



# STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

## Residential Contractor 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 INDIVIDUAL REINSTATEMENT APPLICATION

#### ••• INSTRUCTIONS AND GENERAL INFORMATION •••

*Incomplete applications may be withdrawn if any deficiencies are not submitted within 60 days of the date of the deficiency notice.*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 in the Board Law, as well as the Board's rules for definitions.

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

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#### **SECTION 1: PERSONAL INFORMATION**

Complete all information requested. Include your email address, as this is how staff will communicate with you most of the time. You must be at least 21 years of age to apply for this license.

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**SECTION 2: 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 an individual, documentation must be in your name.

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 must be individually shown as the insured on the certificate (not a company).
  - The certificate holder must list the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217.
  - 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 3: PERSONAL HISTORY**

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

To reinstate your license, you must have completed 3 hours of continuing education for 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 3 hours of continuing education for each year since the initial issuance of the license.

**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.

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**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.

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#### **VETERANS AND MILITARY SERVICE MEMBERS**

Find information for Veterans and transitioning service members at [Veterans Information](#).

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### **CHECKLIST**

- Review the Laws and Rules before completing the application. They are available online at [www.sos.ga.gov](http://www.sos.ga.gov). 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 and, where indicated, sign in the presence of a Notary Public. All items on the application should be typed or printed.
- Submit Certificates of completion for required continuing education.
- Submit Certificate of insurance.
  - You (individual) must be listed as the insured (not a company).
  - The COI must show current dates of coverage and be signed by the insurance agent/representative.
  - The General liability insurance must show a minimum amount of \$300,000 per occurrence.
  - The Certificate Holder must be the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA
- 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 a non-refundable payment of **\$310 (\$300 application fee + \$10 processing fee)** by check or money order payable to State Licensing Board for Residential and General Contractors must be included with this application. Mail your completed application, fee payment, and required documents in a 9 X 12 envelope to Res/Gen Licensing Boards, 237 Coliseum Dr., Macon, GA 31217. Please **do not** fold or staple your application and documents.
- KEEP A COPY OF YOUR COMPLETED APPLICATION AND SUPPORTING DOCUMENTS FOR YOUR RECORDS.** Materials submitted with your application will be retained by our office and will not be returned to you.



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 INDIVIDUAL REINSTATEMENT APPLICATION

**Fee \$310 (\$300 app fee + \$10 processing fee)**

*Incomplete applications may be withdrawn if any deficiencies are not submitted within 60 days of the date of deficiency notice.*  
 Fees are non-refundable.

I am applying to reinstate my Residential  
 Basic Contractors License: #RBI \_\_\_\_\_ 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:   -   -      
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\*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: \_\_\_\_\_  
(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#:    -    -        
 Business or Cell Phone#:    -    -

7. Email Address: \_\_\_\_\_

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces or the 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? **If NO**, submit a letter of explanation and any supporting documentation.  YES  NO
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?  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.
- Bank Credit Reference Form, reflecting 24 months' history;
  - \$25,000 Surety Bond;
  - \$25,000 Line of Credit Letter; or
  - \$25,000 Letter of Credit.

**Please 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. Are you required to carry Workers' Compensation Insurance? (In Georgia, this is required if you have 3 or more employees.) If you are required, submit a certificate of insurance documenting your Workers' Compensation coverage.  YES  NO

## SECTION 3: 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 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 another 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**