



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

General Contractors Division

237 Coliseum Drive, Macon, GA 31217

404-424-9966 - www.sos.ga.gov

APPLICATION FOR LICENSE BY EXAMINATION – GENERAL CONTRACTOR

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Before you begin filling out this application, make sure you are applying for the correct license type!

➡ ➡ This application IS for those who must pass the National Association of State Contractors Licensing Agencies (NASCLA) and the Georgia Business/Law Examination as a requirement for licensure - **OR** - will use previous passing exam scores to fulfill the exam requirement of the application process for a "step-up" license - and are applying for one of these 4 license types:

- Unlimited Individual, (just you, not part of a company) or
- Unlimited Qualifying Agent, (you work with a company) or
- Limited Tier Individual (just you, not part of a company), or
- Limited Tier Qualifying Agent (you work with a company)

➡ ***This is not the application to use for PRIOR APPROVAL, REINSTATEMENT, OR RECIPROCITY.***
➡ ***This is not the application to use for Residential Contracting.***
➡ ***Commercial experience is required to apply for a General Contractor license in Georgia.***

Which Commercial General Contractor application is right for you?

INDIVIDUAL LICENSE – Refer to the Rule for more details - [Rule 553-4](#)

- An individual who will work in his/her name in the Commercial General Contractor profession and those who will conduct business as an individual under a trade name (DBA) as a sole proprietorship should apply as an individual.
Individual licensees cannot work on behalf of a company that is registered with the Corporations Division (LLC, Inc.) Trade names / DBA sole proprietorships are not corporations.
- Finances and Insurance will be in YOUR NAME ONLY (not in a company name).

QUALIFYING AGENT LICENSE -

- Qualifying Agents can ONLY work on behalf of a company that is registered with the Corporations Division (LLC, Inc). They are the responsible party for the company.
- Finances and Insurance will be in the COMPANY NAME ONLY (not in the individual's name).

If you are unsure which application to use, you need to review the Board Laws & Rules to determine which application to complete.

The [comparison chart](#) may also be helpful, and you'll find the Laws and Rules here: [Laws and Rules](#)

To avoid a prolonged application process due to application deficiencies, note the following:

- You must be at least 21 years of age to apply.
- Follow the directions. Provide the requested information and documents.
- Have your documents properly notarized where indicated
- Answer all questions, unless they are not applicable to your situation.
- Make sure we can reach you, especially via email.
- Write legibly or type the information on the application, please.

- Submit the Certificate of Insurance (COI) as explained in *Section 8 – Financial Responsibility*. Review this information closely so you get it right the first time.
- Send in your Secure and Verifiable Document (SVD). It is required. This is a driver's license, passport, current immigration document, or other acceptable documents as listed here: [SVD Info Page](#).
- The \$200 application fee + \$10 processing fee (\$210 total) are non-refundable and non-transferable. This is a good reason to make sure you are completing the correct application.
 - The fees are payable by check or money order to State Board for Residential and General Contractors. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.
- Honorably Discharged Veterans may be eligible for Veterans Preference Points (VPP) which would be applied to test scores. Limitations apply. Visit [Veteran and Service Member Information](#) for details. You must submit your DD-214 for consideration of VPP points.
- If you need testing accommodations due to a disability, complete the Request for Disability Accommodation Guidelines Form at [Accommodation Info and Form](#).
- Keep a copy of everything you send to us in case we have questions or we ask you to resubmit information.
- Mail your application, fee, and documents to Professional Licensing Boards Division, Residential/General Contractors, 237 Coliseum Dr., Macon, GA 31217.
- Incomplete applications are subject to be administratively withdrawn if any deficient items are not submitted within 60 days of the deficiency notice.
- **EDUCATION/EXPERIENCE GRID** – use this as a reference as you go through this application.

Option A	<p><u>College Degree + experience</u> – 4 yr degree + 1 yr proven experience or proven experience equaling at least 4 years that is acceptable to the Board.</p> <p>Four-year degree from an accredited college or university in engineering, architecture, construction management, building construction, or related field acceptable to the Division AND one year of work experience in the employment of or as a general contractor - or other proven experience deemed substantially similar by the Division; equaling at least four years in the aggregate; or</p>
Option B	<p><u>Academic credits + experience</u> - Some college + 4 years of proven experience.</p> <p>Combination of college-level academic accredited courses and proven practical experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the Division equaling at least four years in the aggregate; or</p>
Option C	<p><u>Experience</u> - 4 yrs of proven experience, with specific time and experience parameters.</p> <p>Total of at least four years of proven active experience working in a construction industry-related field, at least two of which shall have been as or in the employment of a general contractor, or other proven experience deemed acceptable by the Division and at least one of which shall have been in or relating to administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management, or functions deemed substantially similar by the Division.</p>



**STATE LICENSING BOARD FOR
RESIDENTIAL AND GENERAL CONTRACTORS**
General Contractors Division
237 Coliseum Drive, Macon, GA 31217-3858
404-424-9966
www.sos.ga.gov

Date Entered _____
Receipt # _____
Submitted \$ _____
Date Issued _____

**GENERAL CONTRACTOR (Commercial)
APPLICATION FOR LICENSURE BY EXAMINATION**

Application Fee \$210 (\$200.00 application fee + \$10 Processing Fee) - **Fees are non-refundable.**

Do not send cash. Check, Money Order, Certified or Cashier's Check accepted.

Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.

I am applying for: **Unlimited Individual** **Limited Tier Individual**
(select one) **Unlimited Qualifying Agent** **Limited Tier Qualifying Agent**

_____ I have previously taken and passed the required exams (NASCLA, Georgia Business and Law) and would like to use those exam scores with this application. (Answer related questions in Section 9. GENERAL INFORMATION)

SECTION 1: PERSONAL INFORMATION

1. Legal Name: _____

FIRST, MIDDLE, LAST, SUFFIX

2. Name as shown on exam records, transcripts, or any documentation provided to the Board including maiden name (if different): _____

FIRST, MIDDLE, LAST, SUFFIX / MAIDEN NAME

3. Social Security*: - -

Date of Birth: - -
M M D D Y Y Y Y

*This information is authorized to be obtained and disclosed to state and federal agencies under O.C.G.A. § 19-11-1 et seq. and O.C.G.A. § 20-3-295 et seq., 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

4. Your Physical

Address:(NO PO BOX)

NUMBER AND STREET (NO P.O. BOX)

APT OR SUITE#

CITY

STATE

ZIP

5. Mailing Address:

(if different)

NUMBER AND STREET OR PO BOX

APT OR SUITE#

CITY

STATE

ZIP

6. Daytime Phone#: -

Business or Cell
Phone#: -

7. Email Address: _____

Check this box to affirm that you are at least 21 years of age.

Check this box if you are a military spouse or a transitioning service member of the United States Armed Forces, including the National Guard.

Check this box if requesting Veterans' Preference Points (VPP). Attach a copy of your DD-214.

Check this box if requesting a disability accommodation. Complete and submit the **FORM**.

SECTION 2: QUALIFYING AGENT INFORMATION (Not for Individual applicants)****THIS PAGE IS FOR THOSE APPLYING TO BE A QUALIFYING AGENT. INDIVIDUAL APPLICANTS CAN OMIT THIS PAGE.****

Applicant Name: _____

Name of Business Organization exactly as is registered with Georgia Corporations Division:Type: ☐ LLC/LP ☐ Corporation (state of incorporation): _____
☐ Partnership* ☐ Joint Venture* ☐ Other*: _____**If the business organization is not an LLC, LLP/LP, or Corporation, submit official company formation documents as proof of existence.*Physical Business Address: _____
(NO PO BOX) NUMBER AND STREET (NO P.O. BOX) SUITE#

CITY

STATE

ZIP

Federal Tax ID#:

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 -

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 Business Phone #:

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Business Organization Email Address: _____

QUALIFYING AGENT AFFIDAVIT**NOTE: The applicant may appoint him/herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority or sole owner.**I, _____, certify that I am the ☐ Owner or ☐ Partner or ☐ Officer
Printed Name of Owner/Partner/Officerfor the business organization identified above, and possess binding authority for the business organization, and do hereby appoint the applicant identified above to act as a Qualifying Agent on the business organization's behalf and to take the examination, as required for a Georgia contractor's license.**I further attest that this applicant has final approval authority for all construction work performed by the business organization or entity within the State of Georgia and that this applicant has final approval authority on all construction matters, including contracts, contract performance, and financial affairs related to such construction matters, for each construction job on 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 this 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._____
Signature of Owner/Partner/Officer_____
Title**SUBSCRIBED AND SWORN BEFORE ME ON THIS THE**

____ day of _____, 20 ____

**NOTARY PUBLIC SIGNATURE****My Commission Expires:** _____**NOTARY SEAL**

SECTION 3: TRADE NAME / DBA *(This page is to be completed by Individual Applicants who have a DBA)*

APPLICANT'S NAME: _____

If you will be conducting business as a sole proprietor using a trade name / doing business as (DBA), provide the information requested below:

TRADE NAME or DBA (Doing Business As)

Physical Address (PO Box Not Acceptable) APT OR SUITE#

CITY, STATE, ZIP

SECTION 4: EDUCATION (completion of this section is optional)

Education Information is required ONLY IF qualifying under O.C.G.A. § 43-41-6(d)(3)(A) or (B). *[[Review Options A or B in the [EDUCATION/EXPERIENCE GRID](#) PROVIDED ON THE INSTRUCTIONS PAGE.]]*

School Name: _____

School Address: _____
NUMBER AND STREET or PO BOX

CITY STATE ZIP

Dates Attended: _____ Major or field studied: _____

Degree Awarded: None (only academic credit) Diploma/Certificate Bachelor Masters Doctorate

Check this box if you have submitted an official school transcript.

SECTION 5: EMPLOYMENT AFFIDAVIT

NOTE: The applicant may sign the Employment Affidavit as both the applicant and contractor ONLY if the applicant has been self-employed for the required number of years.

I, _____, as a Licensed General Contractor, License # _____, solemnly
Printed Name of Licensed GC (not a company)

attest and affirm that _____ meets the eligibility requirements for licensure as a
Printed Name of Applicant

a general contractor according to one of the following criteria:

O.C.G.A. § 43-41-6(d)(3)(A), (Education + Experience)

“Has received a baccalaureate degree from an accredited four-year college or university in the field of engineering, architecture, construction management, building construction, or another field acceptable to the division and has at least one year of proven experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the division;”

OR

O.C.G.A. § 43-41-6(d)(3)(B), (Academic credits + Experience)

“Has a combination acceptable to the division of academic credits from any accredited college-level courses and proven practical experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the division equaling at least four years in the aggregate. For purposes of this subparagraph, all university, college, junior college, or community college-level courses shall be considered accredited college-level courses; or”

OR

O.C.G.A. § 43-41-6(d)(3)(C), (Experience)

“Has a total of at least four years of proven active experience working in a construction industry-related field, at least two of which shall have been as or in the employment of a general contractor, or other proven experience deemed acceptable by the division and at least one of which shall have been in or relating to administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management, or functions deemed substantially similar by the division.”



Signature of Applicant



Signature of General Contractor

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ day of _____, 20 _____



NOTARY PUBLIC SIGNATURE

My Commission Expires: _____

NOTARY SEAL

SECTION 6: WORK EXPERIENCE

APPLICANT'S NAME: _____

- Provide information for one (1) to four (4) years of proven experience, depending upon which eligibility requirement you meet under O.C.G.A. § 43-41-6(d)(3)(A), (B), or (C) as noted in the [EDUCATION/EXPERIENCE GRID](#).
- Your current experience "to date" should be "Present" (the current company you are applying for if QA or if self-employed).
- What type of work did you perform for each employer? This page is for experience, not specific projects. Add additional pages if needed to explain your duties and level of experience.

	Experience A	Experience B	Experience C	Experience D
Employer's Name				
Employer's Address, City, State, Zip <i>List yourself if applying as an Individual (self-employed)</i>				
Your Direct Supervisor's Name				
Employer's / Director Supervisor's License #				
Employment Dates (mo/yr - mo/yr or "present") <i>Give actual employment dates; not project dates</i>	From ____ / ____ To ____ / ____	From ____ / ____ To ____ / ____	From ____ / ____ To ____ / ____	From ____ / ____ To ____ / ____
Your Title				
What type of work did you perform for this employer? This is where you provide details of your skill and knowledge. <i>Add additional pages if needed.</i>			?	

Do you have at least 2 years of experience coordinating multiple trades? YES NO

If Yes, which Trades: _____

Do you have at least 1 year of experience holding a position in or related to construction administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management? YES NO

Are you a specialty contractor? YES NO

Visit this page for info about Specialty work/contractors: [Specialty Contractor Information](#) If Yes, list and describe some of the real property improvements you have completed:

SECTION 7: COMPLETED PROJECT

APPLICANT'S NAME: _____

List a commercial project over which you supervised within the last 5 years AND you:

- worked with a licensed Architect or Engineer (of record); and
- had general oversight and primary management responsibility for successful performance and completion.

Project Name:	Project Completion Date:
Project Street Address:	Who (person) was the Licensed Contractor for this project?
Project City and State:	What is the Contractor's License#?
Approximate Size (sf):	Project Dollar Value:
Project Description: (add additional pages if needed)	

PROJECT REFERENCE AFFIDAVIT

Name of Reference:		
Address, City, State, Zip:	What is the Project Reference's Relation to the Project?	Registered Architect - Lic # _____
Phone Number:		Professional Engineer - Lic # _____
Email (if applicable):	State of Issuance:	Other - _____ (building official, permit holder)

1. Is the above project information correct? ☐ YES ☐ NO If **NO**, explain: _____
2. In your opinion, on this project, did the applicant reasonably demonstrate the abilities, skills, and knowledge of general contracting? YES ☐ NO ☐ If **NO**, explain: _____
3. What is your opinion of the applicant's general contracting abilities, skills, knowledge, and integrity? _____
4. Based upon this information, do you recommend that the state grant a license to conduct general contracting to the applicant, should he/she pass the exam and meet other application requirements? ☐ YES ☐ NO

If **NO**, explain: _____

Signature of Reference

Date

SUBSCRIBED AND SWORN BEFORE ME

On this the ____ day of _____, 20 ____



NOTARY PUBLIC SIGNATURE

My Commission Expires: _____

NOTARY SEAL

SECTION 8: FINANCIAL RESPONSIBILITY

Applicant Name: _____

Financial audits, reviews, or compilations are no longer required to be submitted with the application. However, the Board reserves the right to request such documentation should there be a reason to make such a request.

INDIVIDUALS: ANSWER THIS SIDE

1. Unlimited Individual applicants: I affirm that I have a minimum net worth of \$150,000. If NO, submit a letter of explanation. YES
NO
OR
1. Limited Tier Individual applicants: I affirm that I have a minimum net worth of \$25,000. If NO, submit a letter of explanation. YES
NO
2. For the 3 previous years, have you paid all state and federal taxes, payroll withholding taxes, and unemployment taxes as required by law? If NO, submit a letter of explanation and any supporting documentation. YES
NO
3. Have you paid all judgments, taxes, student loans, or child support payments as required by law? If NO, submit a letter of explanation and any supporting documentation. YES
NO
4. During the last 10 years, have you personally, as an individual, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under bankruptcy laws? If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F. YES
NO
5. Submit a current ACORD Certificate of Insurance (COI) showing YOU as the insured (not a company), documenting that you carry general liability insurance in the amount of \$500,000 per occurrence. The Certificate Holder must be the State Licensing Board for Residential and General Contractors, 237 Coliseum Dr., Macon, GA 31217.
6. Do you carry Workers Compensation Insurance as required by state law? *In Georgia, this is required if you have 3 or more employees. If YES, include this information on your Certificate of Insurance.* YES
NO

QAs (agent for company): ANSWER THIS SIDE

1. Unlimited QA applicants: I affirm that this company has a minimum net worth of \$150,000. If NO, submit a letter of explanation. YES
NO
OR
1. Limited Tier QA applicants: I affirm that this company has a minimum net worth of \$25,000. If NO, submit a letter of explanation. YES
NO
2. Has the business paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law? If NO, submit a letter of explanation and any supporting documentation. YES
NO
3. Has the business paid all judgments and taxes as required by law? If NO, submit a letter of explanation and any supporting documentation. YES
NO
4. During the last 10 years, have you personally, as an individual, or has any business with which you have been involved filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under bankruptcy laws? If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F. YES
NO
5. Submit a current ACORD Certificate of Insurance (COI) showing the company as the insured (not you) and documenting that the company carries general liability insurance in the amount of \$500,000 per occurrence. The Certificate Holder must be the State Licensing Board for Residential and General Contractors, 237 Coliseum Dr., Macon, GA 31217.
6. Does the business carry Workers Compensation Insurance as required by state law? *In Georgia, this is required if you have 3 or more employees. If YES, include this information on your Certificate of Insurance.* YES
NO
7. **CORPORATE AUTHORITY-** Submit a copy of your Certificate* from the Corporations Division as proof that the business organization for which you are applying as a Qualifying Agent is actively authorized and certified to do business in Georgia. Without it, your application will be considered incomplete. **This certification is known as a Certificate of Incorporation or Organization or Authorization.*

SECTION 9: GENERAL INFORMATION

APPLICANT'S NAME: _____

1. NASCLA Exam – The Board will notify applicants when they have been approved to sit for the exam. However, in some instances, an applicant may have already taken the NASCLA exam.

- Have you previously passed the NASCLA exam? ☐ YES ☐ NO If yes, when (date)? ____/____/____
- And if yes, please purchase your NASCLA transcript (<https://ned.nascla.org>) to be submitted to the Georgia State Licensing Board for Residential and General Contractors.
- Have you previously passed the Business and Law exam? ☐ YES ☐ NO If yes, when (date)? ____/____/____

- 2a. Have you ever been arrested, charged, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or other offense? ☐ YES ☐ NO

- 2b. Have you ever entered a plea of guilty, nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or other offense? ☐ YES ☐ NO

If YES on Question 2a or 2b, you must submit the following:

- a signed letter of explanation for each offense; and
- a certified copy of court documents showing arrest, dismissal, or final court disposition - conviction/sentencing documents with a judge's signature; and
- a statement (on official letterhead) from your probation/parole officer regarding your status or completion of any probation/parole.

3. Has any licensing board or agency in any state, including Georgia, ever:

- reprimanded, fined, or disciplined you? ☐ YES ☐ NO
- denied issuance of licensure, renewal, or reinstatement? ☐ YES ☐ NO
- revoked, suspended, restricted, sanctioned, or probated your license? ☐ YES ☐ NO
- requested or accepted the surrender of your license? ☐ YES ☐ NO

If YES to any question in #3, submit a signed letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents.

4. List any professional certifications you currently hold:

SECTION 10: APPLICANT AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and do understand the current state laws and rules and regulations of the Board for which I am applying for licensure, and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

I am a United States citizen, and I am submitting a copy of my _____ to meet this requirement **(submit a copy of your current Secure and Verifiable Document(s) (SVD) such as driver's license, passport, or document as indicated on the Board's website.)** [SVD Info Page](#).

-OR-

I am not a United States citizen.
I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or another federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Printed Name of Applicant



Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____



NOTARY PUBLIC SIGNATURE

My Commission Expires: _____

NOTARY SEAL