



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

General Contractors Division

237 Coliseum Drive, Macon, GA 31217

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

GENERAL CONTRACTOR - REINSTATEMENT APPLICATION

••• 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 reinstatement of a license that has lapsed. A license can **ONLY** be reinstated as the same license type that was lapsed. For example, a qualifying agent license (GCQA) can **ONLY** reinstate as a GCQA for the same business organization for which it was originally issued. An individual license (GCI) can only be reinstated as an individual license (GCI). Use this form to request reinstatement of these types of licenses:

- Unlimited Individual, or
- Unlimited Qualifying Agent, or
- Limited Tier Individual, or
- Limited Tier Qualifying Agent

⇒⇒ ***This is not the application to use for INITIAL LICENSE, PRIOR APPROVAL, REACTIVATION, OR RECIPROCITY.***

Reminder:

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

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

More things to know before applying:

- For the fastest processing, follow directions carefully; provide requested information and documents at the same time (if possible) as you submit your application (all in one packet); have your documents properly notarized where indicated; make sure we can reach you, especially via email.
 - Skipping required questions, leaving out experience details, or failing to send in requested documents will cause your application process to take longer.
- Write legibly or type the information on the application, please.
- The Certificate of Insurance (COI) must be submitted 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 another acceptable document as listed here: [SVD Info Page](#).

- The \$310 fee (\$300 application fee + \$10 processing fee) is non-refundable and non-transferable. This is a good reason to make sure you are completing the correct application.
 - Fees are payable by check or money order to the 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. Expedited application processing is also a benefit for our military.
- 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 need 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 notification.



**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 REINSTATEMENT APPLICATION

Fee \$310 (\$300 application fee + \$10 Processing Fee) - Fees are non-refundable.

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

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

I am applying to
reinstate this
license: (select one)

Unlimited Individual GCI# _____
Unlimited Qualifying Agent* GCQA _____
* Business Organization for which QA was issued: GCCO _____
* Business Organization Name: _____

Limited Tier Individual GCI _____
Limited Tier Qualifying Agent* GCLT-QA _____

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

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. Physical Address: _____
(PO BOX NOT ACCEPTABLE) 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 if you are a military spouse or a transitioning service member of the United States Armed Forces or the National Guard.

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 formulation documents as proof of existence.*

Physical Business Address:

(PO BOX NOT ACCEPTABLE)

NUMBER AND STREET (NO P.O. BOX)

SUITE#

CITY

STATE

ZIP

Federal Tax ID#:

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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/Officer

for 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.

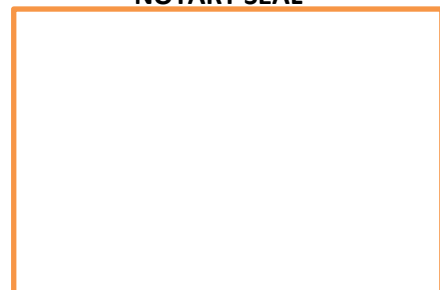


Signature of Owner/Partner/Officer

Title

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ day of _____, 20 _____

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

SECTION 3: FINANCIAL RESPONSIBILITY

Applicant Name: _____

Financial audits, reviews, or compilations are no longer required. 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 YES
I have a minimum net worth of \$150,000. NO
If **NO**, submit a letter of explanation. **or**
1. **Limited Tier Individual** applicants: I YES
affirm that I have a minimum net worth NO
of \$25,000. If **NO**, submit a letter of
explanation.
2. For the previous 3 years, have you paid all YES
state and federal taxes, payroll withholding NO
taxes, and unemployment taxes as required
by law? If **NO**, submit a letter of
explanation and any supporting documents.
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. In the last 10 years, have you personally, as YES
an individual, been subjected to an NO
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.
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 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 for a Company: ANSWER THIS SIDE

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**
1. **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. In the last 10 years, have you personally, as an YES
individual, or has any business with which you
have been involved ever filed for bankruptcy, YES
been subjected to an involuntary petition for NO
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.
5. Submit a current ACORD Certificate of Insurance
(COI) showing the company as the insured (not
you), 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 the 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 4: GENERAL INFORMATION

APPLICANT'S NAME: _____

- 1a. Have you ever been arrested, charged, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or other offense? YES NO
- 1b. 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 1a or 1b, 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.

2. 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 surrender of your license? YES NO

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

3. List any professional certifications you currently hold:

SECTION 5: 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 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 other 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