

**GEORGIA SECRETARY OF STATE
PRIVATE IMMIGRATION ASSISTANCE SERVICES
2 MARTIN LUTHER KING JR. DRIVE, S.W., SUITE 802, WEST TOWER,
ATLANTA, GA 30334
(404) 463-1601**

<http://sos.georgia.gov/securities/immigration.htm>

INFORMATION SHEET

**REQUIREMENTS FOR REGISTRATION AS
AN IMMIGRATION ASSISTANCE PROVIDER**

1. Applicant must be 18 years or older;
2. Complete application – sign and notarized;
3. Submit required application fee of \$40.00;
4. Submit Form IP200, proof of \$5,000.00 Performance Bond;
5. Submit Consent Form for Background Investigation and criminal background report for individual applicant; or if applicant is limited liability company or partnership, a criminal background report for all partners; or if applicant is a corporation, a criminal background check for all principal officers;
6. A copy of a current secure and verifiable document such as a driver's license, passport or other document listed on page 7 of this application.

All applications are valid for 12 months from the date received by the Secretary of State's Office. Applications not completed within the 12-month period will be administratively withdrawn, and a new application, application fee, bond and criminal background check will be required for further consideration for registration. *Application fees are non-refundable.*

Keep a copy of this application and all supporting documents! All original materials will be maintained by our office and not returned to you.

Note: Any immigration assistance provider *must* provide in writing immediately to the Secretary of State if: 1) he or she has been made or is the subject of any disciplinary, administrative, civil or criminal action; and 2) he or she has been served in any civil complaint or arbitration filed alleging fraud or any violation of any local, state, or federal law. Further, any immigration assistance provider must notify the Secretary of State within ten (10) days of any felony conviction.

IMPORTANT NOTICE: Please submit this unstapled and unfolded application in a 9 X 12 envelope.

For Office Use Only:
Amount Submitted: _____
Date/Initials: _____
Receipt #: _____

For Office Use Only:
Applicant # _____
License # _____
Applicant # _____

GEORGIA SECRETARY OF STATE
2 MARTIN LUTHER KING JR. DR. S.W. SUITE 802, WEST TOWER,
ATLANTA, GA 30334
TELEPHONE: 404-463-1601
<http://sos.georgia.gov/securities/immigration.htm>

Initial Application for Registration
Immigration Assistance Provider

Application fees are non-refundable.

Please check appropriate business entity:

___ Individual ___ Partnership* ___ Limited Liability Company* ___ Sole Proprietor ___ Corporation *
*If applicant is a partnership or limited liability company, attach sheet with name and residence of each member.
*If applicant is a corporation, attach a sheet with the name and address of each of its principal officers and the corporation control number.

General Information

Full name of applicant:

First Middle Last

Or

Trade Name

SSN* of applicant: ____/____/____ FEIN: _____

*This information is authorized to be obtained & disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. §20-3-295, 42 U.S.C. A. §1001.

Please check one:

____ I am a U.S. citizen ____ I am not a U.S. citizen but am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States. I have completed the attached form and submitted a legible copy of my documentation.

Mailing Address (Used for mailing licenses and renewal notices)

Please note! Your name, mailing address and license number are public information and will appear on the Secretary of State’s website. You may list a P.O. Box.

Address

City	State	Zip Code	County	Telephone
------	-------	----------	--------	-----------

Physical Location Address (P.O. Box is *not* acceptable):

Address

City	State	Zip Code	County	Telephone
------	-------	----------	--------	-----------

If more than one place of business, list each location on a separate sheet of paper and attach to this application. You may NOT list a post office box for the physical location.

Email Address (For communication by the Secretary of State’s Office): _____

Acknowledgement of your application will be sent by email. If any additional information is needed, email is the most efficient way for the staff to contact you. Also, useful information such as notifications regarding license renewal will be sent via email. Please notify the Secretary of State of any email address changes. Your email address will not be shared with any third party.

Background Information

All questions must be answered for all individual applicants, partners or principal officers. Attach separate sheets as needed.		
Please check yes or no to the following questions:	Yes	No
1. Is the individual applicant 18 years of age or older?		
2. If applicant is a partnership, limited liability company or corporation, are all partners or officers 18 years of age or older?		
*If you answered No, to questions 1 and/or 2 you must submit an explanation.		
3. Have you ever been convicted and sentenced, or pled guilty to, pled nolo contendere to, or been given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWIs & DUIs are not minor traffic violations).		
4. Have you or any of the partners or officers ever been adjudicated within the last five (5) years for having willfully violated the laws of this or another state involving immigration assistance?		
5. Have you or any of the partners or officers been convicted within the last five (5) years of a felony or misdemeanor involving moral turpitude in the		

<p>courts of Georgia or any other state, territory or country or in the federal courts of the United States that involves:</p> <p>A. The taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any of the foregoing offenses;</p> <p>B. The conduct of immigration assistance; or</p> <p>C. Involves the theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds?</p>		
<p>*If you answered <i>Yes</i> to any question 3 through 5, you must submit the following: a) a certified copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation/parole officer regarding your current status/completion of any probation/parole.</p>		
<p>6. Have you or any of the partners or officers ever had revoked or suspended or otherwise sanctioned any professional license issued by any board or agency in Georgia or in any other state?</p>		
<p>7. Within the last five (5) years, have you or any of the partners or officers ever been the subject of any of the following orders?</p> <p>A. An order by an agency or administrator of another state or a foreign country or the federal government?</p> <p>B. A United States Postal Service fraud order?</p> <p>C. A cease and desist order entered by the Secretary of State or other state of federal authority?</p>		
<p>*If you answered <i>Yes</i> to questions 6 and/or 7 regarding sanctions from another board or an order by an agency, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to this office.</p>		
<p>8. Have you or any of the partners or officers ever been denied issuance of or, pursuant to disciplinary proceedings, denied renewal of a professional license by any board or agency in Georgia or in any other State?</p> <p>*If you answered <i>Yes</i> to this question, please attach an explanation.</p>		
<p>9. Are you or any of the partners or officers in default of a loan with the Georgia Higher Education Assistance Corporation?</p>		
<p>10. Are you or any of the partners or officers in default of a federal education loan, loan repayment or service conditional scholarship program?</p>		
<p>11. Have you or the partners or officers failed to comply with an order for child support?</p>		
<p>*If you answered <i>Yes</i> to any question 9 through 11, or if such proceeding is pending in any state, attach all pertinent information with respect to such injunction, disciplinary proceeding, conviction or charges.</p>		
<p>12. Will you provide services which will require you to control the funds of a client seeking immigration assistance? ____ Yes ____ No</p> <p>*If you answered <i>Yes</i> attach a financial statement for the current fiscal</p>		

year.		
-------	--	--

Required Documents

The following documents must be attached to this application:

1. Authorization to perform a criminal background check
2. \$5,000.00 Performance Bond (Form IP200)

The undersigned applicant represents that the information and statements contained in this application, including any and all attachments, are current, true and complete. The undersigned further represents that to the extent any information previously submitted is not amended, such information is currently accurate and complete. By signing this certification, the applicant certifies that he or she is at least 18 years of age and acknowledges that willful misstatements or omissions of fact may result in administrative, civil or criminal action.

 Print Name of Applicant

 Signature of Applicant

 Date

Sworn and subscribed before me this
 _____ day of _____, 201____.

 Notary Public Date commission expires

(Seal)

IMPORTANT NOTICE: Please submit this unstapled and unfolded application in a 9 X 12 envelope.