



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Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.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

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. A qualifying agent license (RLQA) can only be reactivated as the qualifying agent for the same business organization for which it was originally issued.

SECTION 2: QUALIFYING AGENT

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. You may visit the Secretary of State, Corporations Division at 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.

SECTION 3: FINANCIAL RESPONSIBILITY

Answer all questions. 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 business organization's name. The required financial forms (Bank Credit Reference Form, Surety Bond, and Line of Credit Letter) are available online at the Board's website.

You 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 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 4: 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 count as "in-person" education.

SECTION 5: 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.

You 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

Find information for Veterans, Military Service Members, Transitioning Service Members, and Military Spouses online at Veterans Information. at [PLBVeteransInfo.pdf](#)

RESIDENTIAL LIGHT QUALIFYING AGENT
REACTIVATION APPLICATION
●●● APPLICATION CHECKLIST●●●

The Board cannot process incomplete applications. Please review this application before you submit it to ensure that all information and documentation are complete, correct, and submitted.

Please use this checklist to ensure that you submit a **COMPLETE** application. Do not submit this checklist or instruction pages with your application.

- Review the Board lawd and rules before completing the application. They are available online at [Laws and Rules](#). 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 in the presence of a Notary Public. Please write legibly or type the information on the form.

- 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.
- 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).
- Submit the non-refundable payment of \$210 (\$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 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
 404-424-9966
www.sos.ga.gov

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

**RESIDENTIAL LIGHT-COMMERCIAL
 QUALIFYING AGENT
 REACTIVATION APPLICATION**

Fee \$210 (\$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.

I am applying to Reactivate this License:

Qualifying Agent #RLQA _____ expired: _____

Business Organization Name and License # for which Qualifying Agent was previously issued:

Company Name: _____ RLCO# _____

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

SECTION 2: 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

The applicant may appoint himself or herself ONLY IF the applicant is 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 3: FINANCIAL RESPONSIBILITY

Applicant Name: _____

1. Do the business organization's total assets (what is owned) exceed the business organization's total liabilities (what is owed)? YES NO **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 NO
If NO, submit a letter of explanation and any supporting documentation.

3. Have you (QA Applicant) 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, 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 NO
If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.

5. Do you affirm that the business organization has a minimum net worth of \$25,000? YES NO
If NO, submit ONE of the following:
 - a. Bank Credit Reference Form, reflecting 24 months' history;
 - 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 documenting that the business organization carries general liability insurance in a minimum amount of \$500,000 per occurrence. YES, I have this to submit.

7. Does the business organization 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.

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. YES, I have this to submit.

SECTION 4: PERSONAL HISTORY

Applicant Name: _____

1. Submit certificates of completion for the required number of continuing education hours. YES, I have this to submit.
Rule 553-10-4 Submit evidence of attendance of the required Board-approved continuing education for each biennium that the license was inactive.
For RB - 6 hours per renewal period (3 hrs per yr);
For RLC - 12 hours per renewal period (6 hrs per yr)

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:

- o a signed letter of explanation for each offense; and
- o a certified copy of court documents showing arrest, dismissal, or final court disposition - conviction/sentencing documents with a judge's signature; and
- o 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

If YES to any question in #3, submit a signed letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents.

SECTION 5: 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