

Please print out and fax the following, along with your receipt, to 1.866.888.8026

GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES

APPLICANT NAME
(Print clearly)

APPLICANT TRACKING CODE
(Found on receipt page)

**DOCUMENTATION WHICH MUST BE INCLUDED WITH APPLICATION FOR
CERTIFICATION AS A TRAINING INSTRUCTOR**

The following documentation must be submitted in support of your application for certification as a training instructor:

- Resume
- Course Outline of training program to be used in your classes. **If you are applying for Classroom & Firearms Training Instructor license, you must submit a course outline for both the classroom instruction and the firearms instruction.**
- **Notarized** documentation verifying that you are qualified by experience or education to teach the curriculum. Documents submitted by persons having knowledge of your training experience must be **notarized**. Other qualifications may include instructor certificates and course transcripts.
Letters of experience, certificates, and transcripts must be notarized.
- Certification of Range Scores (Minimum Score: 90%), if applying for certification as a firearms instructor. **Qualification must be under the instruction of a Board-certified firearms instructor.**
- **Affidavit of Citizenship (attached)**
- **Secure & Verifiable Document.** A list of acceptable secure and verifiable documents is available on our website, www.sos.ga.gov/plb.

In addition to this documentation, all applicants for certification as training instructors must register with Cogent Services and submit to LiveScan fingerprinting at an approved GAPS print site. Register with Cogent Services by accessing their website, <http://www.ga.cogentid.com/index.htm>. You may also locate an approved GAPS print site near you on the Cogent Services website.

**PLEASE USE THIS PAGE AS A COVER SHEET FOR SUBMITTING YOUR
DOCUMENTATION.**

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

Print Name: _____

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, but 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.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC My Commission Expires: