



## GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

### Division of Conditioned Air Contractors

237 Coliseum Drive, Macon, GA 31217

404-424-9966

[www.sos.ga.gov](http://www.sos.ga.gov)

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### APPLICATION FOR BUSINESS REGISTRATION FOR CONDITIONED AIR COMPANIES

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Every company engaging in the business of conditioned air contracting in Georgia must have a qualifying licensee regularly connected with the business and actually engaged in the performance of such business on a full-time basis. O.C.G.A. §43-14-8(h)-(j) and Board Rule 121-6-.01.

Complete the Application for Business Registration to associate a qualifying licensee with a company and to obtain a business registration number.

A business registration number will be assigned to every registered company and will correspond to the license number of the company's qualifying licensee. The business registration number must be displayed on all commercial vehicles, any advertisements for conditioned air services, and all invoices and proposal forms in accordance with Board Rule 121-6-.04.

Applications **MUST** be legible to be accepted by the Board.

Submit a new application for each change of company name or address, or to change a qualifying licensee.

**This application must be signed in the presence of a notary by the individual that will be serving as the qualifying licensee for the company.**

Mail this application to the Board at the address above.



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Macon, GA 31217
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Form box with 'Date Issued' label and a line for text entry.

BUSINESS REGISTRATION APPLICATION for
CONDITIONED AIR COMPANIES
No Fee Required

Every company engaging in the business of conditioned air contracting in Georgia must have a qualifying licensee regularly connected with the business and actually engaged in the performance of such business on a full-time basis. Please select from the following:

- Initial Registration of Company
Change of Qualifying Licensee - Previous Qualifying Licensee Name and License #
Change of Company Name - Previous Company Name and Registration #
Change of Company Address

Please indicate below if the company you are qualifying is a sole proprietorship, corporation, or partnership (ONLY SELECT ONE):

- Sole Proprietorship
Limited Liability Company or Corporation
Partnership or Limited Liability Partnership

Form fields for Company Name, Physical Address, Mailing Address, City, State, Zip, Licensee Name, and Conditioned Air License #.

I understand that by serving as the qualifying licensee for a business entity that I am subject to the terms and conditions of O.C.G.A. §43-14-8(h)-(j) and Board Rule 121-6-.01.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
DAY OF, 20

Signature of Licensee

NOTARY PUBLIC SIGNATURE

My Commission Expires:

Revised 6/22

NOTARY SEAL