



GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

Verification of Lawful U.S. Residency for License Application

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 Alien Number

I also swear that I am eighteen years of age or older, and that I have provided at least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section § 50-36-1(e)(1). The 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 criminal penalties authorized by the statute.

Signature of Applicant _____

Subscribed and sworn before me this _____ day of _____, _____.

Printed Name of Applicant _____

Notary Public _____

My Commission Expires _____