



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 RECIPROCITY APPLICATION

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are subject to be administratively withdrawn if deficiencies are not submitted within 60 days of date of deficiency notice.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. Applicants must be a minimum of 21 years old.

The Board has reciprocal agreements with the following states:

LOUISIANA – Residential Building Contractors license issued by the Louisiana State Licensing Board for Contractors.

MISSISSIPPI – Residential Building Contractors license issued by the Mississippi State Board of Contractors.

SOUTH CAROLINA – Residential Builders license issued by the South Carolina Residential Builders Commission.

To be eligible for reciprocity, the applicant must have held an active license for the past three years that was issued based on you having passed an examination and has not been penalized by the Board for violations of the law for the past three years.

Submit a Verification of Licensure from the licensing board that administered the examination.

Copies of your state license, wall certificate, or examination scores are **not acceptable**.

Upon approval of your application by the Board, you must schedule and pass the Georgia Business and Law exam before your license can be issued.

SECTION 2: WORK EXPERIENCE

Applicants must show at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential basic category. List your employer information beginning with your current employer and your current experience should end in "Present".

SECTION 3: EMPLOYMENT/PROJECT AFFIDAVIT

You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.

SECTION 4: FINANCIAL RESPONSIBILITY

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

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.**

--Binders, information pages, policies, and declaration pages are not acceptable.

--Since you are applying as an individual, you (not a company) must be listed as the insured.

--The certificate holder must be:

State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217.

--Also, the applicant must submit proof of Workers Compensation insurance, if the applicant is currently required by Georgia law to have such.

SECTION 5: PERSONAL HISTORY

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

SECTION 6: 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' PREFERENCE POINTS

Veterans may be eligible for Veterans' Preference Points to be applied to their examination scores if they served on active duty in the Armed Forces, Reserves, or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of the DD-214 form with the application.

DISABILITY ACCOMMODATION

Persons who have a disability and may require accommodation should obtain the *Request for Disability Accommodation Guidelines* form on the Board's website under Application/Form Downloads.

RESIDENTIAL BASIC INDIVIDUAL RECIPROCITY APPLICATION

••• APPLICATION CHECKLIST•••

Applications are subject to be administratively withdrawn if deficiencies are not submitted within 60 days of date of deficiency notice.

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 included.

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 law and rules before completing the application. They are available online at [Laws and Rules](#). 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 in the presence of a Notary Public. Please write legibly, or type your answers and responses on the form.
- Submit a Verification of Licensure from the reciprocal state. Copies of your state license, wall certificate, or examination will not be accepted.

- Certificate of insurance must include the following:
 - your name (not a company name) listed as the insured.
 - dates of coverage, and the COI must be signed by the insurance agent/representative.
 - General liability insurance in a minimum amount of \$300,000 per occurrence.
 - the Certificate Holder 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 another acceptable document, or submit a copy of your 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 \$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.
- Mail completed application and supporting documents in a 9 X 12 envelope, unstapled and unfolded.

ADDITIONAL OPTIONAL DOCUMENTATION

- Submit a copy of your Military form DD-214, if you wish to apply for [Veterans' Preference Points](#).

**** 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

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

Residential Basic Individual Reciprocity Application

Application Fee \$210.00 (\$200 application fee + \$10 processing fee)

Fees are non-refundable. Applications are subject to be administratively withdrawn if deficiencies are not submitted within 60 days of date of deficiency notice.

This application is for persons applying by Reciprocity for a Residential Basic Individual License.

I have obtained licensure by examination in:

Louisiana Lic # _____ Mississippi Lic # _____ South Carolina Lic # _____

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*:

			-			-					
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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#:

			-				-				
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Business or Cell
 Phone#:

			-			-					
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7. Email Address: _____

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

Check this box if you are requesting Veteran's Preference Points. Submit a copy of your DD-214.

SECTION 2: WORK EXPERIENCE

Applicant Name: _____

- Applicants must show at least two (2) years of proven experience.
- Describe the type of work you performed for each employer. This page is for work experience, not for specific projects. List your employment dates for each employer listed, not project start and end dates. Your current experience should end in "Present."

Employer Name:	Dates Employed	From: (mo/yr)	To: (mo/yr)
Employer Address, City, State, Zip:	Direct Supervisor:		
	Your Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities: <i>Give details of the tasks, duties, activities, and various areas of work you performed, handled, were responsible for, etc. This is where you tell the board why you are qualified to apply for this license.</i>			
Employer Name:	Dates Employed	From: (mo/yr)	To: (mo/yr)
Employer Address, City, State, Zip:	Direct Supervisor:		
	Your Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities: <i>Give details of the tasks, duties, activities, and various areas of work you performed, handled, were responsible for, etc. This is where you tell the board why you are qualified to apply for this license.</i>			
Employer Name:	Dates Employed	From: (mo/yr)	To: (mo/yr)
Employer Address, City, State, Zip:	Direct Supervisor:		
	Your Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities: <i>Give details of the tasks, duties, activities, and various areas of work you performed, handled, were responsible for, etc. This is where you tell the board why you are qualified to apply for this license.</i>			

Make additional copies of this page if needed.

SECTION 3: EMPLOYMENT/PROJECTS AFFIDAVIT

O.C.G.A. §§ 43-41-6(b)(3) and (b)(4) states:

“[To be eligible as a residential-basic contractor, a person must] (3)[have] at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential-basic category, or other proven experience deemed substantially similar by the division; and (4) [have] had significant responsibility for the successful performance and completion of at least two projects falling within the residential-basic category in the two years immediately preceding application.”

NOTE: You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.

I, _____ solemnly attest and affirm that
Print Residential Contractor Name (not a company name)

_____ meets the requirements of O.C.G.A. §§ 43-41-6(b)(3) and (b)(4).
Print Applicant Name

Applicant Signature

Residential Contractor Signature

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: 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 past 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. 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. (select one)

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

A blank Bank Credit Reference Form, sample Surety Bond, and Line of Credit sample letter are available for download from the Board's website.

6. Submit a certificate of insurance documenting that you currently carry general liability insurance in a minimum amount of \$300,000 per occurrence. ___ Yes, I have this to submit.

7. Workers' Compensation - If you have 3 or more employees, you are required to carry Workers' Compensation Insurance in Georgia. Do you have 3 or more employees? ___ YES ___ NO

If YES, submit a certificate of insurance documenting your workers' compensation coverage.

SECTION 5: 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

If YES to any question in #2, submit a signed letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents.

SECTION 6: 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 do understand the current state laws and rules and regulations of the Board for which I am applying for licensure and 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