



**APPLICATION FOR REINSTATEMENT OF LIBRARIAN LICENSE  
GEORGIA STATE BOARD FOR THE CERTIFICATION OF LIBRARIANS**

237 Coliseum Drive • Macon, Georgia 31217 • (404) 424-9966

<https://sos.ga.gov/georgia-state-board-certification-librarians>

Please read the instructions carefully and be familiar with the laws and rules governing the Certification of Librarians in the State of Georgia. Visit our website for information: <https://sos.ga.gov/georgia-state-board-certification-librarians>.

**\*\*\* IMPORTANT \*\*\***

The Board cannot process incomplete applications. Any item that is missing, incomplete or incorrect, will delay processing of your application and cannot be reviewed by the Board. Please review your application before submitting to ensure all information and documentation is complete and correct. Incomplete applications are withdrawn after sixty (60) days. Once an application is withdrawn, you will need to submit a new application with all appropriate fees and documents.

**APPLICATION CHECKLIST**

Complete application includes application, fee, and SVD. We recommend you keep a copy of your application for your records. Do not submit this checklist with your application—it is for your reference only. The following items are necessary for your application:

- NON-REFUNDABLE APPLICATION FEE: \$200.00**  
The payment must be made by check or money order payable to the Georgia State Board for the Certification of Librarians. DO NOT SEND CASH OR COUNTER CHECKS. Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C. G.A. § 16-9-20. **Processing fee of \$10 shall be included in addition to the application fee.**
- NOTARIZED APPLICATION:** The complete application must be mailed to the Board's office at the address listed above, along with your **FEE**. You must sign the application in the presence of a notary.
- SECURE AND VERIFIABLE DOCUMENT (SVD)** – Enclosed is a copy of my **Driver's License, Passport**, or other document **OR a copy of my current immigration document(s)** which includes either my Alien number or I-94 number and SEVIS number if needed.
- SUBMIT APPLICATION IN A 9X12 OR LARGER ENVELOPE.** Do not staple pages or check/money order. Do not fold pages of the application.



**GEORGIA STATE BOARD for  
the CERTIFICATION OF LIBRARIANS**

237 Coliseum Drive • Macon, GA 31217

Phone (478) 207-2440

<https://sos.ga.gov/georgia-state-board-certification-librarians>

Date Entered _____
Receipt # _____
Submitted \$ _____

**APPLICATION FOR REINSTATEMENT OF LIBRARIAN LICENSE**

Reinstatement Fee \$200 + \$10 Processing Fee

(Fees are Non-refundable)

License Type:  Librarian License

License No: \_\_\_\_\_ Date License Lapsed: \_\_\_\_\_

**PLEASE PRINT OR TYPE**

1. Legal Name for License: \_\_\_\_\_  
First Middle Last

2. Social Security Number\* -- -- \_\_\_\_\_ 3. Date of Birth \_\_\_\_\_  
Month Day Year

\*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A Section 19-11-1 & O.C.G.A. Section 20-3-295, 42 U.S.C.A. Section 551 & 20 U.S.C.A. § Section 1001.

4. Physical Address \_\_\_\_\_  
Number and Street ( P.O. Box not acceptable) Apt. No. City/State Zip

5. Mailing Address<sup>2</sup> \_\_\_\_\_  
(if different than Street address) Street, P.O. Box Apt. No. City/State Zip

(<sup>2</sup> O.C.G.A. §43-1-2 (k) Your name, mailing address and license number are public information and will appear on Secretary of State's website)

6. Telephone Number Day ( ) \_\_\_\_\_ 7. Telephone Number Evening ( ) \_\_\_\_\_

8. Present Employer \_\_\_\_\_

9. Business Address \_\_\_\_\_  
Number and Street City State Zip

10. E-mail Address:<sup>3</sup> (Please print clearly) \_\_\_\_\_ <sup>3</sup>

<sup>3</sup>Acknowledgement of your application will be sent to your email. If further information is needed, Board staff will contact you so that your application can be processed in the most efficient manner. Please notify the Board of any email address change. Your email will not be shared with third parties.

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard)

Print Name of Applicant: \_\_\_\_\_

<b>Professional Activities/Employment Since Last Renewal:</b>

<b>Reason for Failing to Renew:</b>

Rule 320-6-.03(2) - Registrations not renewed prior to the end of the six month penalty period shall not be subject to renewal. Any consideration for registration reinstatement after the six month penalty period would be at the discretion of the Board and requires submission of a reinstatement application with the required reinstatement fee.

Complete Law and Rules are available at our website at: <https://sos.ga.gov/georgia-state-board-certification-librarians>.

**PREVIOUS DISCIPLINARY AND CRIMINAL ARREST INFORMATION**

**Applicants Must Answer ALL 5 Questions Below:**

**Applicant:** \_\_\_\_\_

**This application will be returned if you do not answer the questions on this page.**

**11. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DUI and DWI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). **NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.****

No  Yes



**If you answered "Yes" to the question regarding arrest/court convictions, you must submit the following to the Board:**

- (a) Submit a letter of explanation and certified copy of final court disposition from the county(s) in which you were arrested/convicted. The court document should include the charges and sentencing information.
- (b) Probation/Parole - Submit a statement (on official letterhead) from your probation / parole officer regarding your current status. If probation/parole has been completed, submit certified documents from the courts verifying case closed and completion of probation / parole.

**12. Has any other licensing board or agency in Georgia or any other state ever:**

- (a) Denied your application for licensure, renewal, or reinstatement?  No  Yes
- (b) Revoked, suspended, restricted, sanctioned, or probated your license?  No  Yes
- (c) Requested or accepted surrender of your license?  No  Yes
- (d) Reprimanded, fined, or disciplined you?  No  Yes



If you answered "Yes" regarding sanctions from another board, 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 the Board's office. Your application will not be processed until this information is received and reviewed by the Board. Provide the name of the agency or board in the space provided:

\_\_\_\_\_  
Name of State Board or Agency

**13. Submit a copy of your Secure and Verifiable Document (SVD) with this application such as your Driver's License, Passport, or other document OR a copy of your current immigration document(s) which includes either your Alien number or I-94 number and SEVIS number if needed.**

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia**

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <https://sos.ga.gov/page/secure-and-verifiable-documents>

**Your application will not be processed until this information is received and reviewed by the Board.**

NOTARIZED SIGNATURE BY LIBRARIAN APPLICANT

14. APPLICANT AFFIDAVIT



License Type:  Librarian License

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 Georgia State Board for the Certification of Librarians and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (mark 1 or 2 below):

- 1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. You must submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document.
- 2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. You must 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. When submitting a “green card,” please provide a copy of the front and back of the card.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached 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.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES: \_\_\_\_\_

Georgia requires a legible ink seal for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal legible when digitized.

**NOTARY SEAL**

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