



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 State 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 is my _____

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
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NOTARY

Subscribed and sworn before this _____ (stamp)
day of _____, 20__.

Notary Public

My Commissions expires: