



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 CONTRACTOR PRIOR APPROVAL APPLICATION

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Incomplete applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notice.

LICENSES REQUIRED - Persons who contract for any general or residential contracting business (residential basic or residential light-commercial) are required by law to be licensed in this state. See O.C.G.A § 43-41-2

INDIVIDUAL VS. QUALIFYING AGENT LICENSE

INDIVIDUAL LICENSE -

- An individual who will work in his/her name in the Residential Contractor profession and those who will do business as an individual under a trade name (DBA) as a sole proprietorship should apply as an individual. Individual licensees cannot work on behalf of a company that is registered with the Corporations Division (LLC, Inc.)
- Trade names / DBA sole proprietorships are not corporations. Use an Individual application if this is your situation.
- Finances and Insurance will be in YOUR NAME ONLY (not in a company name).

QUALIFYING AGENT LICENSE -

- Qualifying Agents (QA) can ONLY work on behalf of a business organization that is registered with the Corporations Division (LLC or Inc.) They are the responsible party for the business organization.
 - Finances and Insurance will be in the COMPANY NAME ONLY (not in the individual's name).
 - A business organization must have at least one licensed QA to receive a license authorizing the business to engage in general contracting. Finances and Insurance will be in the COMPANY NAME ONLY (not in the individual's name).
 - You may appoint yourself as the QA ONLY if you are the ONLY authorized agent of the business organization who possesses binding authority.
 - You must provide proof that the business organization for which you are applying as a QA is actively authorized and certified to do business in Georgia. This can be obtained through the Georgia Corporations Division.
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SECTION 1: PERSONAL INFORMATION - Complete all information. Include your preferred email address for communication with the Board. You are encouraged to add "donotreply-plb@sos.ga.gov" to your email contact list, as this is the email account most often used by staff to send notifications to you.

SECTION 2: PRIOR APPROVAL ELIGIBILITY - Prior Approval means you currently hold or previously held the same type of license or category for which you are now applying. Here's an example:

A Residential Light-Commercial Individual can Prior Approve for a Residential Light-Commercial Qualifying Agent.

A Residential Light-Commercial Qualifying Agent can Prior Approve for A Residential Light-Commercial Individual or a Residential Light-Commercial Qualifying Agent.

You can only have ONE individual license in a category in your name. You cannot Prior Approve from a General license to a Residential license, and vice versa. You cannot Prior Approve from a limited tier license to an unlimited license.

SECTION 3: QUALIFYING AGENT - (Individual applicants can skip this Section.) QAs, you must submit proof that the business organization for which you are applying as the Qualifying Agent is actively authorized and certified to do business in Georgia.

SECTION 4: CURRENT LICENSURE - You are required to list all business organizations for which you are currently licensed as a residential or general qualifying agent and provide the requested information regarding your affiliation.

SECTION 5: AFFILIATIONS - You must submit the names of all persons, entities, and business organizations with which you will be affiliated as a licensed general or residential contractor. "Affiliated with" means engaged 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) for more information.

SECTION 6: FINANCIAL RESPONSIBILITY and INSURANCE - Answer all questions. Submit additional documentation as requested in the application.

You may affirm that you have a minimum net worth of \$25,000 or submit one of the following:

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

Individual applicants - the documents will be in your name.

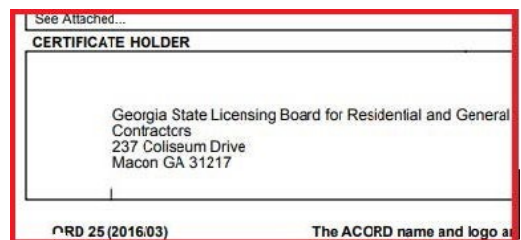
Qualifying Agents applicants – the documents will be in the company name.

You must obtain **general liability insurance**. The minimum insurance amount is **\$500,000 per occurrence**.

Proof of insurance must be submitted on an ACORD form (one-page form provided by your insurance company) with your application. Binders, information pages, policies, and declaration pages are not acceptable.

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 7: PERSONAL HISTORY - Answer all of the questions. Submit additional documentation as requested.

SECTION 8: CONTINUING EDUCATION –

- If you do not hold a current and valid license, you must have completed **6 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 6 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 according to Board Rule 553-12-.03(4). Live webinars count as "in-person" education.

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.

US Citizens are required to submit a copy of a **Secure and Verifiable Document (SVD)** with this application, such as a Driver's License, Passport, or another document. **Non-US Citizens** are required to submit 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.

VETERANS AND MILITARY SERVICE MEMBERS - Additional information for Veterans, Military Service Members, Transitioning Service Members, and Military Spouses is available [HERE](#).

FULLY COMPLETE THE APPLICATION AND SUBMIT DOCUMENTS - Why is it important to submit everything requested and required with your initial application? Because the Board cannot process incomplete applications. Processing your application will take longer if we have to ask you for information that should have been included with your application.

CHECKLIST

- Become familiar with the **Board laws and rules** before completing the application. 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 required, sign in the presence of a notary public. Write legibly or type the information on the application.
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For QA Applicants:

- Submit a Letter of Authority from the Georgia Corporations Division for the business organization. ☐
- Submit certificates of completion for required continuing education
- Submit a Certificate of insurance.
 - The business organization must be shown as the insured (not an individual).
 - COI must show current dates of coverage and be signed by the insurance agent/representative.
 - General liability insurance must be a minimum amount of \$500,000 per occurrence.
 - The Certificate Holder must be listed as the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217.

For Individual Applicants only:

- Submit a Certificate of insurance on one-page ACORD Form.
 - Your name (individual) 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 \$500,000 per occurrence.
 - The State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 must be listed as the certificate holder.
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For All Applicants only:

- Certificates of completion for continuing education, if you do not currently hold an active and valid Residential Light Commercial Individual or Residential Light Commercial Qualifying Agent License.
- Submit your Secure and Verifiable Document (SVD) such as a Driver's License, Passport, or other 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).
- \$210 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. Fees are non-refundable.
- ☐ Make a copy of your application and documentation to keep, then mail the completed application and supporting documents in a 9 X 12 envelope, unstapled and unfolded.



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 Light Commercial Contractor Application for Licensure by Prior Approval

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

Do not send cash. Check, Money Order, Certified or Cashier's Check accepted.

Applications are subject to be administratively withdrawn if any deficiencies are not satisfied within 60 days of the deficiency notice.

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

I am applying by Prior Approval for:

☐

Residential Light Commercial Individual License

☐

Residential Light Commercial Qualifying Agent License

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*:

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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#:

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Business or Cell

Phone#:

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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7. Email Address: _____

SECTION 2: PRIOR APPROVAL ELIGIBILITY

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

☐ My current or previous Residential Light Commercial Individual License #: _____

☐ My current or previous Residential Light Commercial Qualifying Agent License #: _____

Applicant Name: _____

2. Type: ☐ LLC ☐ LLP/LP ☐ Corporation (state of incorporation):

☐ Partnership* ☐ Joint Venture* ☐ Other*:

3. Physical Business Address:

(NO PO BOX)	NUMBER AND STREET	SUITE#
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CITY STATE ZIP

4. Federal ID #

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 5. Business Phone #

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6. Business Organization Email Address:

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, 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:** _____

List each business organization, if any, for which you are currently licensed or were previously licensed as a residential or general contractor and provide the requested information regarding your affiliation. (Make additional copies of this page as needed)

Name of Business Organization/Company	Company License #	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.					

SECTION 5: AFFILIATIONS

Applicant Name: _____

1. **Individual Applicants:** 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 business with which you will be affiliated through this license.

Trade Name: _____

Physical Address: _____

(No PO Box) (street, city, state, zip)

2. **QA Applicants:** What is your Position/Job Title with the business for which you are applying by prior approval?

Describe your role in the business: _____

For All Applicants:

3. Please list any professional certifications you hold.

4. 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 Sections 3 and 4, list them below. ("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

SECTION 6: FINANCIAL RESPONSIBILITY

Applicant Name: _____

INDIVIDUALS: ANSWER THIS SIDE	QAs: ANSWER THIS SIDE
<p>1. Do your total assets (what is owned) exceed your total liabilities (what is owed)? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, submit a letter of explanation.</p>	<p>1. Do the business organization's total assets (what is owned) exceed the business organization's total liabilities (what is owed)? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, submit a letter of explanation.</p>
<p>2. Have you paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, submit a letter of explanation and any supporting documentation.</p>	<p>2. Has the business organization paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, submit a letter of explanation and any supporting documentation.</p>
<p>3. Have you paid all judgments, taxes, student loans, or child support payments as required by law? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, submit a letter of explanation and any supporting documentation.</p>	<p>3. Has the business paid all judgments and taxes as required by law? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, submit a letter of explanation and any supporting documentation.</p>
<p>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? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.</p>	<p>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? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.</p>
<p>5. Do you affirm, as an individual, that you have a minimum net worth of \$25,000? <input type="checkbox"/> YES <input type="checkbox"/> NO If you do not have, as an individual, a minimum net worth of \$25,000, submit one of the following: (select one)</p> <p><input type="checkbox"/> Bank Credit Reference Form, reflecting 24 months' history; or</p> <p><input type="checkbox"/> \$25,000 Surety Bond; or</p> <p><input type="checkbox"/> \$25,000 Line of Credit Letter; or</p> <p><input type="checkbox"/> \$25,000 Letter of Credit.</p> <p>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.</p>	<p>5. Do you affirm that the business organization has a minimum net worth of \$25,000? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, submit ONE of the following:</p> <p><input type="checkbox"/> Bank Credit Reference Form reflecting 24 months' history; or</p> <p><input type="checkbox"/> \$25,000 Surety Bond; or</p> <p><input type="checkbox"/> \$25,000 Line of Credit Letter; or</p> <p><input type="checkbox"/> \$25,000 Letter of Credit.</p> <p>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.</p>
<p>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. <input type="checkbox"/> YES, I have this to submit.</p>	<p>6. Submit a certificate of insurance documenting that the business organization carries general liability insurance in a minimum amount of \$500,000 per occurrence. <input type="checkbox"/> YES, I have this to submit.</p>
<p>7. Do you carry Workers Compensation insurance as required by state law? Georgia requires Workers Compensation Insurance if you have 3 or more employees. <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, submit a certificate of insurance.</p>	<p>7. Does the business organization carry Workers Compensation insurance as required by state law? <input type="checkbox"/> YES <input type="checkbox"/> NO Georgia requires Workers Compensation Insurance if you have 3 or more employees. If YES, submit certificate of insurance.</p>
	<p>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. <input type="checkbox"/> YES, I have this to submit.</p>

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 **6 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 6 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 according 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.

OR

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.

☐

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