

GEORGIA STATE BOARD OF FUNERAL SERVICE

237 Coliseum Dr., Macon, Georgia 31217

404-424-9966

www.sos.ga.gov

FUNERAL SERVICE APPRENTICESHIP

INSTRUCTIONS FOR APPLICANTS FOR INITIAL REGISTRATION OR ANY CHANGE IN LOCATION OR SUPERVISOR

<ul style="list-style-type: none"> • RULE 250-4 	Before filing an application for registration as a Funeral Service Apprentice, you are encouraged to review Board Rule Chapter 250-4, which details specifically the requirements for apprenticeship. View the Rule at www.sos.ga.gov .
<ul style="list-style-type: none"> • FEE 	Refer to fee schedule. Application fees are non-refundable. Make payment by check or money order to Georgia State Board of Funeral Service.
<ul style="list-style-type: none"> • AGE 	You must be 18 years of age on the date that the Board receives your application.
<ul style="list-style-type: none"> • EDUCATION 	At minimum, high school graduation or GED - You must attach a copy of your high school diploma, GED Certificate, or college diploma to this application. If not available, submit a notarized statement from Board of Education or College Dean.

APPRENTICESHIP DETAILS

<ul style="list-style-type: none"> • DATE OF REGISTRATION: 	Your apprenticeship period begins as of the date that your application is approved by the Board. Only fully completed applications will be reviewed by the Board. Incomplete applications will result in application processing delays.
<ul style="list-style-type: none"> • REQUIRED HOURS: 	3120 hours (equivalent to 18 months of full-time service). No more than 40 hours may be credited per week. If the apprenticeship is served while the apprentice is also enrolled in Mortuary School, no more than 20 hours per week may be credited (4 hours per day).
<ul style="list-style-type: none"> • TERM OF SERVICE: 	A minimum of 18 months. The apprenticeship registration, which is valid for up to two (2) years, expires on March 31 of even years, and may be renewed two (2) times. The 18 month requirement is in addition to the time required to graduate from a college of funeral service or other college.
<ul style="list-style-type: none"> • SUPERVISION: 	An apprentice must serve their apprenticeship at one or more Board-approved establishments and under a Board-approved embalmer and funeral director.
<ul style="list-style-type: none"> • REPORTS: 	An apprentice must complete report forms and submit those to the Board every six (6) months. It is the responsibility of the apprentice to maintain records of service.
<ul style="list-style-type: none"> • CHANGES: 	A change in supervising embalmer or director, or change in establishment requires submission of an application noting such and review / approval by the Board. You will not be credited for hours served under changed circumstances without prior board approval.
<ul style="list-style-type: none"> • EXAM: 	Pursuant to O.C.G.A. § 43-18-41, you must pass the State Laws & Rules Exam prior to becoming licensed as a Funeral Director. At any point throughout the apprenticeship an apprentice may request to be made eligible to sit for the State Laws & Rules Exam by submitting a written request to the Board office or by emailing Trades3@sos.ga.gov .

**GEORGIA STATE BOARD OF FUNERAL SERVICE FEE
SCHEDULE**

Note: Fees are non-refundable. All applications should include an additional \$10.00 processing fee for paper applications and an additional \$5.00 processing fee for online applications.

FUNERAL ESTABLISHMENT		CREMATORY ESTABLISHMENT	
Initial Application Fee	\$150.00	Initial Application Fee	\$150.00
Renewal Fee – on or by March 31 of renewal year	\$140.00	Renewal Fee – on or by March 31 of renewal year	\$140.00
Late Renewal Fee – April 1 - April 30 of renewal year	\$390.00	Late Renewal Fee – April 1 - April 30 of renewal year	\$390.00
Licenses not renewed by July 1 of renewal year will be lapsed - requires reinstatement, at Board's discretion		Licenses not renewed by July 1 of renewal year will be lapsed - requires reinstatement, at Board's discretion	
Change of Establishment Name	\$150.00	Change of Establishment Name	\$150.00
Change of Establishment Location/Address	\$150.00	Change of Establishment Location/Address	\$150.00
Change of Funeral Director In Full And Continuous Charge	\$50.00	Change of Funeral Director In Full And Continuous Charge	\$50.00
Change of Ownership	No Fee	Change of Ownership	No Fee
Re-Inspection, If Initial Inspection Is Failed	\$100.00	Re-Inspection, If Initial Inspection Is Failed	\$100.00
FUNERAL DIRECTOR		EMBALMER	
Initial Application Fee	\$50.00	Initial Application Fee	\$ 50.00
Initial Application Fee for License by Endorsement or Reciprocity - must hold a current/valid Georgia Embalmer License	\$175.00	Initial Application Fee for License By Endorsement or Reciprocity	\$175.00
Renewal – on or by March 31 of renewal year	\$100.00	Renewal - on or by March 31 of renewal year	\$100.00
Late Renewal – April 1 - April 30 of renewal year	\$200.00	Late Renewal – April 1 - April 30 of renewal year	\$200.00
Reinstatement –At Board's Discretion, After April 30 of renewal year	\$300.00	Reinstatement –At Board's Discretion, After April 30 of renewal year	\$300.00
EMBALMER + FUNERAL DIRECTOR		APPRENTICESHIP	
Initial Application Fee for BOTH License types by Endorsement or Reciprocity – does not include GA Law & Rules Exam Fee	\$350.00	Initial Registration Fee	\$40.00
		Renewal – on or by March 31 of renewal year	\$70.00
INACTIVE STATUS / REACTIVATION		Late Renewal –April 1 - April 30 of renewal year	\$140.00
Inactive Status Application Fee, per license type	\$ 35.00	Reinstatement required after May 1 of renewal year	\$180.00
Reactivation Fee, per license type	\$100.00	Change of Apprenticeship Location	\$ 20.00
EDUCATION PROVIDERS		Change of Supervising Embalmer and/or Funeral Director	\$ 20.00
Application for Approved Continuing Education Provider (submit at least 1 completed CE course for board review)	\$250.00	Verification of Apprenticeship Hours	\$ 25.00
EXAMINATION INFO		OTHER FEES	
Georgia Laws & Rules Exam is given by PSI; 800-733-9267; www.psiexams.com		License Verification Letter (order online)	\$ 35.00
National Exam – contact The Conference at 479-442-7076; www.theconferenceonline.org		Duplicate License (blue card)/Wall Certificate (may order thru website)	\$ 25.00
		Decorative Wall Certificate, per license type	\$ 50.00

GEORGIA STATE BOARD OF FUNERAL SERVICE

237 Coliseum Dr., Macon, GA 31217

404-424-9966

www.sos.ga.gov

Date Entered _____

Receipt # _____

Submitted \$ _____

Date Issued _____

APPLICATION FOR APPRENTICESHIP REGISTRATION
(for initial registration or change of location/supervisor)

I am applying for (select appropriate registration type):

- Initial Funeral Service Apprenticeship Registration - \$40 fee + \$10 processing fee*
- Change in Apprenticeship Site or Approval of Additional Site - \$20 + \$10 processing fee*
Current Apprenticeship Registration # _____
- Change in Supervising Embalmer and/or Funeral Director ONLY (not a site change) - \$20 + \$10 processing fee*
Current Apprenticeship Registration # _____
- Reinstatement of Apprenticeship Registration - # _____ - \$180 + \$10 processing fee*

*Fees are non-refundable. Make checks payable to The Georgia Board of Funeral Service.

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.

Applicant Name:

LAST FIRST MIDDLE

Social Security #¹:

____ - ____ - ____

Date of Birth:

MM - DD - YYYY

¹ This information is authorized to be obtained & disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

Gender: Male Female

Residential Address:

PHYSICAL ADDRESS - NUMBER AND STREET NAME REQUIRED (P.O. BOX NOT ACCEPTABLE)

APT #

CITY STATE ZIP

Mailing²

Address:

(P.O. BOX ACCEPTABLE)

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

CITY STATE ZIP

Daytime Phone #

____ - ____ - ____

Evening Phone #

____ - ____ - ____

E-mail Address³:

FAX

³ Required for communication with Board staff. Your email will not be shared with third parties.

Funeral Establishment: _____ **License #:** _____

Mailing Address of Establishment: _____ **Phone #:** _____
Street, City, State, Zip

Additional Funeral Establishment: _____ **License #:** _____

Mailing Address of Establishment: _____ **Phone #:** _____
Street, City, State, Zip

Supervising Embalmer: _____

License #: _____

Supervising Funeral Director: _____

License #: _____

Georgia State Board of Funeral Service

FUNERAL SERVICE APPRENTICESHIP REGISTRATION APPLICATION

Background Questionnaire

The following questions must be answered by the applicant. If "yes" is answered to any question, documentation/explanation must be provided, including certified documentation showing court dispositions, board disciplinary action reports, etc., as well as a personal, detailed letter of explanation regarding each incident.

Have you ever been arrested?	Yes	No
<i>Note: The answer to this question is "Yes" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled and 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.</i>		
Are you currently registered as an Apprentice? If "Yes," Apprentice Registration #: _____	Yes	No
Have you ever been registered as an Apprentice in Georgia? If "Yes," Apprentice Registration #: _____	Yes	No
Do you hold a high school diploma, GED Certificate, or college degree? If "Yes", provide copy of diploma or certificate. (If not available, submit notarized statement from Board of Education or College Dean.)	Yes	No
Do you now hold, or have you in the past held, a professional license in any state? If "Yes," submit a notarized letter from the state of licensure.	Yes	No
Has any license issued to you by any board, agency, or licensing authority in any state, including Georgia, been revoked, suspended, or otherwise sanctioned?	Yes	No
Have you ever been denied issuance of, or pursuant to any disciplinary proceedings, been refused renewal of a license by any board, agency, or licensing authority in any state, including Georgia?	Yes	No
Have you knowingly failed to renew a license during an investigation or disciplinary action?	Yes	No
Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?	Yes	No
To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?	Yes	No
Are you <u>unable</u> to practice with reasonable skill and safety due to use of alcohol, drugs, narcotics, chemicals or any other types of material?	Yes	No
Are you <u>unable</u> to practice with reasonable skill and safety due to illness, or as a result of any mental or physical condition? If yes, attach a notarized physician's statement.	Yes	No
Have you had any suit filed against you related to the practice of a profession?	Yes	No

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a registration from the Georgia State Board of Funeral Service. (O.C.G.A. § 43-1-19 and O.C.G.A. § 16-10-71.)

State of Georgia, County of _____

Applicant Signature: _____

Subscribed and Sworn to before me this
 ____ day of _____, _____.

Applicant Name printed: _____

 Notary Public
 My Commission Expires: _____

Date: _____

NOTARY SEAL

GEORGIA STATE BOARD OF FUNERAL SERVICE
FUNERAL SERVICE APPRENTICESHIP REGISTRATION APPLICATION

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 Georgia State Board of Funeral Service, 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 either 1 or 2 below as it applies to your status):

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 approved 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.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

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: <http://sos.ga.gov/admin/files/svd2013.pdf>

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. § 50-36-2, 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.

State of Georgia, County of _____

Print name of Applicant

Subscribed and sworn to before me this
_____ day of _____, _____

Signature of Applicant

Notary Public
My Commission expires: _____

NOTARY SEAL (legible ink seal required; If using embossed seal, apply shading to make seal legible when digitized.)

GEORGIA STATE BOARD OF FUNERAL SERVICE

FUNERAL SERVICE APPRENTICESHIP REGISTRATION APPLICATION

Supervising Embalmer Information

SUPERVISING EMBALMER
Supervising Embalmers must have been employed as a licensed embalmer for at least three (3) years prior to the supervision.
One supervisor may supervise no more than four (4) apprentices concurrently.
Supervising Embalmers must provide <u>direct supervision</u> , which shall mean <i>a licensed supervisor present in the same room as apprentice during the embalming of a body.</i>
Trade Embalmers must appear before the Board for approval to be Supervisor, and must embalm at the establishment where the Apprentice is registered.
Are you a Trade Embalmer? ___Yes ___No
When did you become a licensed Embalmer? _____
Apprentices must submit reports of hours spent in employment as an apprentice to the board every six (6) months.

APPRENTICES CURRENTLY SUPERVISED

NAME	REGISTRATION NUMBER

AFFIDAVIT

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

State Of Georgia
 County Of _____

 Signature Of The Supervising Embalmer

Subscribed And Sworn To Before Me This
 _____ Day Of _____, _____

 Print Name

 Notary Public
 My Commission Expires: _____

 Date

SUPERVISING FUNERAL DIRECTOR

Supervising Funeral Directors must have been employed as a licensed funeral director for at least three (3) years prior to the supervision.

One supervisor may supervise no more than four (4) apprentices concurrently.

Supervising Funeral Directors must provide direct supervision, which shall mean **a licensed supervisor present in the same room as apprentice during arrangements, or conducting funeral services.**

When did you become a licensed Funeral Director? _____

Apprentices must submit reports of hours spent in employment as an apprentice to the board every six (6) months.

APPRENTICES CURRENTLY SUPERVISED

NAME	REGISTRATION NUMBER

AFFIDAVIT

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

State Of Georgia
County Of _____

Subscribed And Sworn To Before Me This
_____ Day Of _____, _____

Date

Signature Of The Supervising Funeral Director

Print Name

GEORGIA STATE BOARD OF FUNERAL SERVICE
FUNERAL SERVICE APPRENTICESHIP REGISTRATION APPLICATION
CERTIFICATION OF FUNERAL ESTABLISHMENT

This section of the application must be completed and signed by the **Funeral Director in Full and Continuous Charge (FDFCC)** of the funeral establishment. If the applicant is requesting approval to serve their apprenticeship at more than one establishment this section must be completed for each establishment.

PRINT NAME OF FDFCC

LICENSE NUMBER

PRINT NAME OF FUNERAL ESTABLISHMENT

LICENSE NUMBER

DATE ESTABLISHMENT LICENSE WAS ISSUED

EXPIRATION DATE OF ESTABLISHMENT LICENSE

Please initial:

- _____ The funeral establishment has no unresolved inspection violations. See Board Rule 250-4-.06(1) (b).
- _____ If in business for five (5) or more years, the funeral establishment has embalmed an average of at least thirty (30) bodies per year over the preceding five (5) years, **-OR-**
_____ If in business for less than five (5) years, the funeral establishment has embalmed at least one-hundred fifty (150) bodies to date. Rule 250-4-.06(1) (c).
- _____ The funeral establishment has embalmed approximately _____ bodies in the last year. Per Board Rule 240-4-.06(2) an establishment may qualify for one (1) apprentice for each thirty (30) bodies it embalms each year.

AFFIDAVIT

I, the undersigned, do hereby swear or affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Board.

State Of Georgia

County Of _____

Signature Of The FDFCC

Subscribed And Sworn To Before Me This

_____ Day Of _____, _____

Print Name

Notary Public

My Commission Expires: _____

Date

**GEORGIA STATE BOARD OF FUNERAL SERVICE
FUNERAL SERVICE APPRENTICESHIP REGISTRATION APPLICATION**

APPRENTICE FUNERAL SERVICE REPORT

- Review Board Rule 250-4-.03 Serving of Apprenticeship, 250-4-.05 Board-approved Supervision, 250-4-.06, and Board-approved Apprenticeship Establishments.
- Beginning with registration approval date, apprenticeship period consists of 3,120 hours served in a time span of no less than 18 months and no more than two renewal cycles. The 18 months is in addition to time required to graduate from accredited funeral school / college.
- An apprentice must keep records of hours worked and services performed, submit a copy to the Board every six (6) months, and retain copies for your records. Use the Apprentice Funeral Service Report form provided by the Board.
- The maximum weekly service credit allowed is forty (40) hours. An apprentice who is enrolled in mortuary school shall be allowed to serve a maximum of four (4) hours per day (20 hours max per week) for credit towards completion of the apprenticeship period while in school.
- Apprenticeship registration is for a specific establishment and supervising embalmer and supervising funeral director. A change in supervising embalmer or director, or change in establishment requires submission of an application noting such and review / approval by the Board. You will not be credited for hours served under changed circumstances without prior board approval.

Report Dates: _____ Is Apprentice enrolled in Mortuary School? YES NO

Apprentice Name: _____ Registration # _____

Funeral Establishment: _____ License No.: _____

Address (street, city, state, zip): _____

MAXIMUM CREDIT PER WEEK 40 HOURS

REPORT FOR THE WEEK OF:							REPORT FOR THE WEEK OF:								
FROM			TO			NO. OF HOURS	# OF CASES EM/FD	FROM			TO			NO. OF HOURS	# OF CASES EM/FD
MO.	DAY	YEAR	MO.	DAY	YEAR			MO.	DAY	YEAR	MO.	DAY	YEAR		

I hereby certify that this report is accurate and that the above reported information was taken from the records of the above-named establishment and is available for review by the Georgia State Board of Funeral Service or any of its personnel.

Supervising Embalmer Signature: _____ License #: _____ Date: _____

Supervising Funeral Director Signature: _____ License #: _____ Date: _____

Apprentice Signature: _____

Subscribed and sworn to before me this
_____ day of _____, _____.

Notary Public: _____

My Commission Expires: _____

(NOTARY SEAL)

GEORGIA STATE BOARD OF FUNERAL SERVICE
 237 Coliseum Drive, Macon, Ga 31217 - Telephone: 404-424-9966

AFFIDAVIT OF ASSISTANCE IN EMBALMING

REPORT DATE FROM: _____ TO: _____

APPRENTICE NAME: _____
 APPRENTICE REGISTRATION NUMBER: _____

FUNERAL
 ESTABLISHMENT: _____

Name of Deceased	Date of Death	Name of Deceased	Date of Death
1.		26.	
2.		27.	
3.		28.	
4.		29.	
5.		30.	
6.		31.	
7.		32.	
8.		33.	
9.		34.	
10.		35.	
11.		36.	
12.		37.	
13.		38.	
14.		39.	
15.		40.	
16.		41.	
17.		42.	
18.		43.	
19.		44.	
20.		45.	
21.		46.	
22.		47.	
23.		48.	
24.		49.	
25.		50.	

I, the undersigned Embalmer, certify that the above-named Apprentice, an employee of the above-named funeral establishment, has participated in the Embalming of the listed fifty (50) bodies.

 Date

 Signature of Supervising Embalmer

Sworn to and subscribed before me this
 ____ day of _____, _____

 Embalmer License Number

 Notary Public
 My Commission Expires: _____

GEORGIA STATE BOARD OF FUNERAL SERVICE
237 Coliseum Drive, Macon, Ga 31217 - Telephone: 404-424-9966

AFFIDAVIT OF ASSISTANCE IN FUNERAL DIRECTING

REPORT DATE FROM: _____ TO: _____

APPRENTICE NAME: _____
 APPRENTICE REGISTRATION NUMBER: _____

FUNERAL
ESTABLISHMENT:

Name of Deceased	Date of Death	Name of Deceased	Date of Death
1.		26.	
2.		27.	
3.		28.	
4.		29.	
5.		30.	
6.		31.	
7.		32.	
8.		33.	
9.		34.	
10.		35.	
11.		36.	
12.		37.	
13.		38.	
14.		39.	
15.		40.	
16.		41.	
17.		42.	
18.		43.	
19.		44.	
20.		45.	
21.		46.	
22.		47.	
23.		48.	
24.		49.	
25.		50.	

I, the undersigned Funeral Director, certify that the above-named Apprentice, an employee of the above-named funeral establishment, has participated in the Funeral Directing of the listed fifty (50) bodies.

_____ Date

_____ Signature of Supervising Funeral Director

Sworn to and subscribed before me this
 ____ day of _____, _____

_____ Funeral Director License Number

Notary Public
 My Commission Expires: _____



Office of the Secretary of State
Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the Georgia State Board of Funeral Service to conduct an inquiry for the purpose listed below
 Agency/Company
 and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check ONLY one of the boxes listed below:

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date _____

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____