

THIRD-PARTY AUTHORIZATION (optional)

I wish to add/remove authorization for the person(s) listed below to inquire on the status of my record and/or to submit information/documents for my record.

Third Party #1: Authorize Remove authorization

PRINTED NAME OF THIRD PARTY

LAST 4/SSN

Third Party #2: Authorize Remove authorization

PRINTED NAME OF THIRD PARTY

LAST 4/SSN

Third Party #3: Authorize Remove authorization

PRINTED NAME OF THIRD PARTY

LAST 4/SSN

APPLICANT / LICENSEE PRINTED NAME

APPLICATION / LICENSE NUMBER

APPLICANT / LICENSEE SIGNATURE (Must be signed in presence of a commissioned Notary Public)

SIGNATURE DATE

NOTARIZATION (Required for validation of Third-party Authorization)

SUBSCRIBED AND SWORN BEFORE ME ON THIS,

THE _____ DAY OF _____, _____
DAY MONTH YEAR

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES AS FOLLOWS:

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