



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 BASIC INDIVIDUAL PRIOR APPROVAL APPLICATION

●●● INSTRUCTIONS AND GENERAL INFORMATION ●●●

Incomplete applications may be withdrawn if any deficiencies are not submitted within 60 days of the date of the deficiency notice.

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.

SECTION 1: PERSONAL INFORMATION

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

SECTION 2: PRIOR APPROVAL ELIGIBILITY

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

SECTION 3: CURRENT LICENSURE

You must list each business for which you currently hold an active license residential or general qualifying agent and provide the requested information regarding your affiliation.

SECTION 4: AFFILIATIONS



An individual license will NOT give you the authority to perform work on behalf of ANY company. A business organization must have at least one qualifying agent licensed to receive a license authorizing the business organization to engage in residential contracting. This includes limited liability companies (LLC) and corporations (INC), even if you are the only owner.

To perform work on behalf of a business organization (any limited liability company, corporation, partnership, business trust, joint venture, or other legal entity other than an individual doing business as a sole proprietorship), you must submit the Qualifying Agent application.

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, serving as an owner or director, partnership, or membership or by serving as a qualifying agent. See O.C.G.A § 43-41-6(e)

SECTION 5: 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 an individual, documentation must be in your name.

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 an individual, you must be individually 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.

SECTION 6: PERSONAL HISTORY

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

SECTION 7: 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 are considered In-person education classes.

SECTION 8: 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.*

RESIDENTIAL BASIC INDIVIDUAL PRIOR APPROVAL APPLICATION

●●● APPLICATION CHECKLIST●●●

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

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 thoroughly before completing the application. They are available online at www.sos.ga.gov. You are responsible for knowing the Board laws and rules for your profession.
- Complete each question and each section of the application. Sign the application and have your signature notarized. All items on the application should be typed or printed.
- Certificate of insurance.
 - Your name must show as the insured and not a business organization.
 - The COI must show current dates of coverage and be signed by the insurance agent/representative.
 - General liability insurance must be a minimum amount of \$300,000 per occurrence.
 - The Certificate Holder must be the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217.
- Secure and Verifiable Document (SVD) such as a Driver's License, Passport, or another approved 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)
- Non-refundable \$210.00 fee (\$200 application fee + \$10 processing fee) by check or money order payable to 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.
- Make copies of your application and documents for yourself. Mail completed application 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 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/index.php/licensing/plb/46

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

Residential Basic Individual Contractor Application for License by Prior Approval

Fee \$210 (\$200 app fee + \$10 processing fee)

Incomplete applications may be withdrawn if any deficiencies are not submitted within 60 days of the date of deficiency notice.
 Fees are non-refundable.

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: PRIOR APPROVAL ELIGIBILITY

What is your status?

My current or previous Georgia Residential Basic Qualifying Agent license #: _____

SECTION 3: CURRENT LICENSURE**Applicant Name:** _____

Please list each business organization for which you currently hold an active license 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 4: AFFILIATIONS

Applicant Name: _____

1. Will you be conducting business as a sole proprietorship 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



An individual license will NOT give you the authority to perform work on behalf of ANY company. A business organization must have at least one qualifying agent licensed to receive a license authorizing the business organization to engage in residential contracting. This includes limited liability companies (LLC) and corporations (INC), even if you are the only owner.

To perform work on behalf of a business organization (any limited liability company, corporation, partnership, business trust, joint venture, or other legal entity other than an individual doing business as a sole proprietorship), you must submit the Qualifying Agent application.

2. 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? YES NO
If YES, list your affiliations.

("Affiliated with" means connected by way of employment, ownership, partnership, membership, serving as an owner or director 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

3. Please list any professional certifications you may hold.

SECTION 5: FINANCIAL RESPONSIBILITY

Applicant Name: _____

1. Do your total assets (what is owned) exceed your total liabilities (what is owed)? YES NO
If NO, submit a letter of explanation.

2. Have you paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law? YES NO
If NO, submit a letter of explanation and any supporting documentation.

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? YES NO
If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.

5. To satisfy the financial responsibility requirement, do you affirm you have a minimum net worth of \$25,000 as an individual? YES NO

If NO, submit **one of the following** to satisfy the financial responsibility requirement.

- Bank Credit Reference Form, reflecting 24 months' history;
- \$25,000 Surety Bond;
- \$25,000 Line of Credit Letter; or
- \$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.

6. Are you required to carry Workers' Compensation Insurance? (In Georgia, this is required if you have 3 or more employees.) If you are required, submit a certificate of insurance documenting your Workers' Compensation coverage. YES NO

SECTION 6: PERSONAL HISTORY

Applicant Name: _____

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, DUI, DWI, or any offense other than a minor traffic violation? YES NO

If YES, you must submit the following:

- a) a letter of explanation for each offense.
 - b) a certified copy of court documents showing arrest, dismissal, or final court disposition - conviction/sentencing documents.
 - c) a statement (on official letterhead) from your probation/parole officer regarding your current status or completion of any probation/parole.
2. Has any licensing board or agency in Georgia or any other state ever:
- a) Denied issuance of licensure, renewal, or reinstatement? YES NO
 - b) Revoked, suspended, restricted, sanctioned, or probated your license? YES NO
 - c) Requested or accepted surrender of your license? YES NO
 - d) Reprimanded, fined, or disciplined you? YES NO

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

SECTION 7: 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 are considered "In-person" education classes.

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.

NOTARY SEAL