



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 INDIVIDUAL REACTIVATION 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Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.

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

Please be sure to complete all information including your preferred email address for communication with Board staff.

A license can only be reactivated in the same way it was originally issued. An individual license (RLCI) can only be reactivated as an individual license.

SECTION 2: FINANCIAL RESPONSIBILITY

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

Applicants 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. The required financial forms (Bank Credit Reference Form, Surety Bond, and Line of Credit Letter) are available online at the Boards website.

Applicants must obtain general liability insurance in a minimum amount of \$500,000 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 an applicant is required by state law to carry workers' compensation insurance, a certificate of insurance showing workers' compensation coverage must also be submitted.

SECTION 3: PERSONAL HISTORY

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

To reactivate your license, you must have completed 6 hours of continuing education each year 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 pursuant to Board Rule [553-12-.03\(4\)](#). Live webinars are considered "in-person" education.

SECTION 4: 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.*

VETERANS AND MILITARY SERVICE MEMBERS

Review additional information for Veterans, Military Service Members, Transitioning Service Members and Military Spouses is available online: [PLBVeteransInfo.pdf](#)

RESIDENTIAL LIGHT COMMERCIAL INDIVIDUAL REACTIVATION APPLICATION

••• APPLICATION CHECKLIST•••

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.
[Laws and Rules](#). You are responsible for knowing the Board law and rules of your profession.
- ☐ Complete each question and each section of the application. Sign the application in the presence of a Notary Public. All items on the application should be typed or printed.
- ☐ Certificates of completion for required continuing education -
6 hours total (3 per yr) for RB; 12 hours total (6 per yr) for RLC
- ☐ Certificate of insurance must show:
 - You (individually) must show as the insured (not a business organization.)
 - Current dates of coverage and be 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 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)
- ☐ Non-refundable \$210 fee (\$200 app 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.
- ☐ 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 Light Commercial Qualifying Agent license

**** KEEP A COPY OF YOUR COMPLETED APPLICATION AND SUPPORTING DOCUMENTS FOR YOUR RECORDS** - All original materials will be retained by our office and will not be returned to you.

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

RESIDENTIAL LIGHT COMMERCIAL INDIVIDUAL REACTIVATION APPLICATION

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

Fee \$210 (\$200 app 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.

I am applying to reactivate this license: #RLCI _____ expired: _____

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: _____

☐ Check this box if you are a military spouse or a transitioning service member of the United States armed forces or National Guard.

SECTION 2: 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? ☐ YES ☐ NO

If NO, submit a letter of explanation and any supporting documentation.

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 the bankruptcy laws? ☐ YES ☐ NO

If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.

5. Do you affirm, as an individual, yjsy you have a minimum net worth of \$25,000? ☐ YES ☐ NO

If you do not have, as an individual, a minimum net worth of \$25,000, submit one of the following: (select one)

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

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.

SECTION 3: PERSONAL HISTORY

Applicant Name: _____

1. Submitted certificates of completion for the required number of continuing education hours. ☐ YES, I have this to submit.
- 2a. Have you ever been arrested, charged, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or other offense? ____ YES ____ NO
- 2b. 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 2a or 2b, 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.
3. 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 4: 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