Form F – Qualifying Agent Information/Affidavit

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)

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.**

Legal Company 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.

Physical Business Address:

_____
(Street) (Apt #) (City/State/ZipCode)

Federal ID#: _____

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

QUALIFYING AGENT AFFIDAVIT

I, _____, of _____, certify that I am
(Name) (Legal 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 company'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)

Date:_____