



# Georgia Office of EMS and Trauma Verification of Lawful U.S. Residency Form

## O.C.G.A. Section § 50-36-1(e)(2)

As part of my application for licensure from the Georgia Department of Public Health, I hereby swear, under oath, that I am:

**[Check one of the following]**

- 1.  A citizen of the United States;
- 2.  A legal permanent resident of the United States
- 3.  A qualified alien or non-immigrant under the Federal Immigration and Nationality Act. The alien number assigned to me by the United States Department of Homeland Security or other federal immigration agency is \_\_\_\_\_

I also swear that I am eighteen years of age or older, and that I have provided at least one secure and verifiable document, which is my \_\_\_\_\_

If you checked #2 or #3 above, you must also provide a copy of your unexpired Residency Card and Form I-20 or Form I-797. If the Residency Card has expired, you will only need to provide Form I-20 or Form I-797.

**The original "secure and verifiable document" was shown to the notary public, and a true copy of the document is attached to my application with this affidavit.**

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section § 16-10-20 and face penalties authorized by the statute.

### SIGNATURES

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

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

### NOTARY

Subscribed and sworn before this \_\_\_\_\_ (stamp)  
day of \_\_\_\_\_, 20\_.

Notary Public  
\_\_\_\_\_

My commissions expire: