



STATE LICENSING BOARD FOR  
 RESIDENTIAL AND GENERAL CONTRACTORS  
 237 Coliseum Drive, Macon, GA 31217-3858  
 404-424-9966 - Trades4@sos.ga.gov  
[www.sos.ga.gov](http://www.sos.ga.gov)

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

### INACTIVE STATUS REQUEST FORM

Fee **\$35.00** (\$25 application fee + \$10 processing fee)

Fees are non-refundable.

Checks, Money Orders, Certified or Cashier's Checks are accepted. Do not send cash. Include your license # on your payment type. Check or money order payable to Residential and General Contractors Licensing Board. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.

The Inactive Status Request Form and payment must be received in the Board office prior to the license expiration date. You may verify the expiration date of your license online [HERE](#).

Review the requirements for inactive status and reactivation under [Board Rule 553-10-.01](#).

#### My current license:

Individual # \_\_\_\_\_  Qualifying Agent # \_\_\_\_\_

Company License for which Qualifying Agent was issued:# \_\_\_\_\_

Company Name: \_\_\_\_\_

#### PERSONAL INFORMATION

1. Name as it appears on License: \_\_\_\_\_

FIRST MIDDLE LAST SUFFIX

2. Social Security#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

M M D D Y Y Y Y

3. Physical Address: \_\_\_\_\_

(PO BOX NOT ACCEPTABLE)

NUMBER AND STREET

APT#

CITY

STATE

ZIP

4. Mailing Address: \_\_\_\_\_

(if different)

NUMBER AND STREET OR P.O. BOX

APT#

CITY

STATE

ZIP

5. Daytime Phone#: \_\_\_\_\_ Business or Cell Phone#: \_\_\_\_\_

6. Email Address: \_\_\_\_\_

**AFFIDAVIT** - I hereby attest that I am currently the holder of the contractor license listed above and request that this license be placed on inactive status. While on inactive status, I will not in any way indicate or imply that I am practicing as a Residential or General Contractor under the above license number(s).



Signature of Licensee (Individual or Qualifying Agent)

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

NOTARY PUBLIC SIGNATURE

My Commission Expires: \_\_\_\_\_

INACT - Revised 06/22

NOTARY SEAL