

**Form E – Worker’s Compensation Insurance**  
**Please print out and fax the following, along with your receipt, to 1.478.314.5805**  
**State Licensing Board for Residential and General Contractors**

**APPLICANT NAME**  
(Print clearly)

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

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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.)