



# GEORGIA BOARD OF MASSAGE THERAPY

237 Coliseum Drive, Macon, Georgia 31217

Phone (404) 424-9966 \* [sos.ga.gov/georgia-board-massage-therapy](http://sos.ga.gov/georgia-board-massage-therapy)

## APPLICATION FOR A PROVISIONAL PERMIT - MASSAGE THERAPY

### GENERAL INSTRUCTIONS

Please read these instructions, the Georgia Law (O.C.G.A. § 43-24A) and 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.

**THE PROVISIONAL PERMIT IS ONLY AVAILABLE TO NON-RESIDENTS OF GEORGIA.**  
**IF YOU LIVE IN GEORGIA, DO NOT SUBMIT THIS APPLICATION. YOU MAY NOT**  
**PRACTICE MASSAGE THERAPY IN GEORGIA UNLESS YOU ARE ISSUED A LICENSE OR PROVISIONAL**  
**PERMIT BY THE BOARD.**

### ALL APPLICANTS MUST SUBMIT THE FOLLOWING:

<b>APPLICATION FEE</b>	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 (same website you printed this application from) for the current fee.
<b>APPLICATION</b>	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 processing time will be delayed. <b>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 If all required supplemental documents are not received within that 60-Day window your application will be withdrawn and you will need to reapply.</b>
<b>SECURE &amp; VERIFIABLE DOCUMENT</b>  <b>US Citizenship or Lawful Presence</b>	Changes to Georgia Law (OCGA 50-36-1) provide that <b>all applicants for licensure</b> 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. <b>ALL APPLICANTS FOR A MASSAGE THERAPY PROVISIONAL PERMIT MUST PROVIDE THIS DOCUMENTATION OR THE APPLICATION WILL NOT BE PROCESSED.</b> See pages 6, 7 & 8 of this application for more information.
<b>CRIMINAL BACKGROUND CHECK</b> (See the instructions posted on the same site you obtained this application from for printing)	<b>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.</b> 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 <a href="http://sos.ga.gov/georgia-board-massage-therapy">sos.ga.gov/georgia-board-massage-therapy</a> under “Forms” section for “MT FIELDPRINT-GAPS Fingerprinting Instructions.” Applicants <b>must register</b> with FIELDPRINT and follow the guidelines found on their website at <a href="https://www.fieldprintgeorgia.com">https://www.fieldprintgeorgia.com</a> . <b>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 <a href="mailto:PLB-Healthcare2@sos.ga.gov">PLB-Healthcare2@sos.ga.gov</a>. 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.</b>
<b>VERIFICATION OF MT LICENSE</b>	An official, certified verification of current licensure, as well as verification of any lapsed or revoked licenses, must be submitted along with this application. See page 3 of 7 of this application for additional information.

<b>ADDRESS CHANGES</b>	<p>Once a Provisional Permit 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 <u>WHILE</u> this application is pending, notify this office in writing by mail or by email to <a href="mailto:PLB-Healthcare2@sos.ga.gov">PLB-Healthcare2@sos.ga.gov</a>.</p> <p>NOTE: <b>All</b> name changes must be submitted to the Board office, cannot be done online. The official name change form must be downloaded from the website and submitted to the Board along with a <u>copy</u> of the official document that changes the name (Marriage Certificate, Divorce Decree, or Court Documents. Social Security Cards and Drivers Licenses <b>are not acceptable.</b>) <b>DO NOT SEND ORIGINALS. IF YOU DO, THEY WILL NOT BE RETURNED.</b></p>
<b>PROOF OF ACTIVE DUTY STATUS</b>	<p>If you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard) and you wish to qualify for expedited processing you must meet the requirements of O.C.G.A. § 43-1-34.</p>

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](http://sos.ga.gov/georgia-board-massage-therapy)

**APPLICATION FOR A PROVISIONAL PERMIT  
 MASSAGE THERAPIST**

THE PROVISIONAL PERMIT IS **ONLY AVAILABLE** TO NON-RESIDENTS OF GEORGIA.

**IF YOU LIVE IN GEORGIA, DO NOT SUBMIT THIS APPLICATION.**

NON-REFUNDABLE & NON-TRANSFERABLE APPLICATION FEE: \$135.00 (\$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.

**PART 1: PERSONAL INFORMATION**

Name: \_\_\_\_\_  
 (Please Print Clearly) Last First Middle (Maiden)

Name as shown on documents or transcripts (If different than above):

\_\_\_\_\_ Last First Middle (Maiden)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(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)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

(APPLICANTS MUST BE 18 YEARS OF AGE OR OLDER AT THE TIME OF APPLICATION)

Home Address: \_\_\_\_\_  
 Street (P.O. Box, not acceptable) Apt. No. City State Zip Code

Mailing address if different than home address:  
 \_\_\_\_\_  
 Street Apt. No. City State Zip Code

TELEPHONE NUMBER (DAY) \_\_\_\_\_ TELEPHONE NUMBER (EVENING) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

Note: Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email 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 2: PROFESSIONAL LICENSURE/CERTIFICATIONS**

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

State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are there currently, or have there ever been, any public reprimands, restrictions or sanctions against this license? Yes No \_\_\_\_\_

\*Other States or Jurisdictions of licensure, currently active or not:

State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\* NOTE: Verification of licensure, currently active or not, as a massage therapist from the state or jurisdiction must be verified to GA Board of Massage Therapy. You must contact the state agency or other issuing entity and have an original verification of licensure, with the state's seal on the document, mailed (address follows), or by E-Mail in a PDF format to [PLB-Healthcare2@sos.ga.gov](mailto:PLB-Healthcare2@sos.ga.gov) directly to the Board.

The applicant may submit the verification with their application materials but it must be an official verification of licensure. Please contact the issuing state agency for any fees and processing time.

A copy of a 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.

Mailing address:

Georgia Board of Massage Therapy, 237 Coliseum Drive, Macon, GA 31217-3858

### **Part 3: Employment**

Are you currently working as a massage therapist in your state of residence?  YES  NO

If so, please list your current employer(s) in the spaces below:

	Place of practice: Employer Name, City, State	Job Title/Responsibilities	Dates of Employment:
<input type="checkbox"/> YES <input type="checkbox"/> NO Current Employer			From:  To:
<input type="checkbox"/> YES <input type="checkbox"/> NO			From:  To:
<input type="checkbox"/> YES <input type="checkbox"/> NO			From:  To:

## **PART 4: BACKGROUND INFORMATION**

If you answer yes to the following question, you must attach a detailed letter of explanation, and copy of any court(s) final disposition of action taken by any court(s). 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 a provisional permit 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.

YES  NO

**HAS ANY OTHER LICENSING BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE 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 completed 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: YOUR APPLICATION FOR LICENURE CANNOT BE PROCESSED WITHOUT THE CRIMINAL BACKGROUND CHECK HAVING BEEN COMPLETED AS EXPLAINED IN THE INSTRUCTIONS ON PAGE 1.**

**DO NOT COMPLETE THE BACKGROUND CHECK PRIOR TO SUBMITTING THIS APPLICATION. BACKGROUND CHECKS ARE ONLY VALID FOR 30 DAYS. IF YOU HAVE NOT APPLIED PRIOR TO THE BACKGROUND CHECK, YOU MAY HAVE TO COMPLETE THE BACKGROUND CHECK AGAIN.**

**PART 5: PLANNED GEORGIA EMPLOYMENT &  
PROPOSED SUPERVISOR INFORMATION FORM**

(As a Georgia Massage Therapist Provisional Permit holder)

Name of Proposed/Confirmed GA Employer: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
Street (NO P.O. Box) City State Zip

Mailing Address of Proposed/Confirmed GA Employer (If Different than above Physical Address):

Address: \_\_\_\_\_  
Street (NO P.O. Box) City State Zip

Work (GA) Telephone # \_\_\_\_\_ Owner: \_\_\_\_\_

GA Proposed Licensed Supervisor: \_\_\_\_\_  
(Name – Please Print Clearly)

GA MT License # \_\_\_\_\_ Issue Date: / \_\_\_\_ / \_\_\_\_ Expiration Date: \_\_\_\_\_  
(GA MT License # - MUST be Active)

Telephone (Supervisor) #: \_\_\_\_\_ Cell Phone # (If Different): \_\_\_\_\_

E-Mail Address (Supervisor): \_\_\_\_\_

Employment in Georgia Start Date: \_\_\_\_\_ Expected End Date: \_\_\_\_\_

(Signature of Applicant) \_\_\_\_\_

(Date) \_\_\_\_\_

(Signature of Proposed or Confirmed Supervisor) \_\_\_\_\_

(Date) \_\_\_\_\_

Sworn to and subscribed before me this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

(Notary Seal)

Notary Public Signature

My commission expires: \_\_\_\_\_

Note to Notary: Application should be signed with proper ID from both supervisor and applicant.

## **PART 5: 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 State 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 7 & 8 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 7 & 8 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.

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

**MT PROVISIONAL PERMIT REQUEST**

\_\_\_\_\_  
(Printed Name of Applicant)

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

Issued October 28, 2016, 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(f). 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]

\_\_\_\_\_ 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]

\_\_\_\_\_ A unexpired 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:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [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 law<sup>1</sup> [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]

\_\_\_\_\_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]

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)]

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<sup>1</sup> Senate 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 the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Form with fields: Full Name (print), Address, Sex, Race, Date of Birth, Social Security Number

Please check ONLY one of the boxes listed below:

- Authorization 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)

Table with categories: NON-CRIMINAL JUSTICE PURPOSES, PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY), CRIMINAL JUSTICE

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

Table with options: No Criminal Record Available, Criminal Record (Attached/Released), No NCIC/GCIC Warrant, 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 that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI 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 agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3- 35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

## PRIVACY ACT STATEMENT

**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.