> |

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**STATES APPROVED FOR RECIPROCITY:**

**LOUISIANA – Commercial License with classification of “Building Construction”**  
**TENNESSEE – Commercial License with classification of “Building Construction”**

**You cannot reciprocate a license from a state where you have not tested. The license under which you are seeking reciprocity must be active and in good standing. Must pass Georgia Business and Law examination.**

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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 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.
2. **APPLICATION FEE.** Submit non-refundable fee of \$200.00 with application.
3. **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 with your application** an official Verification of Licensure (our form or their form). Upon approval of your application by the Board, you must schedule and pass the Georgia Business and Law exam prior to licensure.
- Must complete the Consent Form (Page 8) 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** a Certificate of Insurance in the name of the business organization showing proof of general liability insurance in a minimum amount of \$500,000 per occurrence. The business organization must also show proof of workers compensation insurance, if the business organization 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 laws 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.



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AND GENERAL CONTRACTORS  
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|              |       |
|--------------|-------|
|              |       |
| Date Entered | _____ |
| Receipt #    | _____ |
| Submitted \$ | _____ |
| Date Issued  | _____ |

**Application for a Qualifying Agent Applying for Licensure as a General Contractor –  
Limited Tier**

**Obtained By Reciprocity**

**\$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**

**DISABILITY-**If you have a disability and may require an accommodation, you must contact the Board office or visit our website to obtain the REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES.  
**VETERANS' PREFERENCE POINTS-** Veterans may be eligible for special benefits in testing. Must submit a completed DD-214 Form.

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

**Reciprocity from:**  Louisiana  Tennessee

**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.**

**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.

7. \*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.

8. Physical Business Address: \_\_\_\_\_  
(Street) (Apt #) (City/State/Zip Code)

9. Federal ID#: \_\_\_\_\_

10. Business Telephone #: ( ) \_\_\_\_\_ 11. 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 limited tier 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)

**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-.06(3)(c)(1), (2), or (3)). **Please have attached Employment Affidavit (Page 11) 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. 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-.06(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 **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):

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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 applying using education in some fashion.

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

1. Does the business organization for which you are applying as a qualifying agent have a minimum net worth of \$25,000.00?  
 Yes  No

2. Has the business organization for which you are applying as a qualifying agent 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. Does the business organization for which you are applying as a qualifying agent currently carry worker's compensation insurance as required by state law?  Yes (Attach Certificate of Insurance)  No  N/A (Less than 3 employees)
6. Does the business organization for which you are applying as a qualifying agent 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 8) and submit it along with this application.
3. Do you meet the eligibility requirements under Board Rule 553-4-.06(3)(c)(1)(2) or (3)?  Yes  No
4. Have you ever taken and passed the General Contractor's exam in one of our approved states?  Yes, List State: \_\_\_\_\_  No  
If you answered "Yes", you must submit an official Verification of Licensure form (our form or their form) with this application. Upon approval of your application by the Board, you must schedule and pass the Georgia Business and Law exam prior to licensure.
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



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

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**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

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



REQUEST FOR VERIFICATION OF LICENSURE

NOTE: You cannot reciprocate a license from a state where you have not tested. The license under which you are seeking reciprocity must be active and in good standing.

Complete the top portion of this form and have the remainder completed by the appropriate licensing agency.

1. Name \_\_\_\_\_  
Last First Middle Initial

2. Address \_\_\_\_\_  
Street

3. SS# \_\_\_\_\_ City State Zip  
4. Date of Birth \_\_\_\_\_

5. Name as shown on License \_\_\_\_\_  
(Company and Qualifying Party Who Passed Exam)

6. License Number \_\_\_\_\_ 7. Classification of License \_\_\_\_\_

I hereby authorize the designated party to furnish the information requested to the State Licensing Board for Residential and General Contractors.

Date \_\_\_\_\_ Signature \_\_\_\_\_

FOR LICENSING AGENCY USE ONLY (Complete and return directly to applicant in a sealed envelope)

\_\_\_\_\_ (Applicant) holds a current and valid license issued by our State to engage in \_\_\_\_\_ contracting after having passed an examination required by our State.

License No. \_\_\_\_\_ Qualifying Party Who Passed Exam: \_\_\_\_\_

Technical Exam Score(s): \_\_\_\_\_ Business and Law Score: \_\_\_\_\_

Date License Issued: \_\_\_\_\_ Date License Expires: \_\_\_\_\_ License Status: \_\_\_\_\_

Has this license ever been encumbered ( e.g., denied, revoked, suspended, surrendered, limited, placed on probation) in any way?  No  Yes – Explanation of action taken \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_

(SEAL)

Issuing Agency \_\_\_\_\_