STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS
Residential Contractor Division
237 Coliseum Drive, Macon, GA 31217
404-424-9966
www.sos.ga.gov/index.php/licensing/plb/46

RESIDENTIAL BASIC INDIVIDUAL REACTIVATION APPLICATION

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are valid for one (1) year from date of receipt.

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

Please be sure to complete all information including your preferred email address for communication with Board staff.

A license can only be reactivated in the same manner in which it was originally issued. An individual license (RBI) can only be reactivated as an individual license.

SECTION 2: AFFILIATIONS

Please be aware that an individual license will NOT give you the ability to perform work on behalf of ANY company. A business organization must have at least one qualifying agent licensed to receive a license authorizing the business organization to engage in residential contracting. This includes limited liability companies (LLC) and corporations (INC), even if you are the only owner.

In order to perform work on behalf of a business organization (any limited liability company, corporation, partnership, business trust, joint venture, or other legal entity other than an individual person doing business as a sole proprietorship), you must submit the Qualifying Agent application.

Applicants must submit names of all persons, entities and business organizations you will be affiliated with as a licensed residential contractor or general contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent. *See O.C.G.A § 43-41-6(e)*

SECTION 3: FINANCIAL RESPONSIBLITY

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

Applicants must prove financial responsibility. You may affirm a minimum net worth of $25,000 as an individual, or submit one of the following: a Bank Credit Reference form reflecting 24 months history; a $25,000 Surety Bond; a $25,000 Line of Credit Letter; or a $25,000 Letter of Credit. Since you are applying as an individual, documentation must be in your individual name. The required financial forms (Bank Credit Reference Form, Surety Bond, and Line of Credit Letter) are available online at the Boards website.

Applicants must obtain general liability insurance in a minimum amount of $300,000 per occurrence and ***submit a signed, current certificate of insurance with your application***. Your application will be considered incomplete until received. Binders, information pages, policies and declaration pages are not acceptable. Since you are applying as an individual, you must be individually shown as the insured on the certificate. The certificate must list the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 as the certificate holder. If an applicant is required by state law to carry workers' compensation insurance, a certificate of insurance showing workers' compensation coverage must also be submitted.

SECTION 4: PERSONAL HISTORY

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

To reactivate your license, you must have completed 3 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 3 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.

All applicants 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

A transitioning service member of the military is on active duty status, or on separation leave, who is within 24 months of retiring or 12 months of separation.

Additional information for Veterans, Military Service Members, Transitioning Service Members and Military Spouses is available online at http://sos.ga.gov/PLB/acrobat/Forms/PLBVeteransInfo.pdf

RESIDENTIAL BASIC INDIVIDUAL REACTIVATION APPLICATION

••• APPLICATION CHECKLIST•••

Applications are valid for one (1) year from date of receipt.

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 at www.sos.ga.gov/index.php/licensing/plb/46. 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.
- ☐ Certificates of completion for required continuing education
- ☐ Certificate of insurance.
  - Applicant must be individually shown as the insured and not a business organization.
  - Current dates of coverage and signed by the insurance agent/representative.
  - General liability insurance in a minimum amount of $300,000 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)
- ☐ Non-refundable $200.00 application fee 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/index.php/licensing/plb/46

Date Entered _____

Receipt # _____

Submitted $ _____

Date Issued _____

RESIDENTIAL BASIC INDIVIDUAL REACTIVATION APPLICATION

Application/Reactivation Fee $200.00 (non-refundable)

Applications are valid for one (1) year from date of receipt.

License Type: ☒ **Individual** #RBI_____ expired:_____

Method Obtained by: ☒ **Reactivation**

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: _____

8. ☐ Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

SECTION 2: AFFILIATIONS Applicant Name:

☐ YES ☐ NO 1. Will you be conducting business as a sole proprietorship using a trade name? **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

Please be aware that an individual license will NOT give you the ability to perform work on behalf of ANY company. A business organization must have at least one qualifying agent licensed to receive a license authorizing the business organization to engage in residential contracting. This includes limited liability companies (LLC) and corporations (INC), even if you are the only owner.

In order to perform work on behalf of a business organization (any limited liability company, corporation, partnership, business trust, joint venture, or other legal entity other than an individual person doing business as a sole proprietorship), you must submit the Qualifying Agent application.

☐ YES ☐ NO 2. Will you be affiliated with any persons, entities, or business organizations as a licensed residential contractor or general contractor? **If YES**, list your affiliations. ("Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.)

Name of Person, Entity, or Business Organization	Type of Affiliation					
	Employee	Owner (please list ownership %)	Director	Partner (please list ownership %)	Member	Qualifying Agent

☐ YES ☐ NO 3. Do you hold any professional certifications? **If YES**, please list them.

SECTION 3: FINANCIAL RESPONSIBILITY Applicant Name:

☐ YES ☐ NO 1. Do your total assets (what is owned) exceed your total liabilities (what is owed)?

If NO, submit a letter of explanation.

☐ YES ☐ NO 2. Have you 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 any 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 any supporting documentation.

☐ YES ☐ NO 4. Have you personally, as an individual, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?

If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.

☐ YES ☐ NO 5. In order to satisfy the financial responsibility requirement, do you affirm you have a minimum net worth of $25,000 as an individual?

If NO, submit one of the following to satisfy the financial responsibility requirement. (select one)

- ☐ a. Bank Credit Reference Form, reflecting 24 months history;
- ☐ b. $25,000 Surety Bond;
- ☐ c. $25,000 Line of Credit Letter; or
- ☐ d. $25,000 Letter of Credit.

*** Please 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.

☐ YES ☐ NO 6. Have you submitted a certificate of insurance documenting that you currently carry general liability insurance in a minimum amount of $300,000 per occurrence?

If NO, your application will be considered incomplete until received.

☐ YES ☐ NO 7. Do you have less than 3 employees (which does not require workers compensation insurance by state law)?

If NO, submit a certificate of insurance documenting your workers' compensation coverage.

SECTION 4: PERSONAL HISTORY Applicant Name:

☐ YES ☐ NO 1. Have you submitted certificates of completion for the required number of continuing education hours?

☐ YES ☐ NO 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, or any offense other than a minor traffic violation? (DUI and DWI are not minor traffic violations.)

If YES, you must submit the following:

a. Submit a letter of explanation for each offence.

b. Submit a certified copy of court documents showing arrest, dismissal or final court disposition - conviction/sentencing documents.

c. Submit a statement (on official letterhead) from your probation/parole officer regarding your current status or completion of any probation/parole.

☐ YES ☐ NO 3. Has any licensing board or agency in Georgia or any other state ever: a) Denied issuance of licensure, renewal, or reinstatement; b) Revoked, suspended, restricted, sanctioned, or probated your license; c) Requested or accepted surrender of your license; d) Reprimanded, fined, or disciplined you?

If YES, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents.

SECTION 5: 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 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):

1._____ 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.

2._____ 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
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