



Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 13th Floor
Atlanta, Georgia 30303-3142
www.health.state.ga.us

GEORGIA DEPARTMENT OF PUBLIC HEALTH Verification of Residency

In order to obtain and/or renew my status as an Approved Soil Classifier, I hereby swear, under oath, that I am:
(check one of the following)

- A Citizen of the United States;
 - A legal permanent resident of the United States;
 - A qualified alien or non-immigrant under the Federal Immigration and Nationality Act.
- Official Alien Number: _____

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

- Copy of document provided (check one):
- Driver's license
 - Birth certificate
 - US Passport
 - US Permanent Residence or Alien Registration Receipt Card
 - Certificate of Citizenship or Naturalization
 - Other (please call our office at 404-657-6534 to verify document will be accepted)

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 the criminal penalties authorized by that statute.

Contractor Name (printed):

Contractor Signature:

New or Renewal (circle one)

Current Certification # **(required for all renewals)**:

Note:
This form must be notarized and stamped or it will not be accepted. A separate copy of this form must be submitted for each individual classifier, along with the identification document.

Subscribed and sworn before me
this ____ day of _____, 20____.

Notary Public
My commission expires _____.