

# Georgia Professional Standards Commission

## Verification of Lawful Presence

200 Piedmont Avenue, Suite 1702, Atlanta, GA 30334-9032

Please Use Black Ink or Type

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Please use ALL CAPS and print your legal name in the spaces indicated.

Title		Last name	
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	
First name		Middle or Maiden Name	
Social Security Number		Date of Birth (MM/DD/YY)	

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This form must accompany the O.C.G.A 50-36-1(e)(2) Affidavit verifying lawful presence within the United States and a copy a secure and verifiable document for identification purposes. Examples of acceptable secure and verifiable documents include:

- An unexpired United States passport or passport card
- An unexpired United States military identification card
- 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 Islands, American Samoa, or the Swain Islands
- 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 Islands, American Samoa, or the Swain Islands
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card
- An unexpired Employment Authorization Document that contains a photograph of the bearer
- An unexpired passport issued by a foreign government
- An unexpired driver's license issued by a Canadian government authority
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350)
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545)
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240)
- 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

A complete list of acceptable secure and verifiable documents may be found at [https://etax.dor.ga.gov/ctr/2013\\_Secure\\_and\\_Verifiable\\_Document\\_Listing.pdf](https://etax.dor.ga.gov/ctr/2013_Secure_and_Verifiable_Document_Listing.pdf).

For step-by-step instructions for completing the form and a description of the verification process, please refer to the Instructions for Completing Affidavit at [www.gapsc.com/affidavit](http://www.gapsc.com/affidavit).

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **Georgia Educator Certificate/License**, as referenced in O.C.G.A. § 50-36-1, from the **Georgia Professional Standards Commission**, the undersigned applicant verifies one of the following with respect to application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 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.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

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: