



GEORGIA BOARD OF MASSAGE THERAPY

237 Coliseum Drive, Macon, Georgia 31217

Phone (404) 424-9966 * sos.ga.gov/georgia-board-massage-therapy

APPLICATION FOR LICENSURE MASSAGE THERAPY

GENERAL INSTRUCTIONS

Please read these instructions, the Georgia Law (O.C.G.A. § 43-24A), General Provisions and the Board Rules pertaining to the practice of massage therapy in Georgia carefully prior to completing application. The Board may deny a license for any reason set forth in O.C.G.A. § 43-1-19.

YOU MAY NOT PRACTICE MASSAGE THERAPY IN GEORGIA UNLESS YOU ARE ISSUED A LICENSE BY THE BOARD. PLEASE ONLY SUBMIT PAGES 3-11 TO THE BOARD OFFICE.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING:

APPLICATION FEE	The application fee is non-refundable & non-transferable and cannot be combined with any other fee. Money Orders and Personal Checks accepted; made payable to The Georgia Board of Massage Therapy. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20. Please refer to the posted fee schedule on the website. If you have a current license in another jurisdiction you must apply by endorsement in accordance with Board Rules.
APPLICATION	Type or print in ink. You must respond to all the questions and requests on the application, and have your signature and the application notarized, or the application will be returned for you to complete. Applications are void after 60 days from the date of notification of application deficiencies. If all required supplemental documents are not received within that 60-Day window your application will be withdrawn and you will need to reapply.
SECURE & VERIFIABLE DOCUMENT	Changes to Georgia Law (OCGA 50-36-1) provide that all applicants for licensure provide a “Secure & Verifiable Document” with their application. The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not 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. ALL APPLICANTS FOR MASSAGE THERAPIST LICENSURE MUST PROVIDE THIS DOCUMENTATION OR THE APPLICATION WILL NOT BE PROCESSED.
CRIMINAL BACKGROUND CHECK <small>(See the instructions posted on the same site you obtained this application from for printing)</small>	Please register to have your fingerprints taken then submit your application or complete them simultaneously. If no application is on file with the Board within 30 days of your print registration, approval to get printed will be declined and you will need to pay another fee to register for prints. Criminal background checks are required by the law (O.C.G.A. § 43-24A-8, 13) for each application submitted. Refer to the Georgia Board of Massage Therapy website at sos.ga.gov/georgia-board-massage-therapy under “Forms” section for “MT FIELDPRINT-GAPS Fingerprinting Instructions.” Applicants must register with FIELDPRINT and follow the guidelines found on their website at https://www.fieldprintgeorgia.com . DO NOT MAIL FINGERPRINT CARDS TO THE BOARD. THEY WILL BE RETURNED TO YOU AND THIS WILL DELAY THE PROCESSING OF YOUR APPLICATION. ** DISCLAIMER: The Georgia Board of Massage Therapy is not responsible for unacceptable or rejected fingerprints. The vendor is responsible for providing acceptable fingerprints. As of June 1, 2020, your application signals to staff to approve you to get your prints taken. Once approved, you will receive an email informing you to go to a print location to get printed within 90 days of the date of notification. As a result, it is imperative that you complete your fingerprints within that timeframe. If you fail to do so, you will have to pay an additional registration fee with FIELDPRINT-GAPS. Your results are only available for thirty (30) days from the date you submit your prints; therefore, after prints have been taken, you must notify the Board by sending an email to PLB-Healthcare2@sos.ga.gov. If the thirty (30) days have expired and your results are no longer available on the FIELDPRINT SITE, you may be required to have your prints retaken. PLEASE NOTE: If you want to challenge the accuracy of the background results or need to correct or update the record, you will be given 30 days to do so in the manner prescribed on the Privacy Rights you were provided.

ADDRESS CHANGES	Once a license is issued, you may update your e-mail, mailing and physical address online, or in writing to the Board office. If you need to change your e-mail, mailing and/or physical address WHILE this application is pending, please notify this office in writing, by mail or by email. The post office does not forward mail from the board. NOTE: All name changes must be submitted to the Board office and cannot be done online. Change requests may be emailed in a PDF format to PLB-Healthcare2@sos.ga.gov , Attention: Massage Therapy Board. When writing the Board regarding a name change you must include a copy of the official document that changes the name. (Social Security Cards and Drivers Licenses are not acceptable .) DO NOT SEND ORIGINALS. IF YOU DO, THEY WILL NOT BE RETURNED.
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ALL APPLICANTS MUST ALSO SUBMIT THE FOLLOWING

CITIZENSHIP	Please see pages 7, 9 and 10 of this application for new requirements to verify your US Citizenship or lawful presence in the USA to work. Your application cannot be processed without this information.
MT EDUCATIONAL PROGRAMS	Refer to Board rule 345-8 “Requirements – Board Recognized Massage Therapy Education Program” - Only those schools whose programs meet the requirements set forth in this Board rule will be considered for the purposes of the Georgia Board massage therapy education program licensure requirement.
PROOF OF LIABILITY INSURANCE	Applicants must submit proof of liability insurance coverage for bodily injury, property damage, and professional liability in coverages and amounts of not less than \$1 million per occurrence, with not less than a minimum annual aggregate of \$3 million for all occurrences. A license will not be issued if this is not received.

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA BOARD OF MASSAGE THERAPY
 237 Coliseum Drive * Macon, Georgia 31217-3858
 (404) 424-9966 * sos.ga.gov/georgia-board-massage-therapy

APPLICATION FOR LICENSURE – MASSAGE THERAPIST
NON-REFUNDABLE & NON-TRANSFERABLE APPLICATION FEE: \$135.00

(includes \$125.00 application fee + \$10.00 processing fee)

(Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20).

Applying By (Please check only one): APPLICATION _____ ENDORSEMENT _____

PART I: PERSONAL INFORMATION

NAME _____

LAST FIRST MIDDLE MAIDEN

NAME (as shown on documentation or transcripts if different):

LAST FIRST MIDDLE MAIDEN

SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH M M - D D - Y Y Y Y
 (THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295, U.S.C.A §§ 551, 20 & 1001) (APPLICANTS MUST BE 18 YEARS OF AGE OR OLDER AT TIME OF APPLICATION)

PHYSICAL ADDRESS

HOME ADDRESS (P.O. BOX, NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

MAILING ADDRESS

MAILING ADDRESS – A P.O. Box is acceptable as a mailing address (IF DIFFERENT THAN HOME ADDRESS)

APT #

CITY

STATE

ZIP

DAYTIME PHONE _____ - _____ - _____

OTHER PHONE _____ - _____ - _____

E-MAIL ADDRESS: _____
 (Please print clearly)

Male: _____ Female: _____

Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. **YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

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) as defined in O.C.G.A. § 43-1-34.

PART II: MASSAGE THERAPY EDUCATION INFORMATION

WHAT CITY AND STATE, COUNTRY DID YOU ATTEND HIGH SCHOOL? _____

NAME, ADDRESS OF HIGH SCHOOL _____

Did you graduate? YES Give the date of graduation _____ NO

If you did not graduate from high school, do you have a GED or other high school equivalency certificate? NO
 YES, Give date of completion _____

* NOTE: A copy of High School Diploma, GED or Certificate may be requested as evidence of completion/graduation.

NAME/ADDRESS OF MASSAGE THERAPY EDUCATION PROGRAM - Did you graduate? YES NO

NOTE: Only those schools whose programs meet the requirements set forth in Board rule 345-8 "Requirements – Board Recognized Massage Therapy Education Program" will be considered for the purposes of the Georgia Board massage therapy education program licensure requirement.

Address of School _____ City _____ State _____ Zip _____

a. Dates Attended: _____ b. Graduation Date: _____ c. Diploma or Certificate: _____

* NOTE: An Official Transcript from your school of study showing the date of completion (graduation date) and degree awarded must be forwarded directly to Georgia Board of Massage Therapy or mailed/provided to the applicant in a sealed envelope to include with their application materials. Copies of certificates/diplomas are NOT accepted.

PART III: PROFESSIONAL LICENSURE/CERTIFICATIONS

Are you licensed to practice as a Massage Therapist in any other state(s)? () Yes () No

Were you licensed as a Massage Therapist during a "grandfathering" period? () Yes () No

LIST STATE(S) OF LICENSURE AS A MASSAGE THERAPIST (Include additional sheets if necessary)

State Originally Licensed	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

* NOTE: Verification of licensure as a massage therapist from other state or jurisdiction must be verified to Georgia Board of Massage Therapy. You must contact the state agency and have an original verification of licensure mailed or emailed directly to the Board, with the state's seal on the document. Please contact state agency for fees and processing time. Copy of licensure card is not accepted as verification of license. The Georgia Board requires all applicants to meet, at a minimum, licensure requirements for state of Georgia; therefore, any applicant who was licensed during a "grandfathering in" period must meet the current Georgia requirements for licensure.

Do you hold a license or certification for any other profession? () Yes () No

LIST OTHER PROFESSIONAL LICENSE(S) OR CERTIFICATION(S) YOU HAVE EVER HELD*:

Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

* NOTE: The Board does not require license/certification (other than as a massage therapist) listed above to be verified. You may provide copies of your licensure card or certificate if you choose to do so. However, if you have had any disciplinary action taken against your license or certification, you must provide the Board with final disposition of the action(s) taken.

Do you have liability insurance coverage for bodily injury, property damage, and professional liability in coverages and amounts of not less than \$1 million per occurrence, with not less than a minimum annual aggregate of \$ 3 million for all occurrences? () Yes () No

PART IV: EXAMINATION

HAVE YOU SUCCESSFULLY PASSED ONE OF THE FOLLOWING EXAMS? YOU MUST ANSWER A., B., & C.

A. National Certification Board for Therapeutic Massage and Bodywork (NCBTMB): NCBTMB, "NATIONAL CERTIFICATION EXAM FOR THERAPEUTIC MASSAGE"; (NCETM,) THE "NATIONAL CERTIFICATION EXAM FOR THERAPEUTIC MASSAGE AND BODYWORK" (NCETMB), OR THE NATIONAL EXAMINATION FOR STATE LICENSING (NESL)?

YES NO IF YES, PLEASE INDICATE TESTING DATE: (MONTH/DAY/YEAR) _____

Exam Taken (Circle One): NCBTM NCBTMB NESL BCTMB

OR,

B. Federation of State Massage Therapy Boards (FSMTB) "MASSAGE AND BODYWORK LICENSING EXAMINATION (MBLEx)?

YES NO IF YES, PLEASE INDICATE TESTING DATE: (MONTH/DAY/YEAR) _____

OR,

C. Are you a recent graduate who plans to take one of the above noted exams? YES NO
(Answer "no" if you have already taken an exam).

INDICATE THE EXAM NAME AND DATE YOU PLAN TO TAKE THE EXAM:

(MONTH/DAY/YEAR) _____ CIRCLE ONE: NCBTM NCBTMB NESL or MBLEx

***NOTE:** Official verification from NCBTMB or FSMTB showing date taken and passing score must be provided to the Board. When you complete your application, contact NCBTMB or FSMTB to request that your scores be sent in a PDF format to PLB-Healthcare2@sos.ga.gov or mailed directly to the Georgia Board of Massage Therapy, 237 Coliseum Drive, Macon, Georgia 31217-3858. **Only original copies are accepted. EXAM SCORES WILL BE HELD UP TO 60 DAYS FROM RECEIPT. IF NO APPLICATION IS RECEIVED WITHIN THAT TIMEFRAME, THE SCORES WILL BE DISCARDED.** You will then be required to have them submitted again to complete your application.

NOTE: CERTIFICATION BY NCBTMB OR FSMTB IS NOT A LICENSE TO PRACTICE MASSAGE THERAPY IN THE STATE OF GEORGIA. YOU MUST OBTAIN A PROFESSIONAL MASSAGE THERAPY LICENSE FROM THE GEORGIA BOARD OF MASSAGE THERAPY TO PRACTICE IN GEORGIA.

PART V: EMPLOYMENT

ARE YOU CURRENTLY WORKING AS A MASSAGE THERAPIST? YES NO

If no, last date of employment as a massage therapist: _____

IF APPLICABLE, PROVIDE THE LAST THREE PLACES OF EMPLOYMENT AS A MASSAGE THERAPIST, LISTING THE MOST RECENT EMPLOYER FIRST:

** Please indicate your prior massage therapist employment information below. The Verification of Employment (Pg. 7) form will not be accepted if the employer is not listed on this application below:

Have you provided them Page 7?	Place of practice: Employer Name, City, State	Job Title/Responsibilities	Dates of Employment:
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

* NOTE: Submit the Verification of Employment form (page 7) to your most recent Employer to verify practice / employment as a Massage Therapist. Section II of the Verification of Employment form must be completed by your employer. The form will not be accepted if completed by the applicant.

**If you are self-employed as a MT, complete the Verification of Employment form yourself, indicate self- employed, and sign it.

***IF YOU HAVE NEVER WORKED AS A MASSAGE THERAPIST, STATE SO HERE AND SIGN:

Signed: _____

PART VI: BACKGROUND INFORMATION

If you answer yes to the following question, you must attach a detailed, signed letter of explanation, and a certified copy of the final disposition by any court(s). If you have not yet gone to court, a certified copy of the arrest incident report or arrest citation must be proved. You are expected to read this question carefully and completely and to provide updated information for any changes occurring while this application is being processed. You will be asked to certify under oath that the answer is true and correct. Failure to answer this question truthfully and correctly may be grounds for denial of your application and/or other disciplinary action if licensure is granted. The Board must review the letter of explanation and any supporting documents; your application will not be considered complete and submitted to the Board until the information is received.

YES NO

HAVE YOU EVER BEEN ARRESTED, CONVICTED, SENTENCED, PLED GUILTY, OR NOLO CONTENDERE OR BEEN GIVEN FIRST OFFENDER STATUS FOR ANY FELONY, MISDEMEANOR OR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (DWI AND DUI or any traffic incident resulting in an arrest warrant, arrest or jail time is not a minor traffic violation. For purposes of this question; "felony" includes any offenses which, if committed in this state, would be deemed a felony and a "conviction" includes a finding or verdict of guilty, or a plea of nolo contendere, in a criminal proceeding regardless of whether an appeal of the conviction has been sought, and, also includes any adjudication of guilt or sentence withheld or not entered pursuant to the provisions of Code Sections §§42-08-64, relating to first offenders, or any comparable rule or statute. (Note: You must respond, "yes" if you pled and completed probation as a First Offender.)

If you answer "yes" to any of the questions below, you must submit a detailed, signed letter of explanation and request that the licensing board or agency send you a certified copy of the action(s) taken against your license or certification with relevant supporting documents directly back to you. Your will not be considered complete until the information is received.

HAS ANY LICENSING BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE, JURISDICTION OR TERRITORY EVER:

- YES NO DENIED YOUR LICENSE APPLICATION, RENEWAL, OR REINSTATEMENT?
- YES NO REVOKED, SUSPENDED, RESTRICTED, OR PROBATED YOUR LICENSE?
- YES NO REPRIMANDED, FINED, DISCIPLINED, REQUESTED OR ACCEPTED SURRENDER OF YOUR LICENSE?
- YES NO HAVE YOU FAILED TO RENEW A LICENSE, CERTIFICATION OR REGISTRATION DURING AN INVESTIGATION AGAINST YOU BY A LICENSING BOARD OR OTHER AGENCY?
- YES NO IS THERE ANY DISCIPLINARY ACTION OR INVESTIGATION PENDING AGAINST YOU BY ANY LICENSING BOARD, AGENCY, OR NATIONAL CERTIFYING ORGANIZATION?
- YES NO HAVE YOU FAILED OR BEEN REFUSED AN EXAMINATION BY ANY PROFESSIONAL ORGANIZATION, BOARD OR OTHER REGULATORY ENTITY?
- YES NO HAVE YOU EVER HAD ANY PROFESSIONAL LIABILITY SUITS FILED AGAINST YOU?
- YES NO HAVE YOU USED DRUGS OR OTHER INTOXICATING SUBSTANCES TO THE EXTENT THAT THESE AFFECTED YOUR PROFESSIONAL COMPETENCE?

IMPORTANT: Have you registered to complete the background check through the Georgia Applicant Processing Services (GAPS) as explained in the instructions on page 1? Yes: ____ No: ____

If No, when will you be completing this requirement? _____.

NOTE: AS EXPLAINED IN THE INSTRUCTIONS ON PAGE 1, YOUR APPLICATION FOR LICENSURE CANNOT BE PROCESSED WITHOUT THE CRIMINAL BACKGROUND CHECK HAVING BEEN COMPLETED.



GEORGIA BOARD OF MASSAGE THERAPY

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PART VII: APPLICANT SIGNATURE AND AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

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 Board of Massage Therapy, 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:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document as indicated on pages 8 & 9 of this application.**

- 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. **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 (See pages 8 & 9 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Massage Therapy and/or criminal prosecution.

Signature of Applicant _____

Date _____

Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public Signature (Notary Seal)

My commission expires: _____

Note to Notary: Application should be signed with proper ID.

PLEASE SEPARATE THIS FORM. GIVE TO YOUR MOST RECENT EMPLOYER TO COMPLETE. AND RETURN THE COMPLETED, SIGNED AND NOTARIZED FORM TO THE BOARD:

**GEORGIA BOARD OF MASSAGE THERAPY
237 COLISEUM DRIVE, MACON, GEORGIA 31217-3858**

VERIFICATION OF EMPLOYMENT

Instructions:

1. Applicant: complete Section I and sign.
2. Submit this form to your most recent **employer (Personnel Director, Human Resources Department)** who can provide verification of your practice as a massage therapist.
3. If you are self-employed, complete the Verification of Employment form yourself, indicate self-employed, and sign it.
4. Return the completed, signed and notarized form with your application materials to the Board.

Section I (To be completed by applicant)

Printed Name of Applicant: _____
Last First Middle Maiden

Applicants Address: _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as a Massage Therapist to the Georgia Board of Massage Therapy. I understand this information is required as part of the application for licensure process

Signature of Applicant: _____

Applicant Phone Number(s): _____

APPLICANT – DO NOT WRITE BELOW THIS LINE

(If self-employed, complete this section for your business)

Section II (To be completed by person verifying employment)

Instructions:

1. Complete Section II of this form. If self-employed, complete this section indicating your business name, address, etc....
2. Massage Therapy employment must have been for compensation.
3. **Return this form to the applicant to submit with their application for licensure.**

1. Name of Business: _____ Phone Number: _____

2. Physical Address of Location: _____
(City/State/Zip Code)

3. Applicant's Position/Title: _____ 4. Employment Dates: From: _____ To: _____

5. Physical Location of practice (mobile, contract, or same as above): _____

6. Printed name and title of person verifying employment: _____
(Name) (Title)

Sworn to and subscribed before me this

_____ day of _____, 20____

Signature of Employer/Person completing this form

Notary Public Signature (Notary Seal)

My commission expires: _____

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

License Applied For: Massage Therapist

Name (Please print clearly)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued February 20, 2018 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), 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(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following 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.

____An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]¹

____An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____An expired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <https://www.bia.gov/tribal-leaders-directory> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____A unexpired passport issued by a foreign government provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law² [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

____An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

¹For identification presented to poll workers when voting, a registered Georgia voter may present an expired Georgia driver’s license as proof of identification when voting pursuant to O.C.G.A. § 21-2-417.

_____An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____When applying for any public benefit with the Department of Driver Services, an applicant may submit either an expired or unexpired document that is listed above as a secure and verifiable document. [O.C.G.A. §§ 50-36-1(g) & 50-36-2(b)(3)]

_____When applying for a voter identification card pursuant to O.C.G.A. § 21-2-417.1, an individual may submit the aggregate forms of identification authorized by O.C.G.A. § 21-2-417.1(e).

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36- 2(c)]

²Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.



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

I hereby authorize _____ to conduct an inquiry for
 _____ Agency/Company
 the purpose listed below 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	
<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: _____

Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-askedquestions>.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Attachment B

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.