

**GEORGIA SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
IMMIGRATION ASSISTANCE SERVICES
237 Coliseum Drive
Macon, Georgia 31217
www.sos.ga.gov/plb**

INFORMATION SHEET

**REQUIREMENTS FOR REGISTRATION AS
AN IMMIGRATION ASSISTANCE PROVIDER**

1. Applicant must be 18 years or older;
2. Complete application – sign and notarized;
3. Submit required application fee of \$40.00 or reinstatement fee of \$100.00;
4. Submit required processing fee of \$10.00;
5. Submit Form IP200, proof of \$5,000.00 Performance Bond;
6. Submit Consent Form for Background Investigation and criminal background report for individual applicant; or if applicant is limited liability company or partnership, a criminal background report for all partners; or if applicant is a corporation, a criminal background check for all principal officers;
7. A copy of a current secure and verifiable document such as a driver's license, passport or other document listed on page 7 of this application.

All applications are valid for 12 months from the date received by the Secretary of State's Office. Applications not completed within the 12-month period will be administratively withdrawn, and a new application, application fee, bond and criminal background check will be required for further consideration for registration. *Application fees are non-refundable.*

Keep a copy of this application and all supporting documents! All original materials will be maintained by our office and not returned to you.

Note: Any immigration assistance provider *must* provide in writing immediately to the Secretary of State if: 1) he or she has been made or is the subject of any disciplinary, administrative, civil or criminal action; and 2) he or she has been served in any civil complaint or arbitration filed alleging fraud or any violation of any local, state, or federal law. Further, any immigration assistance provider must notify the Secretary of State within ten (10) days of any felony conviction.

IMPORTANT NOTICE: Please submit this unstapled and unfolded application in a 9 X 12 envelope.

For Office Use Only:
Amount Submitted: _____
Date/Initials: _____
Receipt #: _____

For Office Use Only:
Applicant # _____
License # _____
Applicant # _____

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Immigration Assistance Provider
____ Initial Application \$40.00 plus \$10.00 processing fee
____ Reinstatement Application \$100.00 plus \$10.00 processing fee

Application fees are non-refundable.

Please check appropriate business entity:

____ Individual ____ Partnership* ____ Limited Liability Company* ____ Sole Proprietor ____ Corporation *
*If applicant is a partnership or limited liability company, attach sheet with name and residence of each member.
*If applicant is a corporation, attach a sheet with the name and address of each of its principal officers and the corporation control number.

General Information

Full name of applicant:

First Middle Last

Or

Trade Name

SSN* of applicant: ____/____/____ FEIN: _____

*This information is authorized to be obtained & disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. §20-3-295, 42 U.S.C. A. §1001.

| | | |
|--|--|--|
| <p>five (5) years of a felony or misdemeanor involving moral turpitude in the courts of Georgia or any other state, territory or country or in the federal courts of the United States that involves:</p> <p>A. The taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any of the foregoing offenses;</p> <p>B. The conduct of immigration assistance; or</p> <p>C. Involves the theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds?</p> | | |
| <p>*If you answered Yes to any question 3 through 5, you must submit the following: a) a certified copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation/parole officer regarding your current status/completion of any probation/parole.</p> | | |
| <p>6. Have you or any of the partners or officers ever had revoked or suspended or otherwise sanctioned any professional license issued by any board or agency in Georgia or in any other state?</p> | | |
| <p>7. Within the last five (5) years, have you or any of the partners or officers ever been the subject of any of the following orders?</p> <p>A. An order by an agency or administrator of another state or a foreign country or the federal government?</p> <p>B. A United States Postal Service fraud order?</p> <p>C. A cease and desist order entered by the Secretary of State or other state of federal authority?</p> | | |
| <p>*If you answered Yes to questions 6 and/or 7 regarding sanctions from another board or an order by an agency, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to this office.</p> | | |
| <p>8. Have you or any of the partners or officers ever been denied issuance of or, pursuant to disciplinary proceedings, denied renewal of a professional license by any board or agency in Georgia or in any other State?</p> <p>*If you answered Yes to this question, please attach an explanation.</p> | | |
| <p>9. Are you or any of the partners or officers in default of a loan with the Georgia Higher Education Assistance Corporation?</p> | | |
| <p>10. Are you or any of the partners or officers in default of a federal education loan, loan repayment or service conditional scholarship program?</p> | | |
| <p>11. Have you or the partners or officers failed to comply with an order for child support?</p> | | |
| <p>*If you answered Yes to any question 9 through 11, or if such proceeding is pending in any state, attach all pertinent information with respect to such injunction, disciplinary proceeding, conviction or charges.</p> | | |
| <p>12. Will you provide services which will require you to control the funds of a client seeking immigration assistance? _____ Yes _____ No</p> <p>*If you answered Yes attach a financial statement for the current fiscal year.</p> | | |

Required Documents

The following documents must be attached to this application:

1. Authorization to perform a criminal background check
2. \$5,000.00 Performance Bond (Form IP200)

The undersigned applicant represents that the information and statements contained in this application, including any and all attachments, are current, true and complete. The undersigned further represents that to the extent any information previously submitted is not amended, such information is currently accurate and complete. By signing this certification, the applicant certifies that he or she is at least 18 years of age and acknowledges that willful misstatements or omissions of fact may result in administrative, civil or criminal action.

Print Name of Applicant

Signature of Applicant

Date

Sworn and subscribed before me this

_____ day of _____, 201____.

Notary Public

Date commission expires

(Seal)

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Office of the Secretary of State

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ Agency/Company 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.

| | | | |
|-------------------|------|---------------|------------------------|
| 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 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>).

Attachment B

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.



Affidavit Regarding Citizenship

Please mail this document along with a copy of your secure and verifiable document to the following address:
Professional Licensing Boards • 237 Coliseum Drive • Macon, Georgia 31217

Name: _____

License Type that you are Applying for: _____

APPLICANT 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 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. **Please 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.**
- 2) _____ I am not a United States citizen, but 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. **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.**

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.

Executed in _____(city), _____(state).

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

____ DAY OF _____, 20____

NOTARY PUBLIC

My Commission Expires: