

**STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS**

237 Coliseum Drive, Macon, GA 31217

404-424-9966

www.sos.ga.gov/plb**Authorized Permit Agent Form (ONE FORM PER PERMIT)**

This form may be used by a qualifying agent to designate an individual to obtain a permit on his/her behalf for a project for the qualifying company. The contractor should submit an original Authorized Permit Agent Form for each project for which he/she has designated an individual to pull permits. This designated individual shall further be identified as the authorized permit agent. This notarized form with an **ORIGINAL SIGNATURE (no copies or faxes accepted)**, a copy of the contractor's license, a copy of the contractor's company license, and a copy of the driver's license of the authorized permit agent is to be given to the permit office in the city or county in which the project is located. **DO NOT SEND A COPY OF THIS FORM TO THE BOARD OFFICE UNLESS REQUESTED.**

License verification by permitting office should be completed by visiting <http://verify.sos.ga.gov/verification>

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|--|--|
| Name of Qualifying Agent: | |
| Contractor License # (Attach a copy of license.) | |
| Name of Licensed Company: | |
| Company License # (Attach a copy of license.) | |
| Name of Authorized Permit Agent: (Attach a copy of driver's license.) | |

PROJECT (an original form is required for each project):

| | |
|-----------------------------|--|
| Company listed on contract: | |
| Property Owner's Name: | |
| Street Address: | |
| Apartment or Suite # | |
| City, State, Zip: | |

I hereby designate the above listed Authorized Permit Agent to apply for and obtain the permit(s) for the project listed above. The undersigned, being licensed as a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

Original Signature of Qualifying Agent (no copies or faxes accepted)

State of _____ County of _____

NOTARY SEAL

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____, DAY OF _____, 20 _____

NOTARY PUBLIC My Commission Expires: