



# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN W. OXENDINE  
COMMISSIONER OF INSURANCE  
SAFETY FIRE COMMISSIONER  
INDUSTRIAL LOAN  
COMMISSIONER

## SIGNATURE FORM

2 Martin Luther King Jr. Dr.  
620 West Tower  
Atlanta, Georgia 30334  
(404) 656-2064 or (404) 656-4031  
www.gainsurance.org

Under Georgia Law O.C.G.A. §50-36-1, the Department is required to verify the lawful presence of individuals to who it issues professional licenses and permits. To comply with the law, our applications ask the appropriate questions concerning citizenship and alien status. If the applicant is a "qualified alien," the applicant must submit documentation to provide verification of status. All information submitted will be verified by our office. Each Technician must submit three samples of his signature in **medium point black ink** (no fine point) which is an accurate representation of Technician's signature.

\_\_\_\_\_  
(Name of Business) (License #)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

### Technician Signatures:

1. \_\_\_\_\_ I am a U.S. Citizen \_\_\_\_\_ I am a Corporation \_\_\_\_\_ I am not U.S. Citizen but am a qualified alien under the Federal Immigration & Naturalization Act, and I am lawfully present in the United States. (Enclose INS documentation)

**(Printed)** technician's name: \_\_\_\_\_ Permit# \_\_\_\_\_

\_\_\_\_\_  
(Technician's signature) (Technician's signature) (Technician's signature)

2. \_\_\_\_\_ I am a U.S. Citizen \_\_\_\_\_ I am a Corporation \_\_\_\_\_ I am not U.S. Citizen but am a qualified alien under the Federal Immigration & Naturalization Act, and I am lawfully present in the United States. (Enclose INS documentation)

**(Printed)** technician's name: \_\_\_\_\_ Permit# \_\_\_\_\_

\_\_\_\_\_  
(Technician's signature) (Technician's signature) (Technician's signature)

3. \_\_\_\_\_ I am a U.S. Citizen \_\_\_\_\_ I am a Corporation \_\_\_\_\_ I am not U.S. Citizen but am a qualified alien under the Federal Immigration & Naturalization Act, and I am lawfully present in the United States. (Enclose INS documentation)

**(Printed)** technician's name: \_\_\_\_\_ Permit# \_\_\_\_\_

\_\_\_\_\_  
(Technician's signature) (Technician's signature) (Technician's signature)

4. \_\_\_\_\_ I am a U.S. Citizen    \_\_\_ I am a Corporation    \_\_\_\_\_ I am not U.S. Citizen but am a qualified alien under the Federal Immigration & Naturalization Act, and I am lawfully present in the United States. (Enclose INS documentation)

**(Printed)** technician's name: \_\_\_\_\_ Permit# \_\_\_\_\_

\_\_\_\_\_  
(Technician's signature)

\_\_\_\_\_  
(Technician's signature)

\_\_\_\_\_  
(Technician's signature)

5. \_\_\_\_\_ I am a U.S. Citizen    \_\_\_ I am a Corporation    \_\_\_\_\_ I am not U.S. Citizen but am a qualified alien under the Federal Immigration & Naturalization Act, and I am lawfully present in the United States. (Enclose INS documentation)

**(Printed)** technician's name: \_\_\_\_\_ Permit# \_\_\_\_\_

\_\_\_\_\_  
(Technician's signature)

\_\_\_\_\_  
(Technician's signature)

\_\_\_\_\_  
(Technician's signature)

**If you need additional space, please copy and use this form.**

Under Georgia Law O.C.G.A. §50-36-1, the Department is required to verify the lawful presence of individuals to who it issues professional licenses and permits. To comply with the law, our applications ask the appropriate questions concerning citizenship and alien status. If the applicant is a "qualified alien," the applicant must submit documentation to provide verification of status. All information submitted will be verified by our office

I hereby certify that I am the person responsible for the employment of all applicants indicated above, that all the information provided on the attached applications, documentation and or verification forms is hereby given herein is true and complete to the best of my knowledge, and that any false statement will be cause for voiding any application and/or subsequent license or permit.

I further affirm that the applicant(s) and I understand and have read the currently adopted rules and regulations located on the Insurance and State Fire Commissioners website <http://www.gainsurance.org/FireMarshal/Home.aspx> and agree to comply with R&R120-3-23 for the term of my active current license. I (we) agree that failure to comply with these standards may be cause for suspension or revocation of my current license or permit.

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Signature /Owner \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn before me on this \_\_\_\_\_ day

Of \_\_\_\_\_, 200\_\_\_\_\_.

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

