



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

General Contractor Division

237 Coliseum Drive, Macon, GA 31217

404-424-9966

www.sos.ga.gov

GENERAL CONTRACTOR INDIVIDUAL RECIPROCITY APPLICATION

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.

LICENSES REQUIRED

Licenses are required for persons who contract for any residential (residential-basic or residential-light commercial) or general contracting business. See O.C.G.A § 43-41-2 in the Board Law, as well as the Board's rules for definitions.

SECTION 1: PERSONAL INFORMATION

Complete all information including your preferred email address for communication with Board staff. You must be a minimum of 21 years old.

The Board has reciprocal agreements with the following states:

LOUISIANA – Commercial license (Building Construction classification) issued by the Louisiana State Licensing Board for Contractors.

MISSISSIPPI – Commercial Contractors license (Building Construction classification) issued by the Mississippi State Board of Contractors.

The Board has paused acceptance of reciprocity applications for NORTH CAROLINA and TENNESSEE.

→ To be eligible for reciprocity, you must have held an active license for the past **three years** that was issued based on the passing of an **examination**, has not been penalized by the Board for violations of the law for the past three years, is **Chartered** in the reciprocal state, or if sole proprietor or partnership, is a **resident** of the reciprocal state. View the full Reciprocity Agreement [here](#).

Submit a letter of verification from the licensing board that administered the examination. Copies of your state license, wall certificate, or examination scores are **not acceptable**.

→ You must also pass the Georgia Business and Law exam prior to licensure.

SECTION 2: WORK EXPERIENCE

You must show one (1) to four (4) years of proven experience depending upon which eligibility requirement you meet under Board Rule 553-4-.01(3)(c)(1), or (2), or (3). Describe the type of work you performed, not specific projects. List the dates you have been employed with the employer listed in the first column, NOT the dates you began and completed a particular project. Since you are applying for an individual license, you should also list yourself as an employer under your work experience to include the beginning employment date of your self-employment. Your current experience should end in "Present".

SECTION 3: EMPLOYMENT AFFIDAVIT

You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.

SECTION 4: EDUCATION (optional)

Education information is required ONLY IF qualifying under Board Rule 553-4-.01(3)(c)(1) or (2). Submit in a sealed envelope, an official transcript, diploma, or certification from an accredited college, university, or technical school attended if you are applying based on education.

SECTION 5: FINANCIAL RESPONSIBILITY

All questions must be answered. Submit additional documentation as requested in the application.

All applicants must obtain general liability insurance in a minimum amount of \$500,000 per occurrence and **submit a signed, current certificate of insurance with your application**. Binders, information pages, policies, and declaration pages are not acceptable. Since you are applying as an individual, you must be individually shown as the insured on the certificate. The certificate must list the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 as the certificate holder. Also, the applicant must submit proof of Workers Compensation insurance, if the applicant is currently required by Georgia law to have such.

SECTION 6: GENERAL INFORMATION

All questions must be answered. Submit additional documentation as requested in the application.

NOTICE: An individual license will not give you the ability to perform work on behalf of a business organization (any limited liability company, corporation, partnership, business trust, joint venture, or other legal entity). To perform work on behalf of a business organization, you must submit the Qualifying Agent application.

SECTION 7: AFFILIATIONS

Applicants must submit names of all persons, entities and business organizations you will be affiliated with as a licensed residential contractor or general contractor. "Affiliated with" means connected by way of employment, ownership, , partnership, membership, serving a director, or by serving as a qualifying agent. *See O.C.G.A § 43-41-6(e)*

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.

All applicants 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 acceptable document, OR 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.*

VETERANS AND MILITARY SERVICE MEMBERS

Honorably discharged veterans may be eligible for Veterans' Preference Points applied to their examination scores if they served on active duty in the Armed Forces, Reserves, or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of the DD-214 form with the application.

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 online at [Veterans Info](#).

DISABILITY ACCOMMODATION

Persons who have a disability and may require accommodation should review the information found on the board's website - [ADA Information](#)

GENERAL CONTRACTOR INDIVIDUAL RECIPROCITY APPLICATION

••• APPLICATION CHECKLIST•••

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

The Board cannot process incomplete applications. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation are complete and correct.

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

- ☐ Read the Board laws and rules thoroughly before completing the application. They are available online at www.sos.ga.gov/index.php/licensing/plb/46. 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.
- ☐ Certificate of insurance.
 - Applicant must be individually shown as the insured and not a business organization.
 - 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.
- ☐ Verification of licensure from the reciprocal state. Copies of your state license, wall certificate, or examination scores are not acceptable.
- ☐ Secure and Verifiable Document (SVD) such as a Driver's License, Passport, or another approved document. OR 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)
- ☐ Non-refundable, non-transferable payment 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.
- ☐ Mail completed application and supporting documents in a 9 X 12 envelope, unstapled and unfolded.

ADDITIONAL OPTIONAL DOCUMENTATION

- ☐ Official School Transcript, if you wish to qualify under Board Rule 553-4-.01(3)(c)(1) or (2)
- ☐ Military form DD-214, if you wish to apply for veterans' preference points

**** 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 reading the Board law, rules, and all other information listed 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
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GENERAL CONTRACTOR INDIVIDUAL RECIPROCITY APPLICATION

Fee \$210 (\$200 application fee + \$10 processing fee) Fees are non-refundable.

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

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

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:

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*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. Your Physical

Address: (No PO Box)

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 or National Guard.

☐ Check this box if you are requesting Veterans' Preference Points. Submit a copy of your DD-214.

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

→ I have the following license obtained by examination and active for at least the past 3 years:

☐ Louisiana License # _____

☐ Mississippi License # _____

SECTION 2: WORK EXPERIENCE

Applicant Name: _____

- You must show one (1) to four (4) years of proven experience depending upon which eligibility requirement you meet under Board Rule 553-4-.01(3)(c)(1), or (2), or (3).
- Describe the type of work you did for each employer. This page is for your **work experience**, not specific projects. List your employment dates for each employer, NOT project start and ends dates.
- You are applying for an individual license so you should also list yourself as an employer under your work experience. Include the beginning date of your self-employment. Your current experience should say "Present".

Employer Name, Address, City, State, Zip	Direct Supervisor	Employment Dates (mo/yr to mo/yr or Present)	Position Title	Type of Work Performed

1. Do you have at least two year's experience coordinating multiple trades? ____ YES ____ NO

If **YES**, list the trades: _____

2. Do you have at least one year of experience holding a position in or relating to administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management? ____ YES ____ NO

If **NO**, explain: _____

3. Are you a specialty contractor? ____ YES ____ NO

If **YES**, list and describe the real property improvements you have completed: _____

4. List any professional certifications you currently hold.

SECTION 3: EMPLOYMENT AFFIDAVIT

NOTE: You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.

I, _____, _____
Printed Name of General Contractor (not a company name) solemnly attest and affirm that _____
Printed Name of Applicant

meets the eligibility requirements for licensure as a general contractor according to one of the following criteria:

☐ O.C.G.A. § 43-41-6(d)(3)(A)

"Has received a baccalaureate degree from an accredited four-year college or university in the field of engineering, architecture, construction management, building construction, or other 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)

"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).

"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:

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: EDUCATION (optional)

Applicant Name: _____

- Education Information is required ONLY IF qualifying under Board Rule 553-4-.01(3)(c)(1) or (2):
(baccalaureate degree from an accredited four-year college or university in the field of engineering, architecture, construction management, building construction, or other field acceptable to the division **and** at least one year of proven experience or 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).

1. School Name: _____

2. School Address: _____

NUMBER AND STREET or PO BOX

CITY

STATE

ZIP

3. Dates Attended: _____ 4. Major or field studied: _____

5. Degree Awarded: ☐ College-Level Academic Credit Only ☐ Diploma/Certificate ☐ Bachelor ☐ Masters ☐ Doctorate

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

SECTION 5: FINANCIAL RESPONSIBILITY

1. To satisfy the financial responsibility requirement, do you affirm, as an individual, you have a minimum net worth of \$150,000? ☐ YES ☐ NO
2. Have you paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law? ☐ YES ☐ NO **If NO**, submit a letter of explanation and any supporting documentation.
3. Have you paid all judgments, taxes, student loans, or child support payments as required by law? ☐ YES ☐ NO **If NO**, submit a letter of explanation and any supporting documentation.
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 years? ☐ YES ☐ NO **If YES**, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.
5. Required - submit a certificate of insurance documenting that you currently carry general liability insurance in a minimum amount of \$500,000 per occurrence? ☐ YES, I included that with my application
6. Are you required to carry Worker's Compensation Insurance? *(As of the date of this application, Georgia requires such coverage if you have 3 or more employees).* ____ Yes ____ NO
If YES, submit a certificate of insurance documenting your workers' compensation coverage.

SECTION 6: GENERAL INFORMATION

Applicant Name: _____

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 other offense other than a minor traffic violation?

☐ YES ☐ NO

If YES, you must submit the following:

- Submit a letter of explanation for each offense.
- Submit a certified copy of court documents showing arrest, dismissal, or final court disposition or conviction/sentencing documents.
- Submit 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:

- Denied issuance of licensure, renewal, or reinstatement? ☐ YES ☐ NO
- Revoked, suspended, restricted, sanctioned, or probated your license? ☐ YES ☐ NO
- Requested or accepted surrender of your license? ☐ YES ☐ NO
- Reprimanded, fined, or disciplined you? ☐ YES ☐ NO

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

3. 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 company with which you will be affiliated with this license.

TRADE NAME

NUMBER AND STREET (PO BOX NOT ACCEPTABLE)

APT OR SUITE#

CITY, STATE, ZIP

SECTION 7: AFFILIATIONS

Provide the names of all persons, entities, and business organizations with which you will be affiliated as a licensed residential contractor or general contractor. "Affiliated with" means you are employed by, have ownership of, serve as an owner or director, are a partner or member, or serve as the qualifying agent. Check one:

☐ I will **NOT** be affiliated with any persons, entities, or business organizations as a licensed residential contractor or general contractor.

OR

☐ I **WILL** be affiliated with the below persons, entities, or business organizations as a licensed residential contractor or general contractor.

Name of Person, Entity, or Business Organization	Type of Affiliation					
	Employee	Owner (ownership %)	Director	Partner (ownership %)	Member	Qualifying Agent

SECTION 8: 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.

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.

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:

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