

Form A - Work Experience/Project Information
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)

ATTACHMENT #1

Work Experience Information (must show 2 years in the chart below) **Please have Employment/Projects Affidavit (Form K) 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	Employment Dates	Position Title	Type of Work Performed

Part 4: Projects Completed: List 2 residential-basic projects completed within 2 years immediately preceding date of application submission. **Please have Employment/Projects Affidavit (Form K) completed and submit it along with this application.**

Street Address Of Project	Completion Date of Project	Employer at time of Completion	Address of Employer	Telephone Number of Employer

Form B - BANK CREDIT REFERENCE

Please print out and fax the following, along with your receipt, to 478.207.1458
State Licensing Board for Residential and General Contractors

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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.

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 C) Consent Form
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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.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

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.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

- ___ Working with mentally disabled
___ Working with elder care
___ Working with children

Form D SAMPLE LETTER LINE OF CREDIT FOR RESIDENTIAL CONTRACTOR
IF APPLICABLE Questions? Call 478-207-2440.

Instructions for Applicant:

Provide this to your bank and ask the bank to use this letter as a template for your letter of credit. You will fax the letter provided by the bank to the Board. *Please fax letter from bank, along with your receipt, to 1.478.207.1458*

Instructions for Banking Institution:

To be written on bank letterhead and then returned to applicant. Name on Letter of Credit must be the EXACT NAME as the **business organization's name** submitted on the **Qualifying Agent Affidavit** to the Board and as on financial statement.

-----Sample Letter Below-----

Date

To: CONTRACTOR LICENSEE (**Business Organization**)
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 Business Organization'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)

Form E – Worker’s Compensation Insurance
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Does the business organization for which you are applying as qualifying agent currently carry workers compensation insurance as required by state law?

Circle the answer that applies:

1. Yes (*If yes, fax a copy of the certificate from the insurer to the number above. The certificate should be in the correct legal name of the business organization for which you are applying as qualifying agent and should show the Professional Licensing Board, Residential and General Contractor’s Board, 237 Coliseum Drive, Macon, GA 31217 as the certificate holder. Be sure to put your tracking code number, found on the receipt page, on the certificate.*)
2. No
3. N/A (You may circle this choice *if* your business has less than 3 employees.)

Form K- Employment/Projects Affidavit Residential-Basic Contractor
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O.C.G.A. §§ 43-41-6(b)(3) and (b)(4) state:
“[To be eligible as a residential-basic contractor, a person must] (3)[have] at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential-basic category, or other proven experience deemed substantially similar by the division; and (4) [have] had significant responsibility for the successful performance and completion of at least two projects falling within the residential-basic category in the two years immediately preceding application.”

AFFIDAVIT

I, _____,
(a Residential Contractor)

solemnly attest and affirm that _____,
(Applicant)

meets the above stated requirements of O.C.G.A. §§ 43-41-6(b)(3)and (b)(4).

(Applicant's Signature)

(Contractor's Signature)