



# 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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### APPLICATION FOR REACTIVATION OF A LICENSE - GENERAL CONTRACTOR

#### ••• INSTRUCTIONS AND GENERAL INFORMATION •••

*This application is for those who wish to reactivate a license that was placed, at the request of the licensee, on "inactive status."*

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A license can only be reactivated in the same manner in which it was originally issued. For example, an Individual license (GCI) can only be reactivated as an Individual license (GCI). A Qualifying Agent license (GCLT-QA or GCQA) can only be reactivated as the Qualifying Agent for the **same business organization** for which it was originally issued.

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#### **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 who will conduct business as an individual in a trade name (DBA) or 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 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).
- A business organization must have at least one licensed QA to receive a license authorizing the business to engage in general contracting.
- The applicant may appoint himself or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority.

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**CONTINUING EDUCATION** - For reactivation of a license, you must submit evidence of attendance of the required Board-approved continuing education for each biennium that the license was inactive.

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**FINANCIAL RESPONSIBILITY and INSURANCE** - Answer all questions. Submit additional documentation as instructed.

You must obtain general liability insurance in a minimum amount of \$500,000 per occurrence and **submit a signed, current certificate of insurance on a one-page ACORD Form with your application.**

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 an applicant is 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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**GENERAL INFORMATION - Answer all questions.**

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**PERSONAL HISTORY - Answer all questions.** Submit additional documentation as instructed in the application.

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**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** receive expedited application processing.

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 staff cannot process incomplete applications. Please review this application before you submit it to ensure that all sections are completed as required and the correct documentation is included.

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

- Type or legibly print your answers and responses.
  - Complete each question and each section of the application. Sign the application and have your signature notarized where indicated.
  - For QA Applicants only:**
    - Submit a Letter of Authority from the [Georgia Corporations Division](#) for the business organization.
    - Certificate of insurance (one-page ACORD form)
      - The business organization must be shown as the insured.
      - Show current dates of coverage, and the form must be signed by the insurance agent/representative.
      - Show General liability insurance in a minimum amount of \$500,000 per occurrence.
      - List the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 as the certificate holder.
  - For Individual Applicants only:**
    - Certificate of insurance. (one-page ACORD form)
      - Your name (individual) must be shown as the insured.
      - Show current dates of coverage, and the form must be signed by the insurance agent/representative.
      - Show general liability insurance in a minimum amount of \$500,000 per occurrence.
      - List the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 as the certificate holder.
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- For all applicants:**
    - US Citizens are required to submit a Secure and Verifiable Document (SVD) such as a Driver's License, Passport, or other acceptable 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, such as a Permanent Resident Card (front and back).
    - Submit the fee of \$210 (\$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 completed application and supporting documents in a 9 X 12 envelope, unstapled and unfolded.
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**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.

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**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	_____

**GENERAL CONTRACTOR  
 APPLICATION TO REACTIVATE A LICENSE**

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 submitted within 60 days of the deficiency notification.*

**I am applying to  
 Reactivate this  
 License:  
 (select one)**

- GCI** \_\_\_\_\_
- GCLT-IND** \_\_\_\_\_
- GCQA\*** \_\_\_\_\_
- GCLT-QA\*** \_\_\_\_\_

**\*For GCQA or GCLT-QA only:**

**License # of the Business for which your QA license was issued:**

**GCCO** \_\_\_\_\_ **or** **GCLT-CO** \_\_\_\_\_

**Name of the Business:** \_\_\_\_\_

**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\*:

				-			-						
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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#:

				-					-						
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Business or Cell  
 Phone#:

				-					-						
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7. Email Address: \_\_\_\_\_

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

**SECTION 2: 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**

***You may appoint yourself ONLY IF you are the ONLY authorized agent of the business organization who possesses binding authority.***

I, \_\_\_\_\_, certify that I am the  Owner,  Partner,  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 3: GENERAL INFORMATION**

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

1. **For Individual Applicants only:** Will you be conducting business as a sole proprietorship, DBA, or using a trade name?  
\_\_\_YES \_\_\_NO If yes, list the name and physical address of your company.

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 organization for which you are requesting reactivation of the license? \_\_\_\_\_

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 4: 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 on 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

**If YES to any part of Question 2,** submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents.

**SECTION 5: 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 \_\_\_
- 
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. 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 the bankruptcy laws? **If YES**, submit a letter of explanation, discharge documents, and schedules A, B, D, and F. YES \_\_\_ NO \_\_\_
- 
5. Submit a current one-page ACORD Certificate of Insurance (COI) showing YOU as the insured (not a company), documenting that you carry general liability insurance 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 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: 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 \_\_\_
- 
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 one-page ACORD Certificate of Insurance (COI) showing the company as the insured (not you) and documenting that the company carries general liability insurance 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 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 6: 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 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.

**OR** Please submit a copy of your current **Secure and Verifiable Document(s)** such as a 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**