Commercial General Contractors Division
STATE LICENSING BOARD FOR RESIDENTIAL AND COMMERCIAL GENERAL CONTRACTORS
237 Coliseum Drive, Macon, GA 31217
404-424-9966 - www.sos.ga.gov

COMMERCIAL CONTRACTOR LICENSE APPLICATION to be acquired by EXAMINATION

You can use this application to apply for the following types of licenses:

- Unlimited Individual, (just you, not part of a company/no financial limit on construction projects) or
- Unlimited Qualifying Agent, (you work with a company/no financial limit on construction projects) or
- Limited Tier Individual (just you, not part of a company/there is a one million dollar limit on projects), or
- Limited Tier Qualifying Agent (you work with a company/there is a one million dollar limit on projects)

You must have Commercial Construction experience to apply for this license type. If you only have residential work or handyman work - and have NO commercial construction experience - you will not meet the requirements for this license type.

You must pass these tests to be considered for licensure:

- Georgia Business/Law Examination
- NASCLA (National Association of State Contractors Licensing Agencies) **If you have already passed the NASCLA exam,** you will have to purchase a transcript to provide the scores to the Board.

DON'T SUBMIT THIS APPLICATION if you want to apply by PRIOR APPROVAL, REINSTATEMENT, RECIPROCITY, or for a Residential Contractor License. There are different forms to complete for those.

Do I apply as an INDIVIDUAL or as a QUALIFYING AGENT? (Rule 553-4) Which of these describes your situation?

INDIVIDUAL LICENSE	QUALIFYING AGENT LICENSE
• Individual means a person is working for themselves as sole proprietor or under a trade name. • Individual license is not for a company license and cannot be used in conjunction with a company (registered with Corporations - LLC, INC. • Finances and Insurance will be in YOUR NAME ONLY (not in a company name).	• Qualifying Agents can ONLY work on behalf of a company that is registered with the Corporations Division (LLC, Inc). They are the responsible party for the company. • Finances and Insurance will be in the COMPANY NAME ONLY (not in the individual's name).

Still not sure? Read over the comparison chart. You can also find information in the Laws and Rules: Laws and Rules

How can I get my application processed quickly?

- Fill out all information asked in the application. Missing information may result in a deficiency letter, which stops the application review process until the missing information is received.
- Submit all of the documents that are requested, including your SVD (driver's license, passport, etc.).
- A Certificate of Insurance is required before a license is issued but is not required as part of the application.
- Have your documents properly notarized where indicated.
- Answer all of the questions. If a question doesn't apply to you, write in "n/a" or "not applicable."
- Make sure we can reach you by providing a valid email address. If no email is provided, expect delays in the process. Staff communicates mostly by email and these emails often land in a spam folder.
- Write legibly or type the information on the application, please.

Remember to send in these items:

- Certificate of Insurance (COI) - required before a license can be issued. No longer required as part of the application. Remember - the COI insured and certificate holder information are listed on the COI as required!
- Your **driver's license, passport, current immigration document**, or other acceptable documents (SVD - Secure and Verifiable Document) as listed here: SVD Info Page.
- **Payment** of $210 ($200 application fee + $10 processing fee). These fees are non-refundable.
  - Payable by check or money order to State 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.

Keep copies of what you send us! If a document gets lost, we'll ask you to send it again. Keep copies!

Mail your app and info to us: Professional Licensing Boards Division, Commercial General Contractors, 237 Coliseum Dr., Macon, GA 31217.

PLB has a Withdraw if Incomplete Policy. If we notify you that your application is incomplete, you have 60 days to submit the requested information. If not received by the deadline, your application will be administratively withdrawn and you'll have to start the application process again, including fee payment.

If you are a Veteran - read this:

- Honorably Discharged Veterans may be eligible for Veterans Preference Points (VPP) which would be applied to test scores. Limitations apply. Visit Veteran and Service Member Information for details. You must submit your DD-214 Long Form for consideration of VPP Points.

If you need testing accommodations - read this:

- If you need testing accommodations due to a disability, complete the Request for Disability Accommodation Guidelines Form at Accommodation Info and Form.
- Incomplete applications are subject to be administratively withdrawn if any deficient items are not submitted within 60 days of the deficiency notice.

EDUCATION/EXPERIENCE GRID – You have to choose one of the following in Section 4 of the application as your qualifying level:

Option A *College Degree + experience*	**Choose Option A** if you have a 4-year degree in engineering, architecture, construction management, or building construction AND at least 1 year of verifiable experience employed by or working alongside a licensed commercial general contractor. The board may consider acceptance of a degree in a related field, and may consider substantially similar experience totaling at least 4 years in the aggregate.
Option B *Academic credits + experience*	**Choose Option B** if you have some college credits AND verifiable experience totaling an aggregate of at least 4 years. (education combined with experience)
Option C *Experience*	**Choose Option C** if you have at least 4 years of verifiable experience. At least 2 of the 4 years must be working in a construction industry-related field employed by or working alongside a licensed commercial general contractor, and at least 1 of the 4 years must be experience relating to administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management, or functions deemed substantially similar by the Division.

COMMERCIAL GENERAL CONTRACTORS DIVISION
State Licensing Board for Residential and
Commercial General Contractors
237 Coliseum Drive, Macon, GA 31217-3858
404-424-9966 - www.sos.ga.gov

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

COMMERCIAL GENERAL CONTRACTOR APPLICATION FOR LICENSURE BY EXAMINATION

APPLICANT'S NAME: _____ DATE: _____

READ THIS BEFORE YOU START FILLING OUT THE APPLICATION!

- In Georgia, the term **Commercial General Contractor** refers to **commercial** construction, which can be unlimited (general contractor license) OR limited by a financial cap (limited tier contractor license).
- This application is for commercial construction - not residential or residential light commercial.
- You must have commercial construction experience to apply for this license type. If you only have Residential experience, don't submit this application. You may want to complete a Residential Contractor Application instead.
- If you cannot give examples of verifiable commercial construction experience, don't apply until you have some experience. The Board looks at each app, the experience noted, and checks your references.
- **Here's what will make your application process take a long time** - - incomplete pages -- not submitting your SVD (driver's license, passport, etc.) -- not having pages notarized -- not taking the time to explain on this application your experience and what makes you qualified to be a commercial general contractor.
- There are instructions and guides for each Section to help you complete the application properly. Read those. Make sure you follow the instructions and answer all questions along the way.

Initial: _____ I have read the above information and determined that this is the correct application. ***(If true, keep going to complete the application).***

Fee: $210 ($200 application fee + $10 Processing Fee) - Fees will not be refunded.
Check, Money Order, Certified or Cashier's Check accepted. Do not send cash.
Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.

NOTE: Return this page with your application.

COMMERCIAL GENERAL CONTRACTORS DIVISION

State Licensing Board for Residential and Commercial General Contractors
237 Coliseum Drive, Macon, GA 31217-3858

COMMERCIAL GENERAL CONTRACTOR
APPLICATION FOR LICENSURE BY EXAMINATION

APPLICANT'S NAME: _____

I am applying for: *(select one)*

- ☐ **Unlimited Individual** (not a company)
- ☐ **Unlimited Qualifying Agent** (with a company)
- ☐ **Limited Tier Individual** (not a company)
- ☐ **Limited Tier Qualifying Agent** (with a company)

→ *If you don't know which box above to check, go back to page one for the brief summary OR view the comparison chart to help you decide.*

☐ **I have previously taken and passed the required exams (NASCLA, Georgia Business and Law) and would like to use those exam scores with this application.** ***(Answer related questions in Section 9. GENERAL INFORMATION)***

SECTION 1: PERSONAL INFORMATION

1. Your Legal Name:

_____
FIRST, MIDDLE, LAST, SUFFIX

2. Your name as shown on exam records, transcripts, or any documentation provided to the Board including maiden name (if different):

_____
FIRST, MIDDLE, LAST, SUFFIX / MAIDEN NAME

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 under 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. Your Physical Address: (NO PO BOX)

_____ _____
NUMBER AND STREET (NO P.O. BOX) APT OR SUITE#

_____ _____ _____
CITY STATE ZIP

5. Mailing Address: (if different than your Physical address)

_____ _____
NUMBER AND STREET, OR PO BOX APT OR SUITE#

_____ _____ _____
CITY STATE ZIP

6. Daytime Phone#: ☐☐☐-☐☐☐-☐☐☐☐ Business or Cell Phone#: ☐☐☐-☐☐☐-☐☐☐☐

7. Email Address: _____

☐ AGE: Check this box to affirm that you are at least 21 years of age.

☐ MILITARY: Check this box if you are a military spouse or a transitioning service member of the United States Armed Forces or National Guard.

☐ VETERAN: Check this box if requesting Veterans' Preference Points (VPP). Attach a copy of your DD-214 Long Form.

☐ ADA: Check this box if requesting a disability accommodation for testing. Complete and submit the **FORM**.

SECTION 2: QUALIFYING AGENT INFORMATION *(Not for Individual applicants)*

****THIS PAGE IS FOR THOSE APPLYING TO BE A QUALIFYING AGENT. Qualifying Agent means that you will be working with a company as their designated responsible party. ** Individual Applicants can skip this page.**

Applicant Name: _____

Enter the Company/Business Organization name EXACTLY how it is listed with the Corporations Division:

_____

This business is a: ☐ LLC/LP ☐ Corporation (state of incorporation): _____

☐ Partnership* ☐ Joint Venture* ☐ Other*: _____

**Submit official company formulation documents as proof of existence if the business organization is not an LLC, LLP/LP, or Corporation.*

Business Physical Address: _____
(NO PO BOX) NUMBER AND STREET (NO P.O. BOX) SUITE# (if applicable)

_____
CITY, STATE, ZIP

Federal Tax ID#: ☐☐-☐☐☐☐☐☐☐ Business Phone #: ☐☐☐-☐☐☐-☐☐☐☐

Company/Business Email Address: _____

QUALIFYING AGENT AFFIDAVIT

NOTE: If you are the ONLY authorized agent of the company/business with binding authority -or- you are a sole owner, you may appoint yourself as the Qualifying Agent.

I, _____ , certify that I am the ☐ Owner or ☐ Partner or ☐ Officer
Printed Name of Owner/Partner/Officer

for the company/business organization identified above, and I possess binding authority for the company/business organization, and I do hereby appoint the person identified above to act as a Qualifying Agent on the company/ business organization's behalf and to take the examination, as required for a Georgia contractor's license.

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

Disaffiliation - I understand that should the Qualifying Agent leave the company/business organization while serving as the only Qualifying Agent, the company/business organization shall promptly notify this division of the termination of the relationship and shall have 180 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:_____

Notary Seal

SECTION 3: TRADE NAME / DBA *(This page is to be completed by **Individual Applicants who have a DBA)***

APPLICANT'S NAME: _____

If you will be a sole proprietor using a trade name/doing business as (DBA), provide the following information.

NOTE: If a company/business is registered as an INC or LLC, you must apply as a Qualifying Agent (GCQA), not as an Individual (GCI).

_____
TRADE NAME or DBA (Doing Business As

_____
Physical Address (PO Box Not Acceptable) APT OR SUITE# (if applicable)

_____
CITY, STATE, ZIP

SECTION 4: EDUCATION

If you are using your Education, Degree, or Academic Credits as credit toward your experience, complete this section.
If not, and you are applying with experience only, skip this section.
Refer back to Page 3 for information on Education, Academic Credits, and Experience level (Options A, B, or C) .

School Name: _____

School Address: _____
NUMBER AND STREET or PO BOX

_____
CITY, STATE, ZIP

Dates Attended: _____ Major or field studied: _____

Degree Awarded: ☐ None (only academic credit) ☐ Diploma/Certificate ☐ Bachelor ☐ Masters ☐ Doctorate

☐ Check this box to confirm that you have submitted your official school transcript.

SECTION 5: AFFIDAVIT OF ELIGIBILITY (Eligibility Option)

This form is to be signed by a licensed commercial general contractor who knows that you meet one of the eligibility requirements below. This form must list their name, their license number, and include their notarized signature, along with your signature. If the contractor signing this form is not a listed employer, explain how they know of your experience.

My name is _____. I am a Licensed Commercial General Contractor, License # _____.

I hereby attest and affirm that_____ meets the eligibility requirements for licensure as
Printed Name of Applicant

a commercial general contractor according to one of the following criteria *(select one of the Options below)*.

My connection to this applicant is: ____ employer; or ____ supervisor; or ____ co-worker; or _____ (other).

☐ Option A - (Education + Experience) "Has received a baccalaureate degree from an accredited four-year college or university in the field of engineering, architecture, construction management, building construction, or another field acceptable to the division **and** has at least 1 year of proven experience working as or in the employment of a commercial general contractor or has other proven experience deemed substantially similar by the division;" O.C.G.A.§43-41-6(d)(3)(A)

OR

☐ Option B - (Academic credits + Experience) "Has a combination acceptable to the division of academic credits from any accredited college-level courses and proven practical experience working as or in the employment of a commercial general contractor or other proven experience deemed substantially similar by the division equaling at least 4 years in the aggregate. For purposes of this subparagraph, all university, college, junior college, or community college-level courses shall be considered accredited college-level courses;" O.C.G.A. § 43-41-6(d)(3)(B),

OR

☐ Option C - (Experience) "Has a total of at least 4 years of proven active experience working in a construction industry-related field, at least 2 of which shall have been in the employment of a commercial general contractor, or other proven experience deemed acceptable by the division and at least 1 of which shall have been in or relating to administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management, or functions deemed substantially similar by the division." O.C.G.A. § 43-41-6(d)(3)(C),

_____ Signature of Applicant

_____ Signature of licensed Commercial General Contractor named above

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____day of_____, 20 _____

NOTARY SEAL

_____
NOTARY PUBLIC SIGNATURE

My Commission Expires: _____

SECTION 6: WORK EXPERIENCE

APPLICANT'S NAME: _____

- Complete each section below. Not enough space? Add more pages to show your experience, if needed.
- The Eligibility Option you selected in Section 5 (A, B, or C) will determine the minimum number of years of **VERIFIABLE** experience you must list. **EDUCATION/EXPERIENCE GRID**.
- Tell about the work you did/do for each employer listed. BE SPECIFIC! Add more pages if you run out of space.
- You must have some commercial construction experience listed. If you only have residential experience, this is NOT the right application for you and your application may not be approved!

	Employer & Experience - #1	*Employer & Experience - #2*
What is/was your Employer's Name?		
What is/was your Employer's Address?	_____ *Street* *Suite # (if applicable)* _____ *City, State, Zip*	_____ *Street* *Suite # (if applicable)* _____ *City, State, Zip*
What is/was your Direct Supervisor's name and license number?	_____ *Supervisor's Name* _____ *License #*	_____ *Supervisor's Name* _____ *License #*
When were you employed at this company (month & year)? List dates of employment; NOT project dates.	From ____ / _____ To _____/_____	From ____ / _____ To _____/_____
What was your job title at the company?		
What type of work did you do for this employer? Don't be vague. What tasks or work have you done that will qualify you for this license type? **Provide details of your skill and knowledge (i.e. "ground - up" construction; commercial work; scope of work; variety of work)** ***More details help the board understand your level of experience!***		

Add more employer information on the next page, if needed.

What is a Commercial General Contractor?

A Commercial General Contractor is a contractor with no restrictions on the type of work they can perform, except for financial limitations specified by law.

They can engage in, bid for, or perform any work requiring licensure under this chapter, including activities covered under Chapter 14 of this title.

However, specialized work like electrical, plumbing, conditioned air, low voltage, or utility contracting must be carried out by a contractor licensed specifically for those tasks under Chapter 14.

This contractor type oversees the construction of various building types—private, commercial, institutional, industrial, public, and others—unless otherwise specified or excluded by the chapter.

SECTION 6: WORK EXPERIENCE (continued)

APPLICANT'S NAME: _____

	Employer & Experience - #3	*Employer & Experience - #4*
What is/was your Employer's Name?		
What is/was your Employer's Address?	_____ *Street* *Suite # (if applicable)* _____ *City, State, Zip*	_____ *Street* *Suite # (if applicable)* _____ *City, State, Zip*
What is/was your Direct Supervisor's name and license number?	_____ *Supervisor's Name* _____ *License #*	_____ *Supervisor's Name* _____ *License #*
When were you employed at this company (month & year)? List dates of employment; NOT project dates.	From ____ / _____ To _____/_____	From ____ / _____ To _____/_____
What was your job title at the company?		
What type of work did you do for this employer? Provide details of your skill and knowledge (i.e., ground - up construction? commercial work? scope of work? variety of work?) ***More details help the board understand your level of experience!***		

→ Do you have at least 2 years of experience coordinating multiple trades? YES ☐ NO ☐

If Yes, which trades: _____

→ Do you have at least 1 year of experience holding a position in or related to construction administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management? YES ☐ NO ☐

If yes, provide a brief description of those duties: _____

_____

→ Are you a specialty contractor? YES ☐ NO ☐

Visit this page for info about Specialty work/contractors: *Specialty Contractor Information*

If Yes, list and describe some of the real property improvements you have completed:

_____

_____

SECTION 7: COMPLETED PROJECT & PROJECT REFERENCE AFFIDAVIT

APPLICANT'S NAME: _____

NOTE: If you only have residential experience, you may not qualify for this commercial license type!

List a **commercial** project over which you supervised within the last 5 years; AND

- you worked with a licensed Architect or Engineer (of record); and
- had general oversight and primary management responsibility for successful performance and completion.

I worked on this **Commercial** Project: (project name):	Project Completion Date:
Project Street Address:	Licensed contractor over this project - their name is:
Project City and State:	Contractor named above - his/her License # is: *<do not list a company license number here>*
Approximate Size (sf):	Project Dollar Value:
Tell us about the project - scope, size, type of project, etc.	

PROJECT REFERENCE AFFIDAVIT - the person signing this affidavit is affirming your work on and responsibility for the above-listed project. This is someone who worked with you on this project.

Name of Reference:		
Address, City, State, Zip:	For this project, the Reference was (select one), and list the License # if applicable.	☐ Registered Architect - Lic #_____ ☐ Professional Engineer - Lic # _____ ☐ Building Official- _____
Phone Number:		
Email (if applicable):	State of Issuance:	

1. Is the project information above accurate? ☐ YES ☐ NO If **NO**, explain: _____
2. In your opinion, on this project, did the applicant reasonably demonstrate the abilities, skills, and knowledge of general contracting? ☐ YES ☐ NO If no, explain: _____
3. What is your opinion of the applicant's general contracting abilities, skills, knowledge, and integrity? _____
   _____
4. Based upon the information presented and your knowledge of this applicant, do you recommend that he/she be granted a general commercial contracting license by the state board, provided he/she passes the exam and meets other licensure requirements? ☐ YES ☐ NO If no, explain: _____

⇨ _____ _____

Signature of Reference Date

SUBSCRIBED AND SWORN BEFORE ME
On this the ____day of_____, 20 ____

⇨ _____
NOTARY PUBLIC SIGNATURE
My Commission Expires: _____

NOTARY SEAL

SECTION 8: FINANCIAL RESPONSIBILITY

Applicant Name: _____

Financial audits, reviews, or compilations are no longer required to be submitted with the application. However, the Board reserves the right to request such documentation should there be a reason to make such a request.

INDIVIDUALS: ANSWER THIS SIDE

1a. Unlimited Individual applicants: I affirm that I have a minimum net worth of $150,000. YES ☐ NO ☐

or

1b. Limited Tier Individual applicants: I affirm that I have a minimum net worth of$25,000. YES ☐ NO ☐

2. For the 3 previous years, have you paid all state and federal taxes, payroll withholding taxes, and unemployment taxes as required by law? **If NO,** submit a letter of explanation and supporting documentation. YES ☐ NO ☐

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 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? **If YES,** submit a letter of explanation, discharge documents, and schedules A, B, D, and F. YES ☐ NO ☐

5. A current ACORD Certificate of Insurance (COI) showing YOU as the insured (not a company), documenting general liability insurance of $500,000 per occurrence is required before licensure. Certificate Holder must be the **State Licensing Board for Residential and Commercial General Contractors, 237 Coliseum Dr., Macon, GA 31217**. Insurance is not required at the time of application.

6. Do you carry Workers Compensation Insurance as required by state law? *In Georgia, this is required if you have 3 or more employees.* **If YES,** include this information on your Certificate of Insurance. YES ☐ NO ☐

QAs (agent for company): ANSWER THIS SIDE

1a. Unlimited QA applicants: I affirm that this company has a minimum net worth of $150,000. YES ☐ NO ☐

or

1b. Limited Tier QA applicants: I affirm that this company has a minimum net worth of $25,000. YES ☐ NO ☐

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

3. Has the business paid all judgments and taxes as required by law? **If NO**, submit a letter of explanation and supporting documentation. YES ☐ NO ☐

4. During the last 10 years, have you personally, as an individual, or has any business with which you have been involved filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under bankruptcy laws? **If YES,** submit a letter of explanation, discharge documents, and schedules A, B, D, and F. YES ☐ NO ☐

5. A current ACORD Certificate of Insurance (COI) showing the company as the insured (not you) and documenting general liability insurance of $500,000 per occurrence is required before licensure. Certificate Holder must be the **State Licensing Board for Residential and Commercial General Contractors, 237 Coliseum Dr., Macon, GA 31217.** Insurance is not required at the time of application.

6. Does the business carry Workers Compensation Insurance as required by state law? *In Georgia, it is required if you have 3 or more employees.* **If YES,** include this information on your Certificate of Insurance. YES ☐ NO ☐

7. **CORPORATE AUTHORITY**- Submit a copy of your Certificate* from the Corporations Division showing that the business for which you are applying as a Qualifying Agent is actively authorized and certified to do business in Georgia.
**This certification is known as a Certificate of Incorporation or Organization or Authorization.*

SECTION 9: GENERAL INFORMATION

APPLICANT'S NAME: _____

1. NASCLA Exam – The Board will notify applicants when they are approved to sit for the exam. However, in some instances, an applicant may have already taken the NASCLA exam.
   - Have you previously passed the NASCLA exam? ☐ YES ☐ NO If yes, when (date)? ___/___/_____
   - If yes, purchase your NASCLA transcript (https://ned.nascla.org) to be submitted to the Georgia State Licensing Board for Residential and Commercial General Contractors.
   - Have you previously passed the Business and Law exam? ☐ YES ☐ NO If yes, when (date)? ___/___/_____

2a. Have you **ever** been arrested, charged, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or other offense? ☐ YES ☐ NO

2b. 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 2a or 2b, 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.

3. 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 the surrender of your license? ☐ YES ☐ NO

If YES to any question in #3, submit a signed letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents.

4. List your current professional certifications and professional licenses. Include License # and issuing state.

NOTE: Submit a Verification of Licensure from each state (other than Georgia) in which you are licensed.

5. Submit your **Secure and Verifiable Document** (SVD) - see next page for details.

SECTION 10: 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, 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.
Send in a copy of your driver's license, passport, or other approved document as indicated on the Board's website.) SVD Info Page.

-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 another federal immigration agency.
Send in 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 SEAL

_____
NOTARY PUBLIC SIGNATURE
My Commission Expires: _____