



# STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

## General Contractor Division

237 Coliseum Drive, Macon, GA 31217

404-424-9966 - [www.sos.ga.gov](http://www.sos.ga.gov)

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### PRIOR APPROVAL APPLICATION - GENERAL CONTRACTOR

#### ●●● INSTRUCTIONS AND GENERAL INFORMATION ●●●

*Incomplete applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notice.*

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**LICENSES REQUIRED** - Persons who contract for any general or residential contracting business are required by law to be licensed in this state. See O.C.G.A § 43-41-2

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**SECTION 1: PERSONAL INFORMATION** - Complete all information. Include your preferred email address for communication with the Board. You are encouraged to add "donotreply-plb@sos.ga.gov" to your email contact list, as this is the email account most often used by staff to send notifications to you.

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**SECTION 2: PRIOR APPROVAL ELIGIBILITY** - Prior Approval means you currently hold or previously held the same type of license or category for which you are now applying. Here's an example:

GC Individual - you can Prior Approve for a GCQA License.

GCQA License - you can Prior Approve for GC Individual License or an additional GCQA License. (unlimited to unlimited)

GCLT-QA - you can Prior Approve for a GCLT-Individual or an additional GCLT-QA license. (limited tier to limited tier)

GCLT Individual - you can Prior Approve for a GCLT-QA license (limited tier to limited tier)

*You can only have ONE individual license in a category in your name. You cannot Prior Approve from a General license to a Residential license, and vice versa. You cannot Prior Approve from a limited tier license to an unlimited license.*

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#### SECTION 3: INDIVIDUAL VS QUALIFYING AGENT

**INDIVIDUAL LICENSE** – Refer to Rule 553-4 for more details.

- An individual who will work in his/her name in the General Contractor profession and those who will do business as an individual in 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).

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#### QUALIFYING AGENT LICENSE -

- Qualifying Agents can ONLY work on behalf of a business organization that is registered with the Corporations Division (LLC, Inc.) They are the responsible party for the business organization.
- Finances and Insurance will be in the COMPANY NAME ONLY (not in the individual's name).
- A business organization must have at least one licensed QA to receive a license authorizing the business to engage in general contracting. Finances and Insurance will be in the COMPANY NAME ONLY (not in the individual's name).
- You may appoint yourself as the QA ONLY IF you are the ONLY authorized agent of the business organization who possesses binding authority.

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**SECTION 4: CURRENT LICENSURE** - You are required to list all business organizations for which you are currently licensed as a residential or general qualifying agent and provide the requested information regarding your affiliation.

**SECTION 5: AFFILIATIONS** - You must submit names of all persons, entities, and business organizations with which you will be affiliated as a licensed general or residential contractor. "Affiliated with" means engaged by way of employment, ownership, serving as an owner or director, partnership, or membership, or by serving as a qualifying agent.

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**SECTION 6: PERSONAL HISTORY** - Answer all of the questions. Submit additional documentation as requested in the application.

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**SECTION 7: FINANCIAL RESPONSIBILITY and INSURANCE** - Answer all questions. Submit additional documentation as requested in the application.

You must obtain general liability insurance in a minimum amount of \$500,000 per occurrence and **submit a signed, current certificate of insurance on an ACORD Form (one page) with your application**. Your application will be considered incomplete until received. Binders, information pages, policies, and declaration pages are not acceptable.

Qualifying Agents - the business organization must be shown as the insured on the certificate.

Individual Applicants - your name must show as the insured on the certificate (not a company name).

The certificate must list the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 as the certificate holder. If you are required by state law to carry workers' compensation insurance, a certificate of insurance showing workers' compensation coverage must also be submitted.

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**SECTION 8: APPLICANT AFFIDAVIT** - Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C.G.A. §50-36-1.

**US Citizens are required** to submit a copy of a **Secure and Verifiable Document (SVD)** with this application, such as a Driver's License, Passport, or other documents. **Non-US Citizens** are required to submit a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed. See O.C.G.A. § 50-36-2.

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**VETERANS AND MILITARY SERVICE MEMBERS** - A transitioning service member of the military is on active duty status, or on separation leave, who is within 24 months of retiring or 12 months of separation.

Additional information for Veterans, Military Service Members, Transitioning Service Members, and Military Spouses is available [HERE](#).

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**FULLY COMPLETE THE APPLICATION AND SUBMIT DOCUMENTS** - The Board cannot process incomplete applications. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review the application before you submit it to ensure that you've answered each section and that you've included all required documentation.

Incomplete applications will not be presented to the Board for review. If a deficiency notice is sent to you, you will have 60 days to satisfy any deficiencies. Failure to do so within 60 days of the deficiency notification will result in the administrative withdrawal of your application, and you will have to begin the application process again to be considered for licensure.

Please use this checklist to ensure that you submit a **COMPLETE** application. Do not submit this checklist or instruction pages with your application.

- Become familiar with the **Board laws and rules** before completing the application. You are responsible for knowing the Board laws and rules for your profession.
  
  - Complete each question and each section of the application. Sign the application and have your signature notarized. All items on the application should be typed or printed.
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**For QA Applicants only:**

- Submit a Letter of Authority from the Georgia Corporations Division for the business organization.
- Certificate of insurance on one-page ACORD Form.
  - The business organization must be shown as the insured.
  - Current dates of coverage and signed by the insurance agent/representative.
  - General liability insurance in a minimum amount of \$500,000 per occurrence.
  - The State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 must be listed as the certificate holder.

**For Individual Applicants only:**

- Certificate of insurance on one-page ACORD Form.
    - Your name (individual) must be shown as the insured.
    - Current dates of coverage and signed by the insurance agent/representative.
    - General liability insurance in a minimum amount of \$500,000 per occurrence.
    - The State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 must be listed as the certificate holder.
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**For all applicants:**

- **Secure and Verifiable Document** (SVD)
  
- \$210 payment (\$200 application fee + \$10 processing fee) by check or money order payable to State Licensing 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. Fees are non-refundable.
  
- Mail the completed application and supporting documents in a 9 X 12 envelope, unstapled and unfolded.

**\*\* KEEP A COPY OF YOUR COMPLETED APPLICATION AND SUPPORTING DOCUMENTS FOR YOUR RECORDS** - All original materials will be retained by our office and will not be returned to you.

**NOTE:** After reviewing the **Board laws, rules**, and the information provided above, if you have further questions, please contact the Board office at 404-424-9966.



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

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

**; 9B9F5 @7 CBHF57 HCF`**  
**Application for License by**  
**Prior Approval**

Application Fee **\$210** (\$200 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 satisfied within 60 days of the deficiency notice.  
→→ This application is for those who currently hold or have previously held a license and wish to apply for a same-category license.

I am applying for  GC Individual (just you)  GC Limited Tier Individual (just you)  
(check one)  GC Qualifying Agent (with a company)  GC Limited Tier Qualifying Agent (with a company)

**SECTION 1: PERSONAL INFORMATION**

1. Legal Name to Appear on License: \_\_\_\_\_  
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

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 pursuant to 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. Physical Address: \_\_\_\_\_  
(PO BOX NOT ACCEPTABLE) NUMBER AND STREET 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: \_\_\_\_\_

**SECTION 2: PRIOR APPROVAL ELIGIBILITY**

What is your status?  
 I currently hold GC unlimited license # \_\_\_\_\_ and am applying for a GC Individual or a GC QA license.  
 I previously held GC unlimited license # \_\_\_\_\_ and am applying for a GC Individual or GC QA license.  
 I currently hold a GC Limited Tier license # \_\_\_\_\_ and am applying for a GCLT Individual or GCLT QA license.  
 I previously held a GC Limited Tier license # \_\_\_\_\_ and am applying for a GCLT Individual or GCLT QA license.  
 You can only Prior Approve GC to GC in the same category of license. You cannot Prior Approve GC to Residential, and vice versa.

**SECTION 3: QUALIFYING AGENT** ⇨⇨ *(For QA only - individual applicants can skip this section.)*

Applicant Name: \_\_\_\_\_

1. Name of Business Organization (exactly as registered with the Georgia Corporations Division):  
\_\_\_\_\_

2. Type:  LLC  LLP/LP  Corporation (state of incorporation): \_\_\_\_\_

Partnership\*  Joint Venture\*  Other\*: \_\_\_\_\_

\*If the business organization is not an LLC, LLP/LP, or Corporation please submit official company formulation documentation proving the existence of the business organization

3. Physical Business Address: \_\_\_\_\_  
(PO BOX NOT ACCEPTABLE) NUMBER AND STREET SUITE#

\_\_\_\_\_ CITY STATE ZIP

4. Federal ID #   -        5. Business Phone #    -    -

6. Business Organization Email Address: \_\_\_\_\_

**QUALIFYING AGENT AFFIDAVIT**

*The applicant may appoint himself or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority.*

I, \_\_\_\_\_, certify that I am the \_\_\_ Owner or \_\_\_ Partner or \_\_\_ Officer  
Printed Name of Owner/Partner/Officer

for the business organization identified above, and possess binding authority for the business organization and do hereby appoint the applicant to act as a qualifying agent on the business organization's behalf and to take the examination (unless exempted), as required for a Georgia contractor's license. The applicant is affiliated with the business organization by:  Ownership (\_\_\_\_%) or  W2 Employment.

I further attest that the individual applicant has final approval authority for all construction work performed by the business organization or entity within the State of Georgia and that the individual 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 for 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 the appropriate 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:

**O.C.G.A. § 45-17-6 requires legible seals for notarized documents.**  
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

**NOTARY SEAL**

**SECTION 4: CURRENT LICENSURE**

**Applicant Name:** \_\_\_\_\_

List each business organization, if any, for which you are currently licensed or were previously licensed as a residential or general contractor, and provide the requested information regarding your affiliation. (Make additional copies of this page as needed.)

Name of Business Organization/Company	Company License #	Agent License#	Employee	Owner (ownership %)	Position/ Job Title
1.					
Describe your role in the business organization and the capacity in which you serve.					
<input type="checkbox"/> I am no longer affiliated with the above business organization effective _____/_____/_____ and have submitted the Disaffiliation Form as required by the Board. <p style="text-align: center;">mm/dd/year</p>					

Name of Business Organization	Company License #	Qualifying Agent License#	Employee	Owner (ownership %)	Position/ Job Title
2.					
Describe your role in the business organization and the capacity in which you serve.					
<input type="checkbox"/> I am no longer affiliated with the above business organization effective _____/_____/_____ and have submitted the Disaffiliation Form as required by the Board. <p style="text-align: center;">mm/dd/year</p>					

Name of Business Organization	Company License #	Qualifying Agent License#	Employee	Owner (ownership %)	Position/ Job Title
3.					
Describe your role in the business organization and the capacity in which you serve.					
<input type="checkbox"/> I am no longer affiliated with the above business organization effective _____/_____/_____ and have submitted the Disaffiliation Form as required by the Board. <p style="text-align: center;">mm/dd/year</p>					

**SECTION 5: AFFILIATIONS**

Applicant Name: \_\_\_\_\_

1. **For Individual Applicants only:** Will you be conducting business as a sole proprietorship using a trade name?  
\_\_\_ YES \_\_\_ NO If yes, list the trade name and physical address of the business with which you will be affiliated through this license.

Trade Name : \_\_\_\_\_

Physical Address (street, city, state, zip): \_\_\_\_\_

*Do not list a PO Box for the address.* \_\_\_\_\_

2. **For QA Applicants only:** What is your Position/Job Title with the business for which you have applied?

\_\_\_\_\_ Describe your role in the business: \_\_\_\_\_

3. If you hold any professional certifications, please list them below. If not, please write "none" on the line.

\_\_\_\_\_  
\_\_\_\_\_

**SECTION 6: PERSONAL HISTORY**

1. Have you ever been arrested, charged, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any offense? \_\_\_ YES \_\_\_ NO

**If YES**, you must submit the following:

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

2. Has any licensing board or agency in Georgia or any other state ever:

- a) Denied issuance of licensure, renewal, or reinstatement? \_\_\_ YES \_\_\_ NO
- b) Revoked, suspended, restricted, sanctioned, or probated your license? \_\_\_ YES \_\_\_ NO
- c) Requested or accepted the surrender of your license? \_\_\_ YES \_\_\_ NO
- d) Reprimanded, fined, or disciplined you? \_\_\_ YES \_\_\_ NO

**SECTION 7: 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 (just you)**

1. Unlimited Individual applicants: I affirm that YES \_\_\_  
I have a minimum net worth of \$150,000. NO \_\_\_  
If **NO**, submit a letter of explanation. **OR**

Limited Tier Individual applicants: I affirm YES \_\_\_  
that I have a minimum net worth of NO \_\_\_  
\$25,000. **If NO**, submit a letter of  
explanation.

2. Have you paid all state and federal taxes, YES \_\_\_  
payroll withholding taxes, and NO \_\_\_  
unemployment taxes as required by law? If  
NO, submit a letter of explanation and any  
supporting documentation.

3. Have you paid all judgments, taxes, student YES \_\_\_  
loans, or child support payments as required NO \_\_\_  
by law? **If NO**, submit a letter of explanation  
and any supporting documentation.

4. During the last 10 years, have you personally, YES \_\_\_  
as an individual, been subjected to an NO \_\_\_  
involuntary petition for bankruptcy, been  
adjudged bankrupt, or sought protection  
under the bankruptcy laws? **If YES**, submit a  
letter of explanation, discharge documents,  
and schedules A, B, D, and F.

5. Submit a current one-page ACORD Certificate of  
Insurance (COI) showing YOU as the insured (not  
a company) and 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 currently carry workers compensation YES \_\_\_  
insurance as required by state law? *In* NO \_\_\_  
*Georgia, this is required if you have 3 or more*  
*employees. If YES*, include this information on  
your Certificate of Insurance.

**QAs: ANSWER THIS SIDE (with a company)**

1. Unlimited QA applicants: I affirm that this YES \_\_\_  
company has a minimum net worth of NO \_\_\_  
\$150,000. **If NO**, submit a letter of explanation. **OR**

Limited Tier QA applicants: I affirm that this YES \_\_\_  
company has a minimum net worth of NO \_\_\_  
\$25,000. **If NO**, submit a letter of explanation.

2. Has the business paid all state and federal YES \_\_\_  
income taxes, payroll withholding taxes, and NO \_\_\_  
unemployment taxes as required by law?  
**If NO**, submit a letter of explanation and any  
supporting documentation.

3. Has the business paid all judgments and taxes YES \_\_\_  
as required by law? **If NO**, submit a letter of NO \_\_\_  
explanation and any supporting documentation.

4. During the last 10 years, have you personally, as YES \_\_\_  
an individual, or has any business with which NO \_\_\_  
you have been involved filed for bankruptcy,  
been subjected to an involuntary petition for  
bankruptcy, been adjudged bankrupt, or sought  
protection under the bankruptcy laws? **If YES**,  
submit a letter of explanation, discharge  
documents, and schedules A, B, D, and F.

5. Submit a current one-page ACORD Certificate of  
Insurance (COI) showing the company as the insurance  
(not you individually) 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 currently carry workers YES \_\_\_  
compensation insurance as required by state NO \_\_\_  
law? *In Georgia, this is required if you have 3 or*  
*more employees. If YES*, include this  
information on your Certificate of Insurance.

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 8: APPLICANT AFFIDAVIT**

Applicant Name: \_\_\_\_\_

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 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.

**Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, OR document as indicated on the Board’s website.**

\_\_\_\_ 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: \_\_\_\_\_

**O.C.G.A. §45-17-6 requires legible seals for notarized documents.**  
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

**NOTARY SEAL**