

**Part 3: Work Experience Information** (must show 2 years in the chart below) **Please have Employment/Projects Affidavit (Form A) 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 (mo/yr.) 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. Your current experience should end in "Present."

Employer Name & Address	Direct Supervisor	Employment Dates mm/yy to mm/yy or present	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 A) 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	Name & License # of Contractor projects were completed under

**Part 5: Financial Responsibility** (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 your 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

**Form B - BANK CREDIT REFERENCE**

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)

**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**

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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**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

**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 1.478.314.5805*

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)



STATE LICENSING BOARD FOR RESIDENTIAL  
AND GENERAL CONTRACTORS  
State of Georgia  
Professional Licensing Boards  
237 Coliseum Drive  
Macon, GA 31217-3858  
Telephone: (478) 207-2440  
Fax: (866) 888-9718  
Web Site: [www.sos.state.ga.us/plb/contractors](http://www.sos.state.ga.us/plb/contractors)

**PLEASE HAVE THIS FORM COMPLETED AND RETURN IT ALONG WITH YOUR APPLICATION**

**RESIDENTIAL-BASIC CONTRACTOR  
EMPLOYMENT/PROJECTS AFFIDAVIT**

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)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

(Seal)

**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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Do you 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 needs to 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.)*