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

RESIDENTIAL-LIGHT COMMERCIAL

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	☐
Bank Credit Reference	☐
Letter of Reference	☐
Authorization for Release of Information	☐

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 Laws as well as the Board's rules for definitions.

PLEASE READ THE FOLLOWING FOR HELP IN COMPLETING YOUR APPLICATION

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. To prove financial responsibility you may submit a bank credit reference form showing 24 months history (Page 13); a $25,000 surety bond; a $25,000 line of credit or letter of credit; or affirmation of a minimum net worth of $25,000. If applying as an individual, it must be in your individual name; if applying as a qualifying agent for a business organization, it must be in the business organization's name.
   - Must list two projects successfully performed and completed within the residential-light commercial category within the four years prior to application submission. A reference letter from a registered or licensed architect, designer, structural engineer, or other references acceptable to the subdivision (Form C) must be completed for each project and ***submitted along with your application.***
   - 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** at least one year of proven work experience as or in the employment of a residential or general contractor, or other proven experience deemed substantially similar by the Division; **or**
     (b) Combination acceptable to the Division of accredited college-level courses and proven practical experience working as or in the employment of a residential contractor, 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 residential contractor, or other proven

experience deemed acceptable by the Division. An Employment Affidavit (Page 12) must be completed and ***submitted along with your application.***

- If applying based on education ((a) or (b) above), you must submit to the Board with this application, ***in a sealed envelope***, an official transcript, diploma, or certification from accredited college, university, or technical school attended.
- 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***.
- Must furnish a list of all persons, entities, and businesses the applicant will be affiliated with as a licensed contractor. Please include principal officers, titles, and contact information.
- Must obtain a Certificate of Insurance from your insurance company showing proof of general liability insurance in a minimum amount of $500,000 per occurrence and ***submit the certificate with your application***. Also, the applicant must show proof of workers compensation insurance, if the applicant is required to carry such by Georgia law. If the applicant is applying as an individual, such proof shall be on behalf of the individual. However, if the applicant is applying as a qualifying agent, such proof shall relate to the business organization.
- **Letter of Authority:** Must ***submit with your application*** proof that the business organization for which you are applying as qualifying agent is actively authorized and certified to do business in Georgia. Please visit the Secretary of State, Corporations Division at www.sos.georgia.gov/corporations , to print a copy of your business organization's History page or Letter of Authority.
- **Part 4 Projects Completed:** If the projects were completed under a licensed contractor, list his/her name and license # under Part 4. If not, replace the projects.

LAW AND RULES

Read the law and rules thoroughly before completing the application. See the complete law and rules at the Board's web site: 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 was 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
Residential 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 Residential-Light Commercial Contractor Obtained By Examination
$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 complete DD-214 Form.

** This application MUST BE completed in ink**

Under which of the following are you applying? (*see* O.C.G.A. §§ 43-41-9(a) and 43-41-2(2)**):**
☐ **Individual in his or her own behalf (Skip Part 2)**
☐ **Individual acting as a Qualifying Agent for a business organization**

Part 1- 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. **Trade Name and Physical Address of Company with which you will be affiliated through this license (if your company is doing business as another company, you must select and apply for only one company name in this application). All requisite forms of proof must be in the selected company's name†:**

_____

† 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 residential-basic or residential-light commercial 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.

Part 2 – QUALIFYING AGENT INFORMATION: (only complete if applying on behalf of a business organization) **Please be sure the Qualifying Agent Affidavit section 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.**

8. 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 residential-basic or residential-light commercial 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.

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

10. Federal ID#: _____

11. Business Telephone #: ( ) _____ **12. Fax #: ( )**_____

QUALIFYING AGENT AFFIDAVIT

I, _____, of _____, certify that I am
(Name) (Company Name)
the ☐ Owner ☐ Officer ☐ Partner of said business 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 residential light commercial 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)

Part 3: <u>Work Experience Information</u> (must show 1 to 4 years depending upon which eligibility requirement you meet under Board Rule 553-3-.02(3)(c)(1), (2), or (3) or Board Rule 553-3-.04(3)(c)(1), (2), or (3)). **Please have Employment Affidavit (Page 12) 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 (mo/yr.) 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	Employment Dates (mo/yr from-to)	Position/ Title	Type of Work Performed

Part 4: <u>Education Information required *ONLY IF* qualifying under Board Rule 553-3-.02(3)(c)(1) or (2) or 553-3-.04(3)(c)(1) or (2):</u> (four year baccalaureate degree in the field of engineering, architecture, construction management, building construction, or other field acceptable to the division and at least one year of proven experience ***<u>or a combination</u>*** 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 residential contractor, 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:

_____

a. Dates Attended: _____

b. Major or field studied: _____

c. Degree Awarded: ☐ **Diploma/Certificate** ☐ **Bachelor's** ☐ **Doctorate** ☐ **Masters**
(Submit with this application, in the institution's sealed envelope, an official transcript, diploma, or certification from accredited college, university, or technical school.)

Part 5: <u>Projects Completed</u>: List in the chart below 2 Residential-Light Commercial projects completed within 4 years immediately preceding date of application submission. **(Only one project can fall within the Residential-Basic category and you MUST tell the subdivision which project or projects is/are commercial in nature). A reference letter from a registered or licensed architect, designer, structural engineer, or other reference acceptable to the subdivision (Page 15) must be completed for the specific projects listed below and submitted along with this application.**

Street Address Of Project	Completion Date of Project	Employer at time of Completion	Address of Employer	Telephone Number of Employer	Name & License # of Contractor you worked under

Part 6: <u>Financial Responsibility</u> (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 your total assets (what is owned) exceed total liabilities (what is owed)?**
   ☐ **Yes** ☐ **No**

2. **Have you paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law?**
   ☐ **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 has any business entity with which you have been involved 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 1, 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. **Please check one of the following indicating what you are submitting to prove financial responsibility (must be in your individual name if applying as an individual/must be in business organization's name if applying as qualifying agent).**

   ☐ **Bank Credit Reference Form reflecting 24 months history(Page 13) or;**
   ☐ **$25,000 Surety Bond or;**
   ☐ **$25,000 Line of Credit or;**
   ☐ **I hereby affirm:**
   - ☐ **I (as an individual) have a minimum net worth of $25,000.**
   - ☐ **The business organization for which I am applying as qualifying agent has a minimum net worth of $25,000.**

6. **Do you currently carry workers compensation insurance as required by state law?**
   ☐ **Yes (Attach certificate from insurer)** ☐ **No** ☐ **N/A (Less than 3 employees)**

7. **Do you currently carry general liability insurance in a minimum amount of $500,000?**
   ☐ **Yes (Attach certificate from insurer)** ☐ **No**

Part 7: <u>General Information</u> (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 and integrity?** ☐ **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, as part of this application, you must complete, sign, and submit with this application the attached Consent Form (Page 9).

3. **Do you meet the eligibility requirements under Board Rule 553-3-.02 (3)(c)(1)(2) or (3) or Board Rule 553-3-.04 (3)(c)(1)(2) or (3)?** ☐ **Yes** ☐ **No**

4. **Have you been significantly responsible for the successful performance and completion of at least two projects falling within the residential-light commercial category in the four years immediately preceding application?** ☐ **Yes** ☐ **No**
   Project information shall be listed in Part 5 above. A reference letter from a registered or licensed architect, designer, structural engineer or other reference acceptable to the subdivision (Page 16) must be completed and submitted along with this application.

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 *<u>certified</u>* 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** _____**, 201**_____

_____ **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.

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TO BE COMPLETED BY EMPLOYER AND RETURNED TO APPLICANT

RESIDENTIAL-LIGHT COMMERCIAL CONTRACTOR EMPLOYMENT AFFIDAVIT

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

"[To be eligible as a residential-light commercial 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 residential contractor, 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 residential contractor, 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 residential contractor, or other proven experience deemed acceptable by the division."

AFFIDAVIT

I, _____
(a Residential or General Contractor)

solemnly attest and affirm that _____,
(Applicant)

meets the above stated requirements of:

☐ Section 43-41-6(c)(3)(A) or ☐ Section 43-41-6(c)(3)(B) or ☐ Section 43-41-6(c)(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

Revised 09-16

STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS
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BANK CREDIT REFERENCE

TO BE COMPLETED BY APPLICANT:

To: _____ _____
Name of Bank Contact Person

_____ _____
Street Address Phone

_____ _____
City, State, Zip Code Fax

Re: _____
Customer Name (if this is an individual application, the customer and account information below must be in the individual's name. If this is a qualifying agent application, the customer and account must be in the name of the business organization)

_____
Address of Customer

_____
Account No(s)

I hereby authorize the above referenced bank to furnish the State of Georgia, State Licensing Board for Residential and General Contractors, any information relative to my account(s) with your bank, and/or credit experience with me or my business organization.

_____ _____
Date Signature

TO BE COMPLETED BY BANK AND RETURNED DIRECTLY TO APPLICANT

Has the above referenced customer handled their checking account in a satisfactory manner?
☐ Yes ☐ No, Explain_____

Date Account Opened:_____

Number of overdrafts in last 12 months:: _____

Does this customer have any loans? ☐ Yes * ☐ No
If "Yes", how many payments over 30 days_____, 60 days_____, 90 days_____. Date of last delinquent payment:_____

Date:_____ _____
Signature and Title

State Licensing Board for Residential and General Contractors
State of Georgia
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LINE OF CREDIT FOR RESIDENTIAL CONTRACTOR

TO BE WRITTEN ON BANK LETTERHEAD AND PROVIDED TO THE APPLICANT

Date: _____

To: CONTRACTOR LICENSEE (Individual, Corporation, Partnership or LLC)
Address
City, State, Zip

Dear Contractor:

You have requested that (*Name of Lending Institution)* establish a Line of Credit which will be available to (*Contractor's name as to be on license)* for use in conducting the contracting business for which a license is being sought from the State Licensing Board for Residential and General Contractors, Residential Contractor Division.

We hereby establish a Line of Credit for these purposes in the amount of $25,000.00, which will be maintained for a period of one year from the date of license issuance, subject to no adverse change in your financial condition.

As a condition of this arrangement, it is our understanding you will inform us and the Board of any significant change(s) in your financial condition during the term of this commitment.

We, the undersigned, will endeavor to notify the State Licensing Board for Residential and General Contractors, Residential Contractor Division, should we become aware of any significant change(s) in financial conditions of the above-named applicant.

Yours truly,

(Signature)

(Name/Title)

SAMPLE LETTER – FOR BANK USE ONLY

Instructions

- The Line of Credit (LOC) does not increase the net worth.
- The LOC is for the contractor's use and may be utilized at any time by the contractor.
- Name on LOC must be in the **EXACT NAME** as to be licensed and as on financial statement.

LOC

Form E

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

LETTER OF REFERENCE FOR RESIDENTIAL-LIGHT COMMERCIAL CONTRACTOR
(Please complete and return directly to applicant)

TO BE COMPLETED BY APPLICANT:

From: ☐ Registered Architect ☐ Designer ☐ Structural Engineer ☐ Other_____
(Relation to Project)

Reference Relating to: _____
(Please print name of individual applying in his or her own name and/or qualifying agent applying to engage in residential-light commercial contracting in the name of a business organization)

Address of Applicant:_____

List the project, or projects, from page 5 of which the below-identified architect, designer, engineer or "Other" was a part and in which you had significant responsibility for the successful performance and completion thereof within the last four years. This list should include the location address, type of project, and the dates of work and completion:

_____

_____

TO BE COMPLETED BY ARCHITECT, DESIGNER, STRUCTURAL ENGINEER OR "OTHER" AND RETURNED DIRECTLY TO APPLICANT:

The above named individual is applying for a residential-light commercial contractor's license in the State of Georgia. Please assist the applicant and the Board by furnishing the following information in detail.

1. Is the above information supplied by applicant correct:
   ☐ Yes ☐ No, Explain:_____
2. How long have you known the applicant? _____
3. Were you satisfied with the applicant's overall performance and completion of the project(s)?
   ☐ Yes ☐ No, Explain:_____
4. What is your opinion of the residential-light commercial contracting abilities, skills, and knowledge of the applicant regarding each project?
5. Do you recommend a state license to conduct residential-light commercial contracting be granted to the above applicant? ☐ Yes ☐ No, Explain:_____
6. Please mention any other comments you would like to include regarding the applicant's abilities, skills, knowledge, and integrity.

_____ _____
(Printed Name) (Signature)

Date: _____ _____
(Registration or License Number from applicable state)

Sworn to before me this _____day of _____, year _____.

_____
Notary Public

My Commission Expires: _____

(Seal)

Reference Ltr

Revised 09/2016 **Form C**