



**OFFICE OF COMMISSIONER OF INSURANCE**  
 COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER  
**Ralph T. Hudgens, Commissioner**



[www.oci.ga.gov](http://www.oci.ga.gov)

Phone: 855-235-5174

Email: [GAInslicensing@psionline.com](mailto:GAInslicensing@psionline.com)

**INSTRUCTIONS FOR NON-RESIDENT AGENCY/BUSINESS ENTITY APPLICATION**

**AGENTS LICENSING  
 GID-395-AL APR2015**

Instructions for Non-Resident Agency/Business Entity Application

- Effective 1-1-2012, submit with the application the Citizenship Affidavit Form GID-276-EN which is required of persons making application for all licenses in order to comply with the Georgia Illegal Immigration Reform and Enforcement Act.
- We do license the non-resident agency however we do not appoint the agency/business entity to represent an insurer – each individual agent *must* be appointed (certificate of authority) to represent the insurer.
- A Name Approval from GID is required when the following terms appear in the agency name: Insurance, Assurance, Surety, Fidelity, Indemnity, Reinsurance, and Reassurance. Contact GA Insurance Department at (404) 656-2074 for information.
  - **Please submit a separate \$50 fee along with your request for name approval using GID-130A-AL to:**  
**Office of Commissioner of Insurance**  
**Attn: Bruce Williamson-Insurance, Financial Oversight Division**  
**P.O. Box 935138**  
**Atlanta, GA. 30349**
- Effective 7-1-2012, all new licenses will be issued on a biennial basis.
- Fee for licensure: \$100 for Principal and \$20 for Branch.
  - If applying for a branch license, the Principal Agency name & Resident state must be indicated.
  - If reinstating, indicate the agency's license number that is being reinstated.
- Check or money order must be made payable to: **PSI SERVICES LLC / GEORGIA INSURANCE DEPT.**

**Mailing Instructions:**

**Regular Mailing Address WITH PAYMENT:**

**PSI Services LLC**  
**P.O. Box 742983**  
**Atlanta, GA 30348-2983**

**Overnight Mailing Address WITH PAYMENT:**

**Bank of America**  
**ATTN: PSI Services LLC Box 742983**  
**1075 Loop Road (2nd Floor)**  
**Atlanta, GA 30337**

REQUEST FOR NAME APPROVAL FORM

Date: \_\_\_\_\_

Name of Entity: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Return Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Nature of Business:      Insurance Carrier                                      Insurance Agency

Other (Please Specify):  
\_\_\_\_\_

If you have any questions, please contact Bruce Williamson at: [BWilliamson@oci.ga.gov](mailto:BWilliamson@oci.ga.gov)



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**AGENTS LICENSING  
 GID-130A-AL APR2015**

**REQUEST FOR AGENCY/BUSINESS NAME APPROVAL**

**Instructions for Requesting Name Approval**

The use of a business name including any of the following seven words requires a letter of approval from the Office of Commissioner of Insurance which is processed through the Insurance Financial Oversight Division:

**Insurance, Surety, Fidelity, Assurance, Reinsurance, Indemnity, Reassurance**

If you have any questions, please contact Bruce Williamson at [BWilliamson@oci.ga.gov](mailto:BWilliamson@oci.ga.gov) or call (404) 657-9205.

**To request name approval, please complete the following:**

Date		
Name of Entity		
FEIN		
Contact Name		
Business	Street Address	
	City, State, Zip	
E-mail Address		
Contact Phone Number		
Nature of Business:	<input type="checkbox"/> Insurance Carrier	<input type="checkbox"/> Insurance Agency
	Other (Please Specify):	

The fee for name approval is \$50.

**Mail ONLY this request for name approval with your check or money order to:**

<b><u>Mailing Instructions:</u></b>	
<b><u>Mailing Address WITH PAYMENT:</u></b> Georgia Commissioner of Insurance Insurance Financial Oversight Division Attn: Bruce Williamson P. O. Box 935138 Atlanta, GA 31139	<b><u>Mailing Address "OVERNIGHT" WITH PAYMENT:</u></b> Georgia Department of Insurance c/o Wells Fargo Bank Lockbox 935138 3585 Atlanta Avenue Hapeville, GA 30354

A letter of approval will be issued once name approval has been granted.

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PLEASE NOTE: **Name approval is not the granting of a license.**

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Business Entity License/Registration (Please Print or Type)

**Check appropriate boxes for license requested.**

- Resident License
- Non-Resident License
  - Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_
- New Application
- Additional Line(s) of Authority

### Demographic Information

<b>①</b> Business Entity Name		<b>②</b> Incorporation/Formation Date (month) ___ (day) ___ (year) ___		<b>③</b> FEIN -	
<b>④</b> If assigned, National Producer Number (NPN)			<b>⑤</b> If applicable, FINRA Firm Central Registration Depository (CRD)		
<b>⑥</b> List any other assumed, fictitious, alias or trade names under which you are currently doing business or intend to do business.			<b>⑦</b> State of Domicile		<b>⑧</b> Country of Domicile
<b>⑨</b> Is the business entity affiliated with a financial institution/bank?      Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>⑩</b> Business Address		<b>⑪</b> City		<b>⑫</b> State	<b>⑬</b> Zip Code
<b>⑮</b> Phone Number (include Ext.) ( ) -		<b>⑯</b> Fax Number ( ) -		<b>⑰</b> Business Web Site Address	
<b>⑱</b> Mailing Address		<b>⑳</b> P.O. Box		<b>㉑</b> City	<b>㉒</b> State
				<b>㉓</b> Zip Code	<b>㉔</b> Foreign Country

### Designated/Responsible Licensed Producer

**㉕** Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state. (See Matrix of State Requirements at [www.nipr.com](http://www.nipr.com) for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)

Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____

### Owners, Partners, Officers and Directors

**㉖** Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	-	-	D.O.B _____	Owner: Yes / No	% of ownership interest _____

(State Use)

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Business Entity License/Registration

Applicant Name: \_\_\_\_\_

### Jurisdiction and Type of License/Registration Requested –Major Lines of Authority

**(27)** Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.

**Legal Business Type:** C – Corporation    P – Partnership    S – Sole Proprietorship    LLC – Limited Liability Company    **LLP – Limited Liability Partnership**

**License/Registration Types:** A – Agent    B – Broker    P – Producer    SLP – Surplus Lines Producer

**Lines of Authority:** V – Variable Life/Variable Annuity    L – Life    H – Accident & Health or Sickness    **P – Property**    C – Casualty    **PL – Personal Lines**

Jurisdiction	Legal Business Type					License/Registration Type				Lines of Authority					
	C	P	S	LLC	LLP	A	B	P	SLP	V	L	H	P	C	PL
AK															
AL															
AR															
AZ															
CA															
CO															
CT															
DC															
DE															
FL															
GA															
GU															
HI															
IA															
ID															
IL															
IN															
KS															
KY															
LA															
MA															
MD															
ME															
MI															
MN															
MO															
MS															
MT															
NC															
ND															
NE															
NH															
NJ															
NM															
NV															
NY															
OH															
OK															
OR															
PA															
PR															
RI															
SC															
SD															
TN															
TX															
UT															
VA															
VI															
VT															
WA															
WI															
WV															
WY															

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Business Entity License/Registration

Applicant Name: \_\_\_\_\_

### Jurisdiction and Type of License/Registration - Limited Lines of Authority

Ⓢ Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.

**Legal Business Type:** C – Corporation    P – Partnership    S – Sole Proprietorship    LLC – Limited Liability Company    **LLP – Limited Liability Partnership**

**License/Registration Types :** A – Agent    B – Broker    P – Producer    SLP – Surplus Lines Producer

**Limited Lines:** Credit – Credit    CR – Car Rental    CROP – Crop    T – Travel    S – Surety    O – Other: Specify Type

Jurisdiction	Legal Business Type					License/Registration Type				Lines of Authority					
	C	P	S	LLC	LLP	A	B	P	SLP	Credit	CR	Crop	T	S	O _____
AK															
AL															
AR															
AZ															
CA															
CO															
CT															
DC															
DE															
FL															
GA															
GU															
HI															
IA															
ID															
IL															
IN															
KS															
KY															
LA															
MA															
MD															
ME															
MI															
MN															
MO															
MS															
MT															
NC															
ND															
NE															
NH															
NJ															
NM															
NV															
NY															
OH															
OK															
OR															
PA															
PR															
RI															
SC															
SD															
TN															
TX															
UT															
VA															
VI															
VT															
WA															
WI															
WV															
WY															

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Business Entity License/Registration

Applicant Name: \_\_\_\_\_

### Background Questions

29) Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor? Yes \_\_\_ No \_\_\_

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony? Yes \_\_\_ No \_\_\_

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense? Yes \_\_\_ No \_\_\_

**NOTE:** For Questions 1a, 1b, and 1c “**Convicted**” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- a copy of the charging document,
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration? Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Business Entity License/Registration

Applicant Name: \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer yes:

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes \_\_\_ No \_\_\_

**Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you must go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Business Entity License/Registration

Applicant Name: \_\_\_\_\_

### Applicant's Certification and Attestation

- ⑩ On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:
1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
  2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
  3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
  4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
  5. I authorize the jurisdictions to which this application is made to give any information they may have concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
  6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
  7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
  8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).
  9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State.

**Must be signed by an officer, director, or partner of the business entity, or member or manager of a limited liability company:**

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### Attachments

- ⑪ The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.
1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Database in lieu of requiring an original Letter of Certification from the resident state.
  2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.nipr.com](http://www.nipr.com)).



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**Ralph T. Hudgens, Commissioner**

2 Martin Luther King Jr., Dr., West Tower, Atlanta, GA 30334



www.oci.ga.gov

**Illegal Immigration Reform And Enforcement Act  
Notice**

**ENFORCEMENT  
GID-276-EN JUL2014  
(replaces GID-235-SF)**

In accordance with O.C.G.A. §50-36-1, the Office of Insurance and Safety Fire Commissioner is required to verify the lawful presence of all new and renewal applicants. **Therefore, the following documents must be included with [a] every new application submitted to this Office, regardless of the citizenship status of the applicant, AND for [b] every renewal application submitted to this Office thereafter by non-citizen (alien) applicants:**

- 1. A signed and notarized copy of the attached Citizenship Affidavit Form; and**
- 2. A copy of the front AND back of one secure and verifiable identification document.** *(Attached is a list of ALL secure and verifiable documents that this Office can accept in order to satisfy this requirement. We cannot accept any documents that are not included in this list. These documents may be submitted to this Office electronically.)*

**All applicants are required to submit LEGIBLE COPIES of these two (2) documents, as set forth in [a] and/or [b] above, before an application can be processed.** If applying on behalf of a business entity, then an employee or officer of the business entity, who has authority, must complete and submit these documents as set forth in [a] and/or [b] above. However, if there has been a change in the person who has authority to apply for licensure on behalf of a licensed business entity, these documents must be completed and submitted by the individual who currently has authority, regardless of the citizenship status of such individual.

In addition, if you (or, for a business entity, the employer or officer with authority) are not a United States citizen, we are required by law to verify your immigration status through the Federal Systematic Alien Verification of Entitlement (SAVE) program.

**MAILING INSTRUCTIONS**

Submit the two (2) required documents referenced above with your complete application to the email address (if submitted digitally) **OR** to the mailing address (if submitted in paper form) specified in the application instructions.

**HOW TO FILL OUT THE CITIZENSHIP AFFIDAVIT FORM**

**In the boxes at the top of the form,** indicate in which of the three business types: INSURANCE (for this choice specify Agent, Agency or Carrier), SAFETY FIRE, or INDUSTRIAL LOAN the affidavit pertains. Indicate the business name on the line where the asterisk \* is applicable to the choice. Also, provide the License #, NAIC# or Employer ID# if known.

**Spaces #1 - #3** – Applicant should put an X in the space that best describes the applicant’s citizenship status. Please note that applicant should put an X in ONLY ONE of these spaces.

- If you put an X in Space #2 (legal permanent resident) OR Space #3 (qualified alien or non-immigrant), then applicant **MUST** write down the alien number that was issued by the Department of Homeland Security or other federal immigration agency in the space provided.

**Spaces #4 - #5** – Applicant should fill in the city and state in which this affidavit form is being notarized.

**AN APPLICATION CANNOT BE PROCESSED IF THE  
CITIZENSHIP AFFIDAVIT FORM IS NOT COMPLETELY FILLED OUT.**



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2 Martin Luther King Jr., Dr., West Tower, Atlanta, GA 30334



www.oci.ga.gov

Illegal Immigration Reform And Enforcement Act  
Citizenship Affidavit Form

ENFORCEMENT  
GID-276-EN JUL2014  
(replaces GID-235-SF)

This affidavit is provided to satisfy the new or renewal requirements for an application in which one of the following types of business:

<input type="checkbox"/> <b>INSURANCE</b> (specify below):	<input type="checkbox"/> <b>SAFETY FIRE*</b> (specify below):	<input type="checkbox"/> <b>INDUSTRIAL</b>
<input type="checkbox"/> Agent <input type="checkbox"/> Agency* <input type="checkbox"/> Carrier*	<input type="checkbox"/> Engineering <input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> <b>LOAN*</b>
	<input type="checkbox"/> Manufactured Housing <input type="checkbox"/> Safety Engineering	

\* If the person providing the affidavit serves as "the designated responsible party" (ex.: owner/operator, partner, executive, etc...) for one of these business types, please provide the name of the business: \_\_\_\_\_

If you know one of the following identifiers, please enter it here:

License # \_\_\_\_\_ NAIC # \_\_\_\_\_ Employer ID # \_\_\_\_\_

**O.C.G.A. §50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a license, certificate, registration, permit, etc., as referenced in O.C.G.A. §50-36-1, from the Office of Insurance, Safety Fire and Industrial Loan Commissioner, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

**[Check ONLY ONE of the following:]**

- 1) \_\_\_\_\_ I am a United States citizen; OR
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States; OR  
My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.
- 3) \_\_\_\_\_ 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.  
My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

**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 representation 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.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

**!! SUBMIT ONLY THIS COMPLETED CITIZENSHIP AFFIDAVIT PAGE WITH THE REQUIRED DOCUMENTATION !!**



**OFFICE OF COMMISSIONER OF INSURANCE**  
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

**Ralph T. Hudgens, Commissioner**

2 Martin Luther King Jr., Dr., West Tower, Atlanta, GA 30334



[www.oci.ga.gov](http://www.oci.ga.gov)

**Illegal Immigration Reform And Enforcement Act  
Citizenship Affidavit Form**

**ENFORCEMENT  
GID-276-EN JUL2014  
(replaces GID-235-SF)**

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**  
**Issued August 1, 2011 by the Office of the Attorney General, Georgia**

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) 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.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A 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 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 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]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]



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