

STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

237 Coliseum Drive, Macon, GA 31217 478-207-2440

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

Name of Qualifying Ag	ent:	
Contractor License #		
(Attach a copy of license.)		
Name of Licensed Com		
Company License #		
(Attach a copy of license.)		
Name of Authorized Permit Agent:		
(Attach a copy of driver's license.)		
PROJECT (an original fo	rm is required for each proje	ect):
Company listed on		
contract:		
Property Owner's		
Name:		
Street Address:		
Apartment or Suite #		
City, State, Zip:		
l banabu dastenete the co		it Agent to apply for and obtain the permit(s) for the project listed
above. The undersigned	n and on accompanying docu	ng agent, do hereby affirm and swear, under oath, that all ments are true and correct.
above. The undersigned		
above. The undersigned information on this form		Original Signature of Qualifying Agent (no copies or faxes accepted)
above. The undersigned information on this form	n and on accompanying docu	Original Signature of Qualifying Agent (no copies or faxes accepted)
above. The undersigned information on this form State of C SUBSCRIBED AND SWORN	n and on accompanying docu	Original Signature of Qualifying Agent (no copies or faxes accepted) NOTARY SEAL