



# STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

## Residential Division

237 Coliseum Drive, Macon, GA 31217

404-424-9966

[www.sos.ga.gov](http://www.sos.ga.gov)

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### RESIDENTIAL BASIC QUALIFYING AGENT RECIPROCIITY APPLICATION

#### ●●● INSTRUCTIONS AND GENERAL INFORMATION ●●●

*Incomplete applications may be administratively withdrawn if any deficiency items are not submitted within 60 days of the date of the deficiency notice.*

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**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 and review Board rules for definitions.

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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, you must have held an active license for the **past three years** that was issued based on the written examination and has not been penalized by the Board for violations of the law within the past three years.

→ **Submit a letter of verification 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 prior to licensure.

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**SECTION 1: PERSONAL INFORMATION** - Complete all information including your preferred email address for communication with Board staff. Applicants must be at least 21 years old.

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**SECTION 2: QUALIFYING AGENT** - You must submit proof that the business organization for which you are applying as a Qualifying Agent is actively authorized and certified to do business in Georgia. Visit the Secretary of State, Corporations Division at [www.sos.georgia.gov/corporations](http://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.

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**SECTION 3: WORK EXPERIENCE** - You 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". The business organization that is appointing you as the Qualifying Agent should be listed under your work experience to include the beginning employment date and position title with the organization.

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**SECTION 4: 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.

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**SECTION 5: FINANCIAL RESPONSIBILITY** - **All questions must be answered.** Submit all additional documentation as requested in the application.

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## SECTION 5 (continued) -

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.

- As a Qualifying Agent applicant, the company you plan to work for must be named as the Insured on the Certification of Insurance (COI).

- The certificate holder must be the Professional Licensing Board, Residential and General Contractor's Board, 237 Coliseum Drive, Macon, GA 31217.

- If you are required to carry Workers Compensation insurance, submit proof of coverage.

A blank Bank Credit Reference form is available online at our website listed above, along with a sample Surety Bond, and Line of Credit sample letter.

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**SECTION 6: PERSONAL HISTORY - All questions must be answered.** Submit all additional documentation as requested in the application.

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**SECTION 7: 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.*

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**VETERANS' PREFERENCE POINTS** - Veterans may be eligible for Veterans' Preference Points on their examination 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.

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**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.

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## CHECKLIST

- Review the Board law and rules - [Licensing 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 and, where indicated, sign in the presence of a Notary Public. Keep a copy of your application and documentation.
- Submit Certificates of completion for required continuing education.
- Submit Certificate of insurance.
  - Insured must be your name (individual) and not a company name.
  - It must reflect active dates of coverage and be signed by the insurance agent/representative.
  - General liability insurance amounts must be in a minimum amount of \$300,000 per occurrence.
  - The certificate holder must show the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217.
- Submit your DD-214 if applying for Veteran's Preference Points.
- 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 \$210.00 fee (\$200 application fee + \$10 processing fee payable by check or money order to the 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 the information to the Board.



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](http://www.sos.ga.gov/index.php/licensing/plb/46)

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

**RESIDENTIAL BASIC Qualifying Agent  
 RECIPROcity APPLICATION**

**Fee \$210.00 (\$200 app fee + \$10 processing fee)  
 Fees are non-refundable and non-transferrable.**

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

***This application is for persons applying by Reciprocity for a Residential Basic Qualifying Agent License.***

I have obtained a license by examination in the following state and have held that license for at least the past 3 years:

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. Your Physical

Address: (NOT A PO BOX)

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 National Guard.
- Check this box if you are requesting Veteran's Preference Points. Submit a copy of your DD-214.
- Check this box to confirm that you are at least if you are at least 21 years of age.



**SECTION 3: WORK EXPERIENCE -** You must show at least two (2) years of experience that can be proven and verified.

**Applicant Name:** \_\_\_\_\_

- Describe the type of work you did/do for each employer. This page is for work experience, not for specific projects.
- List the dates you have been employed with the employer, NOT the dates for a particular project.
- Your current experience should end in "Present".
- List the business organization appointing you as the Qualifying Agent under your work experience, including beginning employment date and position title.

Employer Name:	Dates Employed	From:	To:
		(mo/yr)	(mo/yr)
Employer Address:	Direct Supervisor and License #:		
City, State, Zip:	Applicant's Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities:			
Employer Name:	Dates Employed	From:	To:
		(mo/yr)	(mo/yr)
Employer Address:	Direct Supervisor Name and License #:		
City, State, Zip:	Applicant's Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities:			
Employer Name:	Dates Employed	From:	To:
		(mo/yr)	(mo/yr)
Employer Address:	Direct Supervisor Name and License #:		
City, State, Zip:	Applicant's Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities:			
Employer Name:	Dates Employed	From:	To:
		(mo/yr)	(mo/yr)
Employer Address:	Direct Supervisor Name and License #:		
City, State, Zip:	Applicant's Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities:			

**SECTION 4: 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's Name (not a company name)

\_\_\_\_\_ meets the above-stated requirements of O.C.G.A. §§ 43-41-6(b)(3) and (b)(4).  
Print Applicant's Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Residential Contractor

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 5: 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 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 ever 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. To satisfy the financial responsibility requirement, do you affirm that the business organization has a minimum net worth of \$25,000?  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.

**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.

6. If you are required to carry Workers' Compensation Insurance, submit certificate of insurance with you application. (In Georgia, this is required if you have 3 or more employees.)  I am required to have this coverage and have submitted proof of such.

## SECTION 6: PERSONAL HISTORY

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: 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**