

SECTION 3: CONTINUING EDUCATION for:

Applicant Name: _____

Submit continuing education documentation as follows: Lapse less than two (2) years:

Institute, Organization, or Agency Conducting Program	Title of Course	Date(s) Attended	Hours Completed
TOTAL HOURS COMPLETED			

SECTION 4: PERSONAL HISTORY

1. I have completed the required EPA training (Type II or higher) and have included a copy of my EPA card. YES NO

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

- a) or reinstatement
- b) Revoked suspended, restricted, sanctioned, or probated your license
- c) Requested or accepted surrender of your license
- d) Reprimanded fined, or disciplined you?

If to 3(a), 3(b), 3(c), or 3(d), submit a letter of explanation and a copy of the action taken against your license with relevant supporting documents to the State Board or Agency

criminal background check?

Have you ever

- arrested, charged, convicted, sentenced,
- entered a plea of guilty or nolo contendere

If YES you must submit the following:

letter of explanation for each offense and **certified** copy of final court disposition from the county(s) in

Probation/Parole - Submit a statement (on official letterhead) from your probation/parole officer regarding your status. If probation/parole has been completed, submit **certified** documents from the courts verifying case closed and completion of probation/parole.

SECTION 5: APPLICANT AFFIDAVIT

Applicant Name _____:

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.

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.

OR

2. _____ I am not a United States citizen.

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. **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.

Printed Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC

My Commission Expires:

O.C.G.A. §45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL