



# STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

## Residential Contractor Division

237 Coliseum Drive, Macon, GA 31217

404-424-9966

[www.sos.ga.gov](http://www.sos.ga.gov)

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## RESIDENTIAL BASIC QUALIFYING AGENT PRIOR APPROVAL 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*Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.*

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### 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.

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### SECTION 1: PERSONAL INFORMATION

Complete all information including your preferred email address for communication with Board staff.

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### SECTION 2: PRIOR APPROVAL ELIGIBILITY

A Residential Basic Qualifying Agent license can only be obtained by prior approval if you currently or previously held a valid Georgia Residential Basic Individual or Georgia Residential Basic Qualifying Agent license. You must list a valid license, which was issued in your name.

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### SECTION 3: QUALIFYING AGENT

You must submit proof that the business organization for which you are applying as 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](http://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.

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### SECTION 4: CURRENT LICENSURE

You must list each business organization for which you are currently licensed as a residential or general qualifying agent and provide the requested information regarding your affiliation.

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### SECTION 5: AFFILIATIONS

You must submit the 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 as a director, or by serving as a qualifying agent. See O.C.G.A § 43-41-6(e)

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### SECTION 6: FINANCIAL RESPONSIBILITY

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

You must prove financial responsibility. You may affirm a minimum net worth of \$25,000 as an individual, or submit one of the following: a Bank Credit Reference form reflecting 24 months' history; a \$25,000 Surety Bond; a \$25,000 Line of Credit Letter; or a \$25,000 Letter of Credit.

- Since you are applying as a qualifying agent, documentation must be in the name of the business organization.

You must obtain general liability insurance in a minimum amount of \$300,000 per occurrence and **submit a signed, current certificate of insurance with your application**. Your application will be considered incomplete until received. Binders, information pages, policies, and declaration pages are not acceptable. Since you are applying as a qualifying agent, the business organization must be 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. If you are 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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### SECTION 7: PERSONAL HISTORY

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

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### SECTION 8: CONTINUING EDUCATION

If you do not hold a current and valid license, you must have completed 3 hours of continuing education for each year (July 1st through June 30th) since the last renewal of the license. If a license has not been renewed or reinstated since the issuance of the license, you must have completed 3 hours of continuing education for each year since the initial issuance of the license. A continuing education hours calculation chart is available on the Board website.

**Note:** Online and correspondence courses may not exceed 50% of the continuing education hours required pursuant to Board Rule 553-12-.03(4).

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### SECTION 9: 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.*

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# RESIDENTIAL BASIC QUALIFYING AGENT PRIOR APPROVAL 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 before completing the application. They are available online at [www.sos.ga.gov/index.php/licensing/plb/46](http://www.sos.ga.gov/index.php/licensing/plb/46). You are responsible for knowing the Board law and rules for your profession.
- Complete each question and each section of the application. Sign the application and, where indicated, sign in the presence of a Notary Public. All items on the application should be typed or printed.
- Letter of Authority from the Georgia Corporations Division for the business organization.
- Certificate of insurance.
  - The business organization must be shown as the insured.
  - Current dates of coverage and signed by the insurance agent/representative.
  - General liability insurance in a minimum amount of \$300,000 per occurrence.
  - The State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 must be listed as the certificate holder.
- Secure and Verifiable Document (SVD) such as a Driver's License, Passport, or another 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, such as a Permanent Resident Card (front and back)
- Submit the non-refundable payment of \$210 (\$200 application fee + \$10 processing fee) by check or money order payable to the 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.
- Keep a copy of your completed application and documents in case you are asked to resend items or if the staff has a question about your application.
- Mail completed application, fee, and supporting documents in a 9 X 12 envelope, unstapled and unfolded.

### ADDITIONAL DOCUMENTATION

- Certificates of completion for continuing education, if you do not currently hold an active and valid Residential Basic Individual or Residential Basic Qualifying Agent license.

**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  
 Residential 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	_____

**RESIDENTIAL BASIC QUALIFYING AGENT  
 Application for License by Prior Approval**

**Fee \$210.00** (\$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.*

→→ *This application is for those who have previously held or currently hold the same type of license for which you are now applying.*

**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\*:    -   -       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#:    -       Business or Cell Phone#:    -

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

**SECTION 2: PREVIOUS LICENSURE**

What is your status? NOTE: *You cannot Prior Approve General Contractor to Residential Contractor, and vice versa.*

My current or previous Georgia Residential Basic Individual License #: \_\_\_\_\_

My current or previous Georgia Residential Basic Qualifying Agent License #: \_\_\_\_\_

**SECTION 3: QUALIFYING AGENT**

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 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 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 and 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 4: CURRENT LICENSURE****Applicant Name:** \_\_\_\_\_

Please list each business organization for which you are currently licensed as a residential or general qualifying agent and provide the requested information regarding your affiliation. (Please make additional copies of this page as needed)

Name of Business Organization	Company License #	Qualifying Agent License#	Employee	Owner (ownership %)	Position/ Job Title
1.					

Describe your role in the business organization and the capacity in which you serve.


 I am no longer affiliated with the above-listed business organization \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and have submitted the effective Disaffiliation Form as required by the Board.

Name of Business Organization	Company License #	Qualifying Agent License#	Employee	Owner (ownership %)	Position/ Job Title
2.					

Describe your role in the business organization and the capacity in which you serve.


 I am no longer affiliated with the above listed business organization effective \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and have submitted the Disaffiliation Form as required by the Board.

Name of Business Organization	Company License #	Qualifying Agent License#	Employee	Owner (ownership %)	Position/ Job Title
3.					

Describe your role in the business organization and the capacity in which you serve.


 I am no longer affiliated with the above-listed business organization \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and have submitted the effective Disaffiliation Form as required by the Board.

Name of Business Organization	Company License #	Qualifying Agent License#	Employee	Owner (ownership %)	Position/ Job Title
4.					

Describe your role in the business organization and the capacity in which you serve.


 I am no longer affiliated with the above-listed business organization \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and have submitted the effective Disaffiliation Form as required by the Board.

**SECTION 5: AFFILIATIONS**

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

1. What is your Position/Job Title with the business organization for which you have applied? \_\_\_\_\_

2. Describe your role in the business organization and the capacity in which you serve.

\_\_\_\_\_

\_\_\_\_\_

3. If you will be affiliated with any persons, entities, or business organizations as a licensed residential contractor or general contractor, other than those listed in section 3 and 4, list them below. ("Affiliated with" means connected by way of employment, ownership, partnership, membership, serving as a director, or by serving as a qualifying agent.)  YES  NO

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

4. List any professional certifications you may hold.

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6: FINANCIAL RESPONSIBILITY**

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

- YES  
 NO
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.
2. Has the business organization paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law?  YES  
**If NO**, submit a letter of explanation and any supporting documentation.  NO
3. Have you paid all judgments, taxes, student loans, or child support payments as required by law?  YES  
**If NO**, submit a letter of explanation and any supporting documentation.  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?  YES  
**If YES**, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.  NO
5. To satisfy the financial responsibility requirement, do you affirm that the business organization has a minimum net worth of \$25,000?  YES  
 NO  
**If NO**, submit one of the following to satisfy the financial responsibility requirement:
- a. Bank Credit Reference Form, reflecting 24 months' history;
  - b. \$25,000 Surety Bond;
  - c. \$25,000 Line of Credit Letter; or
  - 5. \$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. Does the business organization carry Workers Compensation insurance as required by state law?  YES  
(Georgia requires Workers Compensation Insurance if you have 3 or more employees.)  NO  
**If YES**, submit a certificate of insurance.



## SECTION 7: PERSONAL HISTORY

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

## SECTION 8: CONTINUING EDUCATION

If you do not hold a current and valid license, you must have completed **3 hours of continuing education for each year** (July 1st through June 30th) since the last renewal of the license.

If a license has not been renewed or reinstated since the issuance of the license, you must have completed **3 hours of continuing education for each year since** the initial issuance of the license. A continuing education hours calculation chart is available on the Board website.

**Note:** Online and correspondence courses may not exceed 50% of the continuing education hours required pursuant to Board Rule 553-12-.03(4). Live webinars count as "in-person" education.

**SECTION 9: 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 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.  
**NOTARY SEAL**