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
RECIPROCITY APPLICATION FOR A QUALIFYING AGENT

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	_____
Consent Form	_____
Verification of Licensure	_____

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.

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.

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**

Revised 09/2016

(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*** the attached CPA reference letter (Page 12) or the report from a CPA (Pages 13-16) completed and notarized as proof that the business organization has a minimum net worth of $150,000.00.
- 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.

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.

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.

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.

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 a Qualifying Agent Applying for Licensure as a General Contractor 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

APPLICANT INFORMATION:

Reciprocity from: ☐ **Louisiana** ☐ **Tennessee**

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 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-.02(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-.02(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):

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 $150,000.00?**
   ☐ **Yes (Reference Letter from CPA required, see attached)** ☐ **No**
   Reference Letter on page 12 from CPA required **or** the Report and Affidavit, and accompanying most recent balance sheet from an Independent CPA, reference pages 13-16.

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**
***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.**

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** _____**, 20**_____

_____ **My commission expires** _____
Signature of Notary Public

(Seal)

IMPORTANT NOTICE: Please submit this <u>unstapled</u> and <u>unfolded</u> 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.

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

Web-Site: 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, Georgia 31217-3858
Telephone: (478) 207-2440

Web-Site: 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 qualifying agent applying to engage in general contracting in the name of a business organization)

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 on behalf of a business organization as defined by O.C.G.A. § 43-41-2(2), for which the above named individual wishes to be a qualifying agent. I hereby certify that I have performed an:

☐ **audit**
☐ **review**
☐ **compilation**

of the business organization's financial information and that said 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)

CPA/QA
Form B

Revised 09/2016

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

Web-Site: www.sos.ga.gov/index.php/licensing/plb/46

REPORT OF CERTIFIED PUBLIC ACCOUNTANT FOR A REVIEW OF A QUALIFIED 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 _____[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_____[COMPANY'S NAME].

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

_____ _____
Certified Public Accountant Date

Form C-1

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

Web-Site: www.sos.ga.gov/index.php/licensing/plb/46

Report of Certified Public Accountant for an Audit of a 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 _____ _____[COMPANY 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 _____[COMPANY 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

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REPORT OF CERTIFIED PUBLIC ACCOUNTANT FOR A COMPILATION OF A QUALIFYING AGENT

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

We have compiled the accompanying balance sheet of _____ [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 _____[COMPANY 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

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

Web-Site: www.sos.ga.gov/index.php/licensing/plb/46

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 Date

Subscribed and sworn to me before this _____day of _____, 20___.

_____
Notary Public

My commission expires _____.

(Seal)

CPA Affidavit

Form C-4

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

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
   _____
   City State Zip
3. SS#_____ 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_____

Reciprocity/General QA Form E

Revised 09/2016