



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Incomplete applications may be administratively withdrawn if any deficiency items are not submitted within 60 days of the date of the deficiency notice.

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

SECTION 2: FINANCIAL RESPONSIBILITY and INSURANCE REQUIREMENTS

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

-- Affirm your NET WORTH. If you cannot affirm the minimum net worth, a blank Bank Credit Reference form is available online at our website, along with a sample Surety Bond, and Line of Credit sample letter.

-- **LIABILITY INSURANCE** - You must obtain general liability insurance of not less than \$500,000 per occurrence and **submit a signed, current certificate of insurance on an ACORD FORM with your application.** Binders, information pages, policies, and declaration pages are not acceptable. You, individually, will be listed as the INSURED on the certificate (not a company name).

CERTIFICATE HOLDER INFO: The certificate must list the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 as the CERTIFICATE HOLDER.

-- **WORKERS COMP** - If you are required by Georgia law to have Workers Compensation Insurance, submit proof of such to the board. As of this application version date, Georgia requires Workers Comp if you have 3 or more employees.

SECTION 3: PERSONAL HISTORY

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

Continuing Education (CE) hours are required for reinstatement - 6 hours for each year since the last time your license was renewed. If you have never renewed your initial 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)**.

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.

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 **Veteran's Preference Points** to be applied to their examination scores. To be eligible, you must have 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 copy of your DD-214 form along with the application.

KEEP A COPY OF YOUR APPLICATION and DOCUMENTS YOU SEND TO THE BOARD

What you send in stays with the board, so don't send originals unless required, and keep copies for your records. We will not return documents to you.

RESIDENTIAL LIGHT COMMERCIAL INDIVIDUAL REINSTATEMENT APPLICATION

●●● APPLICATION CHECKLIST●●●

Incomplete applications may be administratively withdrawn if any deficiency items are not submitted within 60 days of the date of the 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 laws 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. Where indicated, sign the application in the presence of a Notary Public. Please write legibly, or type your answers and responses on the form.
- Submit Certificates of completion for required continuing education
- Submit a Certificate of insurance which 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 non-refundable payment of \$310 (\$300 application fee + \$10 processing fee) by check or money order payable 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 completed application and supporting documents in a 9 X 12 envelope, unstapled and unfolded.

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.

SECTION 2: FINANCIAL RESPONSIBILITY

Applicant Name: _____

1. Do your total assets (what is owned) exceed your total liabilities (what is owed)? YES
If **NO**, submit a letter of explanation. NO

2. Have you paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law? YES
If **NO**, submit a letter of explanation and any supporting documentation. NO

3. Have you paid all judgments, taxes, student loans, or child support payments as required by law? YES
If **NO**, submit a letter of explanation and any supporting documentation. 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. Do you affirm, as an individual, that you have a minimum net worth of \$25,000? If you do not have, as an individual, a minimum net worth of \$25,000, submit one of the following: (select one) YES
 NO

- Bank Credit Reference Form, reflecting 24 months' history; or
- \$25,000 Surety Bond; or
- \$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. 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
 Not required (n/a)
If **YES**, submit a certificate of insurance.

SECTION 3: 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.

3. Will you be conducting business as a sole proprietor using a trade name? YES NO

If YES, list the trade name and physical address of the company with which you will be affiliated through this license.

TRADE NAME		
NUMBER AND STREET	(PO BOX NOT ACCEPTABLE)	APT OR SUITE#
CITY	STATE	ZIP



Reminder - To perform work on behalf of a business organization (limited liability company, corporation, partnership, business trust, joint venture, or other legal entity), you must submit the Qualifying Agent application. If you are a sole proprietorship, you should be applying for an Individual license.

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 do 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, I also verify one of the following with respect to my 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 a driver’s license, passport, or other documents 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.**

I also hereby verify that I am 18 years of age or older and I have 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