



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

Residential Contractors Division

237 Coliseum Drive, Macon, GA 31217

404-424-9966

www.sos.ga.gov

SUPPLEMENT DOCUMENTS for ONLINE APPLICATIONS RESIDENTIAL BASIC INDIVIDUAL or RESIDENTIAL BASIC QUALIFYING AGENT

License by Examination

••• 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Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.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 Laws, as well as the Board's rules for definitions.

PERSONAL INFORMATION

You submitted your demographic information when you applied online. Contact staff with any updates or changes.

SECTION 1: QUALIFYING AGENT

If applying as a Qualifying Agent, you must submit proof that the business organization for which you are applying as a qualifying agent is actively authorized and certified to do business in Georgia. You may visit the Secretary of State, Corporations Division at www.sos.georgia.gov/corporations, to print a copy of your business organization's History page or Letter of Authority.

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

SECTION 2: WORK EXPERIENCE

You must show at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential basic category. List your employer information beginning with your current employer and your current experience should end in "Present".

SECTION 3: PROJECTS COMPLETED

You must show successful completion of at least two projects falling within the residential-basic category in the two years immediately preceding application.

SECTION 4: EMPLOYMENT/PROJECT 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 5: 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 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.

LAW AND RULES

Read the law and rules thoroughly before completing the application. See the complete law and rules on the Board's website: [LAWS, RULES](#). You are responsible for knowing the laws and rules of your profession.

VETERANS' PREFERENCE POINTS

Veterans may be eligible for Veterans' Preference Points on their examination 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. [Veterans' Information](#)

DISABILITY ACCOMMODATION

Persons who have a disability and may require accommodation should obtain the *Request for [Disability Accommodation Guidelines](#)* form on the Board's website.

KEEP A COPY OF YOUR APPLICATION MATERIALS.

All original materials will be retained by our office and will not be returned to you.

FEES

You paid the fee when you applied online. Fees are non-refundable.

Include a copy of your payment receipt when you submit the attached Online Supplemental Documentation.



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Residential Contractors Division

237 Coliseum Drive, Macon, GA 31217-3858

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

SUPPLEMENTAL FORMS for ONLINE APPLICATION

RESIDENTIAL BASIC INDIVIDUAL or RESIDENTIAL BASIC QUALIFYING AGENT

Incomplete applications may be administratively withdrawn if any deficiency items are not submitted within 60 days of the date of the deficiency notice.

Fee: This was paid when you applied online. Fees are non-refundable.

SECTION 1: QUALIFYING AGENT - *For QA applicants only; Individual applicants can skip Section 1.*

1. Name and type of Business Organization: _____
Printed Name of Applicant (QA): _____ I am applying as ☐ QA ☐ Individual

☐ Partnership*/LLP* ☐ Joint Venture* ☐ LLC ☐ Corporation (state of incorporation): _____
☐ Other*: _____

*If the business organization is one other than an LLC or Corporation (paperwork for which can be found on the Secretary of State's Corporation Division's website) please submit official company formulation documentation proving the existence of the business organization

2. Physical Business

Address:(NOT A PO BOX)

NUMBER AND STREET

SUITE#

CITY

STATE

ZIP

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

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 residential basic contractor's license.

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: RBI

and RBQA Online - Revised 8/22

NOTARY SEAL

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.

SECTION 2: WORK EXPERIENCE**Applicant Name:** _____

Show at least two (2) years of proven experience. Your current experience should end with the word "Present."

- What type of work did you perform for each employer? This page is about work experience, not specific projects. For more information, review OCGA § 43-41-2(10) and Board Rule 553-3-.03 (c) and (d).
Make additional copies of this page if needed.

Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Contractor License#
City, State, Zip:	Supervisor's Job Title:
Dates Employed From: To: (mo/yr) (mo/yr)	Applicant's Job Title:
What type of work did you do for this employer?	

Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Contractor License#
City, State, Zip:	Supervisor's Job Title:
Dates Employed From: To: (mo/yr) (mo/yr)	Applicant's Job Title:
What type of work did you do for this employer?	

SECTION 3: PROJECTS COMPLETED - Two (2) Residential Basic Projects are required

Applicant Name: _____

_____ I affirm that these projects were completed within the previous 2 years of the date I signed this application. I was a contractor on the projects and had significant responsibility for their successful performance and completion.

Project # 1 was completed on: _____ (month/day/year)	My Employer at the time of Completion: _____ Employer's Name
The address for this project is: _____ Street address _____ City, State, Zip	The project was completed under this Licensed Contractor: _____ Contractor's Name The Contractor License# (Individual or QA) is: _____
Describe what structure was built for this project so that the board can determine if it meets the requirement for licensure. Add add'l pages if needed.	

Project # 2 was completed on: _____ (month/day/year)	My Employer at the time of Completion: _____ Employer's Name
The address for this project is: _____ Street address _____ City, State, Zip	The project was completed under this Licensed Contractor: _____ Contractor's Name The Contractor License# (Individual or QA) is: _____
Describe what structure was built for this project so that the board can determine if it meets the requirement for licensure. Add add'l pages if needed.	

SECTION 4: EMPLOYMENT/PROJECTS AFFIDAVIT

APPLICANT NAME: _____

O.C.G.A. §§ 43-41-6(b)(3) and (b)(4) state:

“[To be eligible as a residential-basic contractor, a person must]

(3) [have] at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential-basic category, or other proven experience deemed substantially similar by the division; and (4) [have] had significant responsibility for the successful performance and completion of at least two projects falling within the residential-basic category in the two years immediately preceding application.”

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, _____, License # _____,
Print Name of Residential or General Contractor
(not a company name)

solemnly attest and affirm that _____
Printed Name of Applicant

meets the above-stated requirements of O.C.G.A. §§ 43-41-6(b)(3) and (b)(4).

Signature of Applicant

Signature of Residential 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.
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NOTARY SEAL

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.
Please submit a copy of your current Secure and Verifiable Document(s) such as your driver's license, passport, or another 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 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: _____

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