



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

Residential Contractor Division

237 Coliseum Drive, Macon, GA 31217

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

RESIDENTIAL LIGHT COMMERCIAL LICENSE by EXAMINATION APPLICATION

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Incomplete applications are subject to be administratively withdrawn if any application deficiencies are not submitted within 60 days of the deficiency notice.

USE THIS FORM to apply for RESIDENTIAL LIGHT COMMERCIAL INDIVIDUAL OR RESIDENTIAL LIGHT COMMERCIAL QUALIFYING AGENT. Some sections of this application will be for QA applicants only and will be marked as such.

---**Individual** means you are working for yourself as a sole proprietorship, not for a company. If licensed as an Individual, you cannot do work for a business organization with a Corporate Registration, even if it is your own LLC.

--**Qualifying Agent** means you are the agent for a company, which is a LLC, INC (corporation), partnership, or joint venture. If there is a company, there must be a Qualifying Agent for that company.

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** and the **Board rules** for definitions.

EXAM - You will have to pass an exam as part of the pre-licensure process for this license type.

SECTION 1: PERSONAL INFORMATION

Complete all information requested. Including your email address, as this is how staff communicates with you most of the time. You must be at least 21 years of age to apply for this license.

SECTION 1QA: QUALIFYING AGENT (to be completed by QA applicants only)

If applying as Qualifying Agent, you must submit proof that the business organization for which you are applying is actively authorized and certified to do business in Georgia. 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 as the QA if you are the ONLY authorized agent of the business organization who possesses binding authority.

SECTION 2: WORK EXPERIENCE

Depending on the eligibility requirement you meet under **Board Rule 553-3-.04(3)(c)(1), (2), or (3)** (this is explained on the next page), you must show 1 to 4 years of proven experience. Describe the kind of work you performed for each employer. List the dates of your employment where requested (not the project dates).

For QA applicants - The business organization that is appointing you as the **Qualifying Agent** should be listed under your work experience and should include the employment start date and position title with the organization.

SECTION 3: 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 4: EDUCATION *(Optional)*

This information is required **ONLY** if you are qualifying under **O.C.G.A. § 43-41-6(d)(3)(A) or (B)**. Send to the board, in a sealed envelope, an official transcript, diploma, or certification from your accredited college, university, or technical school.

- **EDUCATION/EXPERIENCE GRID** – use this as a reference as you go through this application.

Option A	College Degree + experience – Four-year degree from an accredited college or university in engineering, Architecture, construction management, building construction, or related field acceptable to the Division AND one year of work experience in the employment of or as a general contractor - or other proven experience deemed substantially similar by the Division; equaling at least four years in the aggregate; or
Option B	Academic credits + experience - Combination of college-level academic accredited 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; or
Option C	Experience - 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.

SECTION 5 and 5.1: PROJECTS COMPLETED

You must show that within the past 4 years (based on the date you signed this application), that you successfully completed at least 2 residential-light commercial projects. You must also submit a reference affidavit from a registered architect, designer, structural engineer, or other (i.e., building inspector or project permit holder) for each project.

SECTION 6: FINANCIAL RESPONSIBILITY and INSURANCE REQUIREMENTS

Answer all of the questions. Submit additional documentation as requested in the application.

- **Affirm your NET WORTH.** If you cannot affirm the minimum net worth, a blank Bank Credit Reference form is available online at our website, along with a sample Surety Bond, and Line of Credit sample letter.
- **LIABILITY INSURANCE** - You must obtain general liability insurance of not less than \$500,000 per occurrence and **submit a signed, current certificate of insurance on an ACORD FORM with your application.** Binders, information pages, policies, and declaration pages are not acceptable.

INSURED INFO: **INDIVIDUAL APPLICANTS** - your name must be listed as the INSURED on the certificate.
QUALIFYING AGENT APPLICANTS - the company for which you are applying to be the QA must be listed as the INSURED on the certificate (not your name)

CERTIFICATE HOLDER INFO: The certificate must list the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 as the CERTIFICATE HOLDER.

- **WORKERS COMP** - If you are required by Georgia law to have Workers Compensation Insurance, submit proof of such to the board. As of this application version date, Georgia requires Workers Comp if you have 3 or more employees.

SECTION 7: GENERAL INFORMATION

Answer all questions. Submit additional documentation as requested in the application, if applicable.

SECTION 8: APPLICANT AFFIDAVIT, SECURE AND VERIFIABLE DOCUMENT (SVD)

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.**

You 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.**

BOARD LAW AND RULES

You should take time to read over the Laws and Rules for the profession for which you are applying for licensure. This information outlines the rules and regulations you must follow to keep your license in good standing. The Board law and rules are available at: [HERE](#). It is your responsibility to know these laws and rules.

VETERANS' PREFERENCE POINTS

Veterans may be eligible for **Veteran's Preference Points** to be applied to their examination scores. To be eligible, you must have 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 copy of your DD-214 form along with the application.

DISABILITY ACCOMMODATION

Disabled persons requiring accommodation during testing must submit the ***Request for Disability Accommodation Guidelines form*** along with required documentation for review prior to sitting for the exam.

KEEP A COPY OF YOUR APPLICATION and DOCUMENTS YOU SEND TO THE BOARD

What you send in stays with the board, so don't send originals unless required, and keep copies for your records. We will not return documents to you.

FEES / MAILING YOUR APPLICATION

A **\$210 (\$200 application fee + \$10 processing fee) non-refundable fee** by check or money order payable to State Licensing Board for Residential and General Contractors must be included with this application.

Mail the completed application, payment, and required documents in a 9 X 12 envelope to Res/Gen Licensing Boards, 237 Coliseum Dr., Macon, GA 31217. Please **do not** fold or staple your application and documents.



STATE LICENSING BOARD FOR
RESIDENTIAL AND GENERAL CONTRACTORS
Residential Contractors Division
237 Coliseum Drive, Macon, GA 31217-3858
404-424-9966
www.sos.ga.gov

RESIDENTIAL LICENSE by EXAMINATION LIGHT COMMERCIAL INDIVIDUAL or LIGHT COMMERCIAL QUALIFYING AGENT

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

Incomplete applications are subject to be administratively withdrawn if any application deficiencies are not submitted within 60 days of notice of such deficiencies.

I am applying for this license type (select one): ☐ **Residential Light Commercial Individual** (cannot work for a company)

☐ **Residential Light Qualifying Agent** (affiliated with a company)

Use a different application for reciprocity, prior approval, reinstatement, or reactivation.

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 NAME

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#:

--	--	--	--	--	--	--	--	--	--

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.

☐ Check this box if you are requesting Veteran's Preference Points. Include a copy of your DD-214.

☐ Check this box to affirm that you are at least 21 years of age (the minimum age to apply for this license type.)

SECTION 1QA: QUALIFYING AGENT (QA Applicants - complete this page; Individual Applicants - skip this page)**Applicant Name:** _____

NOTE: An applicant may appoint himself or herself **ONLY** if the applicant is the **ONLY** authorized agent of the business organization who possesses binding authority.

1. Name and type of Business Organization: _____

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

*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: _____
(PO BOX NOT ACCEPTABLE) NUMBER AND STREET SUITE#_____
CITY STATE ZIP3. Federal ID #

--	--

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 4. Business Phone #

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QUALIFYING AGENT AFFIDAVITI, _____, 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: _____

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 2: WORK EXPERIENCE

Applicant Name: _____

- Depending on which option you choose to qualify under **O.C.G.A. § 43-41-6(d)(3)(A) or (B)**, you must show 1 to 4 years of proven work experience.
- Describe the type of work you performed for each employer. This page is for work experience, not for specific projects. List your employment dates (not the project dates). Your current experience should end with the word "Present."
- Make additional copies of this page if needed.

Employer Name:	What was your Supervisor's Name?
Employer Address: Street _____	What is the Supervisor's Contractor License#?
City, State, Zip _____	What was your Supervisor's Job Title?
Dates Employed From: To: (mo/yr) (mo/yr)	What was YOUR Job Title?
Describe the work you performed for this employer.	

Employer Name:	What was your Supervisor's Name?
Employer Address: Street _____	What is the Supervisor's Contractor License#?
City, State, Zip _____	What was your Supervisor's Job Title?
Dates Employed From: To: (mo/yr) (mo/yr)	What was YOUR Job Title?
Describe the work you performed for this employer.	

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, _____, License # _____,
Print Name of Residential or General Contractor

solemnly attest and affirm that _____
Printed Name of Applicant

meets the eligibility requirements for licensure as a residential-light commercial contractor according to one of the of following criteria:

☐ O.C.G.A. § 43-41-6(c)(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 residential contractor, general contractor, or other proven experience deemed substantially similar by the division;"

OR

☐ O.C.G.A. § 43-41-6(c)(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 residential contractor, 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

☐ O.C.G.A. § 43-41-6(c)(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 residential contractor, or other proven experience deemed acceptable by the division;"

Signature of Applicant

Signature of Residential or General Contractor

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC SIGNATURE

My Commission Expires:

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NOTARY SEAL

SECTION 4: EDUCATION (completion of this section is optional)

Applicant Name: _____

Education Information is required ONLY IF qualifying under O.C.G.A. § 43-41-6(d)(3)(A) or (B).

School Name: _____

School Address: _____
NUMBER AND STREET or PO BOX

_____ CITY STATE ZIP

Dates Attended: _____ Major or field studied: _____

Degree Awarded: ___None (only academic credit) ___Diploma/Certificate ___Bachelor ___Masters ___Doctorate

REMINDER - If qualifying with Education, submit an official school transcript.

SECTION 5: PROJECT COMPLETED #1

Applicant Name: _____

- List a Residential-Light Commercial project in which you, as a contractor, had significant responsibility for its successful performance and completion. This project must have been underway or finished within four (4) years immediately preceding the date you signed this application for licensure.

Completion Date of Project:		Name of Licensed Contractor under which the project was completed.
Address, city, state, zip of the project:		The Contractor's License # is: (can be Individual or QA)
		My employer at the time this project was completed was:
What kind of project was this? Describe it.		

REFERENCE LETTER AFFIDAVIT

- Reference's Name: _____
- The Reference's relation to the project was as a:

☐ Registered Architect License# _____
☐ Structural Engineer License# _____

☐ Designer _____
☐ Other - _____
(building inspector or project permit holder)
- Approximately how many years have you known the applicant? _____
- To the best of your knowledge, is the project information provided by the applicant in the above section accurate?
 ___YES ___NO If **NO**, explain: _____
- What is your opinion of the applicant's residential light commercial contracting abilities, skills, and knowledge?

- Were you satisfied with the applicant's overall performance and completion of the above-mentioned project? ___YES ___NO
 If **NO**, explain: _____
- If you were a member of the Licensing Board, would your recommendation be to grant a residential-light commercial contracting license to this applicant? ___YES ___NO If **NO**, explain: _____

 Signature of Reference

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC SIGNATURE

My Commission Expires:

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NOTARY SEAL

SECTION 5.1: PROJECT COMPLETED #2

Applicant Name: _____

- List a Residential-Light Commercial project in which you, as a contractor, had significant responsibility for its successful performance and completion. This project must have been underway or finished within four (4) years immediately preceding the date you signed this application for licensure.

Completion Date of Project:		Name of Licensed Contractor under which the project was completed.
The address of the project was: (street, city, state, zip)		The Contractor's License # is: (can be Individual or QA)
		My employer at the time this project was completed was:
What kind of project was this? Describe it.		

REFERENCE LETTER AFFIDAVIT

- Reference's Name: _____
- The Reference's relation to the project was as a:

☐ Registered Architect License# _____
☐ Structural Engineer License# _____

☐ Designer _____
☐ Other - _____
(building inspector or project permit holder)
- Approximately how many years have you known the applicant? _____
- To the best of your knowledge, is the project information provided by the applicant in the above section accurate?
 ___ YES ___ NO If **NO**, explain: _____
- What is your opinion of the applicant's residential-light commercial contracting abilities, skills, and knowledge?

- Were you satisfied with the applicant's overall performance and completion of the above-mentioned project? ___ YES ___ NO
 If **NO**, explain: _____
- If you were a member of the Licensing Board, would your recommendation be to grant a residential-light commercial contracting license to this applicant? ___ YES ___ NO If **NO**, explain: _____

 Signature of Reference

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC SIGNATURE

My Commission Expires:

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NOTARY SEAL

SECTION 6: FINANCIAL RESPONSIBILITY

Applicant Name: _____

QAs: ANSWER THIS SIDE**INDIVIDUALS: ANSWER THIS SIDE**

1. Do your total assets (what is owned) exceed your total liabilities (what is owed)?
If NO, submit a letter of explanation. ☐ YES ☐ NO
2. Have you 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. 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 bankruptcy laws?
If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F. ☐ YES ☐ NO
5. Do you affirm, as an individual, that you have a minimum net worth of \$25,000? If you do not have, as an individual, a minimum net worth of \$25,000, submit one of the following: (select one)
☐ Bank Credit Reference Form, reflecting 24 months history; or
☐ \$25,000 Surety Bond; or
☐ \$25,000 Line of Credit Letter; or
☐ \$25,000 Letter of Credit.
NOTE – A blank Bank Credit Reference Form, sample Surety Bond, and Line of Credit sample letter are available for download from the Board's website.
6. Submit a certificate of insurance on an ACORD form documenting that you carry general liability insurance in a minimum amount of \$500,000 per occurrence. ☐ YES, I have this to submit. ☐ NO
7. Do you carry Workers Compensation insurance as required by state law? Georgia requires Workers Compensation Insurance if you have 3 or more employees. ☐ YES ☐ NO
If YES, submit a certificate of insurance.

1. Do the business organization's total assets (what is owned) exceed the business organization's total liabilities (what is owed)? If NO, submit a letter of explanation. ☐ YES ☐ NO
2. Has the business organization 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 entity 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. Do you affirm that the business organization has a minimum net worth of \$25,000? If NO, submit ONE of the following:
☐ Bank Credit Reference Form reflecting 24 mos. history; or
☐ \$25,000 Surety Bond; or
☐ \$25,000 Line of Credit Letter; or
☐ \$25,000 Letter of Credit.
NOTE – A blank Bank Credit Reference Form, sample Surety Bond, and Line of Credit sample letter is available for download from the Board's website.
6. Submit a certificate of insurance documenting that the business organization carries general liability insurance in a minimum amount of \$500,000 per occurrence. ☐ YES, I have this to submit. ☐ NO
7. Does the business organization carry Workers Compensation insurance as required by state law? Georgia requires Workers Compensation Insurance if you have 3 or more employees. If YES, submit certificate of insurance. ☐ YES ☐ NO
8. Submit a letter of authority from the Corporations Division showing proof that the business organization for which you are applying as the qualifying agent is actively authorized and certified to do business in Georgia. ☐ YES, I have this to submit. ☐ NO

SECTION 7: GENERAL INFORMATION

Applicant 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. INDIVIDUAL APPLICANTS ONLY: (QA applicants can skip this question)

Will you be conducting business as a sole proprietor using a trade name? ☐ YES ☐ NO

If YES, list the trade name and physical address of the company with which you will be affiliated through this license.

TRADE NAME		
NUMBER AND STREET	(PO BOX NOT ACCEPTABLE)	APT OR SUITE#
CITY	STATE	ZIP



Reminder - To perform work on behalf of a business organization (limited liability company, corporation, partnership, business trust, joint venture, or other legal entity), you must submit the Qualifying Agent application.

If you are a sole proprietorship, you should be applying for an Individual license.

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 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.

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:

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.

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