



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

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

RESIDENTIAL BASIC QUALIFYING AGENT



Fee \$230.00 (\$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 Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.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 such 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

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

My Commission Expires:

The applicant may appoint himself or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority.

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.					
<input type="checkbox"/> 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
2.					
Describe your role in the business organization and the capacity in which you serve.					
<input type="checkbox"/> 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.					
<input type="checkbox"/> 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
4.					
Describe your role in the business organization and the capacity in which you serve.					
<input type="checkbox"/> I am no longer affiliated with the above listed business organization effective ____/____/____ and have submitted the 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.

YES NO 3. Will you 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? **If YES**, list your affiliations. ("Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.)

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

YES NO 4. Do you hold any professional certifications? **If YES**, please list them.

SECTION 6: FINANCIAL RESPONSIBILITY

Applicant Name: _____

- YES NO 1. Does 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. 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. Have you personally, as an individual, or has any business entity with which you have been involved ever filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?
If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.
- YES NO 5. In order to satisfy the financial responsibility requirement, do you affirm that the business organization has a minimum net worth of \$25,000?
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.
- * **Please 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.
- YES NO 6. Have you submitted a certificate of insurance documenting that the business organization currently carries general liability insurance in a minimum amount of \$300,000 per occurrence?
If NO, your application will be considered incomplete until received.
- YES NO 7. Does the business organization have less than 3 employees (which does not require workers compensation insurance by state law)?
If NO, submit a certificate of insurance documenting your workers' compensation coverage.
- YES NO 8. Have you submitted a letter of authority from the Corporations Division showing proof that the business organization for which you are applying as qualifying agent is actively authorized and certified to do business in Georgia?

SECTION 7: PERSONAL HISTORY

Applicant Name:

- YES NO 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, or any offense other than a minor traffic violation? (DUI and DWI are not minor traffic violations.)

If YES, you must submit the following:

- a. Submit a letter of explanation for each offence.
- b. Submit a certified copy of court documents showing arrest, dismissal or final court disposition - conviction/sentencing documents.
- c. Submit a statement (on official letterhead) from your probation/parole officer regarding your current status or completion of any probation/parole.

- YES NO 2. Has any licensing board or agency in Georgia or any other state ever: a) Denied issuance of licensure, renewal, or reinstatement; b) Revoked, suspended, restricted, sanctioned, or probated your license; c) Requested or accepted surrender of your license; d) Reprimanded, fined, or disciplined you?

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

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.

- YES NO 1. Do you hold a current and valid Georgia Residential Basic Individual or Georgia Residential Basic Qualifying Agent license issued in your name? **If NO**, please submit certificates of completion for the required continuing education.

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

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):

1. _____ 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.

2. _____ 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
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