

**GEORGIA SECRETARY OF STATE
PRIVATE IMMIGRATION ASSISTANCE SERVICES
237 COLISEUM DRIVE, MACON, GA 31217
(478) 207-2440
<http://sos.georgia.gov/securities/immigration.htm>**

INFORMATION SHEET

**REQUIREMENTS FOR REGISTRATION AS
AN IMMIGRATION ASSISTANCE PROVIDER**

1. Applicant must be 18 years or older;
2. Complete application – sign and notarized;
3. Submit required application fee of \$40.00;
4. Submit Form IP200, proof of \$5,000.00 Performance Bond;
5. Submit criminal background report for individual applicant; or if applicant is limited liability company or partnership, a criminal background report for all partners; or if applicant is a corporation, a criminal background check for all principal officers;
6. If not a U.S. citizen, proof of qualified alien status.

All applications are valid for 12 months from the date received by the Secretary of State's Office. Applications not completed within the 12-month period will be administratively withdrawn, and a new application, application fee, bond and criminal background check will be required for further consideration for registration. *Application fees are non-refundable.*

Keep a copy of this application and all supporting documents! All original materials will be maintained by our office and not returned to you.

Note: Any immigration assistance provider *must* provide in writing immediately to the Secretary of State if: 1) he or she has been made or is the subject of any disciplinary, administrative, civil or criminal action; and 2) he or she has been served in any civil complaint or arbitration filed alleging fraud or any violation of any local, state, or federal law. Further, any immigration assistance provider must notify the Secretary of State within ten (10) days of any felony conviction.

IMPORTANT NOTICE: Please submit this unstapled and unfolded application in a 9 X 12 envelope.

For Board Use Only:
Amount Submitted: _____
Date/Initials: _____
Receipt #: _____

For Board Use Only:
Applicant # _____
License # _____
Applicant # _____

GEORGIA SECRETARY OF STATE
237 COLISEUM DRIVE
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TELEPHONE: 478.207.2440
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Initial Application for Registration
Immigration Assistance Provider

Application fees are non-refundable.

Please check appropriate business entity:

____ Individual ____ Partnership* ____ Limited Liability Company* ____ Sole Proprietor ____ Corporation *
*If applicant is a partnership or limited liability company, attach sheet with name and residence of each member.
*If applicant is a corporation, attach a sheet with the name and address of each of its principal officers and the corporation control number.

General Information

Full name of applicant:

First Middle Last

Or

Trade Name

SSN* of applicant: ____/____/____ FEIN: _____

*This information is authorized to be obtained & disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. §20-3-295, 42 U.S.C. A. §1001.

Please check one:

____ I am a U.S. citizen ____ I am not a U.S. citizen but am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States. I have completed the attached form and submitted a legible copy of my documentation.

Mailing Address (Used for mailing licenses and renewal notices)

Please note! Your name, mailing address and license number are public information and will appear on the Secretary of State's website. You may list a P.O. Box.

Address

City	State	Zip Code	County	Telephone
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Physical Location Address (P.O. Box is *not* acceptable):

Address

City	State	Zip Code	County	Telephone
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If more than one place of business, list each location on a separate sheet of paper and attach to this application. You may NOT list a post office box for the physical location.

Email Address (For communication by the Secretary of State's Office): _____

Acknowledgement of your application will be sent by email. If any additional information is needed, email is the most efficient way for the staff to contact you. Also, useful information such as notifications regarding license renewal will be sent via email. Please notify the Secretary of State of any email address changes. Your email address will not be shared with any third party.

Background Information

All questions must be answered for all individual applicants, partners or principal officers. Attach separate sheets as needed.		
Please check yes or no to the following questions:	Yes	No
1. Is the individual applicant 18 years of age or older?		
2. If applicant is a partnership, limited liability company or corporation, are all partners or officers 18 years of age or older?		
*If you answered No, to questions 1 and/or 2 you must submit an explanation to the Board.		
3. Have you ever been convicted and sentenced, or pled guilty to, pled nolo contendere to, or been given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWIs & DUIs are not minor traffic violations).		
4. Have you or any of the partners or officers ever been adjudicated within the last five (5) years for having willfully violated the laws of this or another state involving immigration assistance?		
5. Have you or any of the partners or officers been convicted within the last five (5) years of a felony or misdemeanor involving moral turpitude in the courts of Georgia or any other state, territory or country or in the federal courts of the United States that involves: A. The taking of a false oath, the making of a false report, bribery, perjury, burglary, or conspiracy to commit any of the foregoing		

<p>offenses;</p> <p>B. The conduct of immigration assistance; or</p> <p>C. Involves the theft, robbery, extortion, forgery, counterfeiting, fraudulent concealment, embezzlement, fraudulent conversion, or misappropriation of funds?</p>		
<p>*If you answered Yes to any question 3 through 5, you must submit to the Board the following: a) a certified copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation/parole officer regarding your current status/completion of any probation/parole.</p>		
<p>6. Have you or any of the partners or officers ever had revoked or suspended or otherwise sanctioned any professional license issued by any board or agency in Georgia or in any other state?</p>		
<p>7. Within the last five (5) years, have you or any of the partners or officers ever been the subject of any of the following orders?</p> <p>A. An order by an agency or administrator of another state or a foreign country or the federal government?</p> <p>B. A United States Postal Service fraud order?</p> <p>C. A cease and desist order entered by the Secretary of State or other state of federal authority?</p>		
<p>*If you answered Yes to questions 6 and/or 7 regarding sanctions from another board or an order by an agency, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to this office.</p>		
<p>8. Have you or any of the partners or officers ever been denied issuance of or, pursuant to disciplinary proceedings, denied renewal of a professional license by any board or agency in Georgia or in any other State?</p>		
<p>*If you answered Yes to this question, please attach an explanation.</p>		
<p>9. Are you or any of the partners or officers in default of a loan with the Georgia Higher Education Assistance Corporation?</p>		
<p>10. Are you or any of the partners or officers in default of a federal education loan, loan repayment or service conditional scholarship program?</p>		
<p>11. Have you or the partners or officers failed to comply with an order for child support?</p>		
<p>*If you answered Yes to any question 9 through 11, or if such proceeding is pending in any state, attach all pertinent information with respect to such injunction, disciplinary proceeding, conviction or charges.</p>		
<p>12. Will you provide services which will require you to control the funds of a client seeking immigration assistance? ____ Yes ____ No</p> <p>*If you answered Yes attach a financial statement for the current fiscal year.</p>		

Required Documents

The following documents must be attached to this application:

1. Authorization to perform a criminal background check
2. \$5,000.00 Performance Bond (Form IP200)

The undersigned applicant represents that the information and statements contained in this application, including any and all attachments, are current, true and complete. The undersigned further represents that to the extent any information previously submitted is not amended, such information is currently accurate and complete. By signing this certification, the applicant certifies that he or she is at least 18 years of age and acknowledges that willful misstatements or omissions of fact may result in administrative, civil or criminal action.

Print Name of Applicant

Signature of Applicant

Date

Sworn and subscribed before me this

_____ day of _____, 201____.

Notary Public

Date commission expires

(Seal)

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APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS AND RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name of Applicant

**Secure and Verifiable Documents Under O.C.G.A. §50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia**

The Illegal Immigration Reform and Enforcement Act of 2011 (hereinafter "IIRA") provides that "no later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2 (f). The Attorney General may modify this list of a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card. [O.C.G.A. § 50-36-2(b)(3) : 8 CFR § 274a.2]

_____ A United States military identification card. [O.C.G.A. § 50-36-2(b)(3) : 8 CFR § 274a.2]

_____ A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of Northern Marianas Islands, the United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3) : 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of Northern Marianas Islands, the United States Virgin Islands, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3) : 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally Native American tribes may be found at the following:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
[O.C.G.A. § 50-36-2(b)(3) : 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card. [O.C.G.A. § 50-36-2(b)(3) : 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer. [O.C.G.A. § 50-36-2(b)(3): 8 CFR § 274a.2]

_____ A passport issued by a foreign government. [O.C.G.A. § 50-36-2(b)(3): 8 CFR § 274a.2]

**SECRETARY OF STATE
237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440**

DOCUMENT SUBMISSION COVER SHEET

Please use this form as a cover sheet for submitting your document(s) for initial application or for renewal of your professional license. You may fax your document(s) along with this cover sheet directly to the fax number 478-314-9143, or you may mail your document(s) along with this cover sheet to the Office of the Secretary of State at the address listed above. Be sure the document(s) you are faxing are legible. Failure to provide legible documents will delay processing your application.

Print Name: _____

Print Complete License No. : _____ **if renewing your license.**
(Example: IAPI012345)

If applying for a new license, print type of license you are applying for here: _____