



STATE LICENSING BOARD FOR
RESIDENTIAL AND GENERAL CONTRACTORS
Professional Licensing Boards Division
237 Coliseum Drive, Macon, GA 31217
(404) 424-9966 - www.sos.ga.gov
Request for Verification of Licensure

NOTE: If you did not obtain your state license by passing an examination, you are not eligible to apply for licensure with Georgia by Reciprocity. The license under which you are seeking reciprocity must be active and in good standing.

The applicant is to complete the first section of this form and the appropriate licensing agency will complete the second section of this form.

Applicant's Name (Last, First, Middle) _____

Address _____

Street

City, State, Zip

SS# _____ Date of Birth _____

Name as shown on License _____

License Number _____ Classification of License _____

I hereby authorize the designated party to furnish the information requested to the State Licensing Board for Residential and General Contractors.

Date _____ Signature _____

FOR STATE LICENSING AGENCY USE ONLY - Complete this section and return directly to applicant in a sealed envelope

The applicant, _____ holds a current and valid license issued by our State.
(applicant's name)

The license was obtained by achieving a passing score on our State's required examination to engage in
_____ contracting.
(type of profession/license)

Individual Who Passed Exam: _____ License #: _____

Technical Exam Score(s): _____ Business and Law Score: _____

Date License Issued: _____ Date License Expires: _____ License Status: _____

Has this license ever been encumbered (e.g., denied, revoked, suspended, surrendered, limited, placed on probation) way?

___ No ___ Yes If yes, please provide explanation _____

Date _____

Signature _____

(SEAL)

Title _____

Reciprocity/GC Ind.

Issuing Agency _____

Form E