

**(Form C) Consent Form**  
**Please print out and fax the following, along with your receipt, to 478.207.1458**  
**State Licensing Board for Residential and General Contractors**

**APPLICANT NAME**  
(Print clearly)

**APPLICANT TRACKING CODE**  
(Found on receipt page)

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**CONSENT FORM**

I hereby authorize the State Licensing Board for Residential and General Contractors ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

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Full Name (Print)

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Physical Address (P.O. Boxes NOT Accepted)

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Sex

Race

Date of Birth

Social Security Number

**One of the following must be checked:**

This authorization is valid for 90/180/\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

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Signature of Applicant

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Date

Special licensure provisions (check if applicable):

\_\_\_ Working with mentally disabled

\_\_\_ Working with elder care

\_\_\_ Working with children