



**STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS**  
 237 Coliseum Drive, Macon, GA 31217  
 478-207-2440  
[www.sos.ga.gov/plb](http://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 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: