



# 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)

---

### RESIDENTIAL LIGHT QUALIFYING AGENT 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*Incomplete applications may be administratively withdrawn if any deficiency items are not submitted within 60 days of the date of the deficiency notice.*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. A qualifying agent license (RLQA) can only be reinstated as the qualifying agent for the same business organization for which it was originally issued.

---

#### SECTION 2: QUALIFYING AGENT

You must submit proof that the business organization for which you are applying to reinstate as qualifying agent is actively authorized and certified to do business in Georgia. You may 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 the you are the ONLY authorized agent of the business organization who possesses binding authority.

---

#### SECTION 3: FINANCIAL RESPONSIBILITY

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 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.

The company for which you are applying to be the QA must be listed as the INSURED on the certificate (not your 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 4: PERSONAL HISTORY**

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

To reinstate your license, you must have completed 6 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 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 5: 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 AND MILITARY SERVICE MEMBERS**

Additional information for Veterans, Military Service Members, Transitioning Service Members and Military Spouses is available online [HERE](#).

---

# RESIDENTIAL LIGHT QUALIFYING AGENT 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. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Please use this checklist to ensure that you submit a **COMPLETE** application. Do not submit this checklist or instruction pages with your application.

- Read the **Board law and rules** thoroughly before completing the application. They are available online. 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 have your signature notarized. All items on the application should be typed or printed.
- Letter of Authority from the Georgia Corporations Division for the business organization.
- Certificates of completion for required continuing education
- Certificate of insurance.
  - The business organization must be shown as the insured.
  - Current dates of coverage and signed by the insurance agent/representative.
  - General liability insurance in a minimum amount of \$500,000 per occurrence.
  - The State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 must be listed as the certificate holder.
- 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)
- \$310 Fee - Non-refundable (\$300 application fee + \$10 processing fee) Payable by check or money order payable to 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 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.



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

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

**RESIDENTIAL LIGHT QUALIFYING AGENT  
 REINSTATEMENT APPLICATION**

**Fee \$310 - (\$300 application fee + \$10 processing fee)  
 Fees are non-refundable**

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

**I am applying to reinstate Residential Light Qualifying Agent License RLQA \_\_\_\_\_.**

**The license expired on: \_\_\_\_\_**

**The Business License Number for which the Qualifying Agent License was issued is RLCO \_\_\_\_\_.**

**The Business Name is: \_\_\_\_\_**

**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:   -   -      
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. Physical Address: \_\_\_\_\_  
(PO BOX NOT ACCEPTABLE) 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: \_\_\_\_\_

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: QUALIFYING AGENT** (The applicant may appoint himself or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority.)

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

1. Name of Business Organization (exactly as registered with the Georgia Corporations Division):  
\_\_\_\_\_

2. Type:  LLC  LLP/LP  Corporation (state of incorporation): \_\_\_\_\_

Partnership\*  Joint Venture\*  Other\*: \_\_\_\_\_

\*If the business organization is not an LLC, LLP/LP, or Corporation please submit official company formulation documentation proving the existence of such business organization

3. Physical Business Address: \_\_\_\_\_  
(PO BOX NOT ACCEPTABLE) NUMBER AND STREET SUITE#

\_\_\_\_\_ CITY STATE ZIP

4. Federal ID #   -        5. Business Phone #    -    -

6. Business Organization Email Address: \_\_\_\_\_

**QUALIFYING AGENT AFFIDAVIT** *The applicant may appoint himself or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority*

I, \_\_\_\_\_, certify that I am the  Owner or  Partner or  Officer  
Printed Name of Owner/Partner/Officer

for the business organization identified above, and possess binding authority for the business organization and do hereby appoint the applicant to act as a qualifying agent on the business organization’s behalf and to take the examination (unless exempted), as required for a Georgia contractor’s license. The applicant is affiliated with the business organization by  Ownership (\_\_\_\_\_% ) or  W2 Employment.

**I further attest that the individual applicant has final approval authority for all construction work performed by the business organization or entity within the State of Georgia and that the individual applicant has final approval authority on all construction matters, including contracts and contract performance and financial affairs related to such construction matters, for each construction job for which his or her license was used to obtain the building permit.**

I understand that should the qualifying agent leave the business organization while being the only qualifying agent affiliated with the business organization, the business organization shall promptly notify the appropriate division of the termination of the relationship and shall have 120 days from the termination of the qualifying agent’s affiliation to employ another qualifying agent and submit an application for licensure under the new qualifying agent.

\_\_\_\_\_  
Signature of Owner/Partner/Officer

\_\_\_\_\_  
Title

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 3: 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 documents.
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 filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the 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; 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 is available for download from the Board's website.*

6. Reminder - submit the required certificate of insurance (COI) documenting that the business organization currently carries general liability insurance in a minimum amount of \$500,000 per occurrence.  
Your application is incomplete without this information.
7. Georgia requires businesses with 3 or more employees to carry Worker's Compensation Insurance. Does this apply to you? \_\_\_ YES \_\_\_ NO If yes, submit a certificate of insurance documenting your Worker's Compensation coverage.
8. Submit a letter of authority from the Corporations Division showing proof that the business organization for which you are applying as qualifying agent is actively authorized and certified to do business in Georgia. Your application will be incomplete without this information.

#### SECTION 4: PERSONAL HISTORY

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

1. You are required to submit certificates of completion for the required number of continuing education hours. Do you have this available to submit? \_\_\_YES \_\_\_NO If no, submit a letter of explanation.
2. 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, if applicable to your situation.
3. 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 to any part of #3**, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents.

**SECTION 5: 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**