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

REINSTATEMENT APPLICATION
FOR
RESIDENTIAL BASIC CONTRACTOR

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 AND OTHER CORRESPONDENCE FROM THE BOARD WILL BE SENT BY EMAIL. YOUR EMAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.

LAW AND RULES

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

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

STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS
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 _____

REINSTATEMENT APPLICATION FOR RESIDENTIAL BASIC CONTRACTOR
$300 Non-refundable application/reinstatement fee
Checks returned for insufficient funds will be assessed a $40 service charge pursuant to O.C.G.A. §16-9-20

** This application MUST BE completed in ink**

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. (Please submit supporting documents)**

7. **Lapsed License number: _____ Date Expired:_____**

If the Lapsed License is for a Qualifying Agent, please list company name and license number:

Company Name:_____

Company License Number: _____

Revised 09-2016

Part 2: <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 9) or;**
   ☐ **$25,000 Surety Bond or;**
   ☐ **$25,000 Line of Cred it or;**
   ☐ **I hereby affirm:**
   - ☐ **I (as an individual) have a minimum net worth of $25,000. OR**
   - ☐ **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 the amount of $300,000 per occurrence?**
   ☐ **Yes (Attach certificate from insurer)** ☐ **No**

Part 3-General Information:

1. **Since the date of last renewal of this license, have you 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.**

2. **Since the date of last renewal of this license, have you had revoked or suspended or otherwise sanctioned any professional license issued by any board or agency in Georgia or in any other state? Yes* No**

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

3. **Since the date of last renewal of this license, have you 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.

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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

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

LINE OF CREDIT FOR 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.

Form C