## Georgia Professional Standards Commission Verification of Lawful Presence

200 Piedmont Avenue SE, Suite 1702, Atlanta, GA 30334-9029

Please Use Black Ink or Type

Please use ALL CAPS to print your legal name in the spaces indicated.					
Title         Last Name           □ Mr. □ Ms. □ Dr.         □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					
First Name Middle Name					
Social Security Number or GaPSC Certification ID  Date of Birth (MM/DD/YY)					
I am submitting <sup>1</sup> the following required Verification of Lawful Presence documentation:					
This completed form; AND					
The completed and notarized Affidavit (see important instructions at link below); AND					
A copy of the ID <sup>2</sup> used in completing the Affidavit and presented to the notary for validation.					
<sup>1</sup> These documents may be sent by mail or uploaded through the Applications section of <a href="http://mypsc.gapsc.org">http://mypsc.gapsc.org</a> . When uploading documents, please ensure that images are legible.					

The Verification of Lawful Presence documentation has **3 required components**. All 3 must be submitted to fulfill the VLP requirement as mandated by state law (O.C.G.A 50-36-1):

- 1. This form AND
- 2. The completed and notarized Affidavit AND
- 3. A copy of the valid ID<sup>2</sup> used in completing the Affidavit. See instructions linked below to ensure you use the correct ID in accordance with state and federal laws based on your citizenship status.

<sup>2</sup>See complete instructions, including which form of ID to use by citizen status, at <a href="http://www.gapsc.com/Certification/ApplicationFormsProcedures/verificationLawfulPresence.aspx.">http://www.gapsc.com/Certification/ApplicationFormsProcedures/verificationLawfulPresence.aspx.</a>

Failure to provide all 3 components will result in an application being put on hold until received.

## O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **Georgia Educator Certificate/License**, as referenced in O.C.G.A. § 50-36-1, from the **Georgia Professional Standards Commission**, the undersigned applicant verifies **one of the following** with respect to application for a public benefit:

1) Lam a United States citizen

1)		itizoii.		
2)	_ I am a legal permanen	t resident	of the United States.	
3)	•		mmigrant under the Federal Immigration an by the Department of Homeland Security	•
	My alien number i immigration agency i	•	the Department of Homeland Security	or other federal
_		•	s that he or she is 18 years of age or older arequired by O.C.G.A. § 50-36-1(e)(1), with this	-
The secure	and verifiable docu	ıment pr	rovided with this affidavit can best b	e classified as:
makes a false	, fictitious, or frauduler	ıt statemei	th, I understand that any person who knowing or representation in an affidavit shall be gualties as allowed by such criminal statute.	• •
Executed in _		(city),	(state).	
			Signature of Applicant	-
	D AND SWORN E ON THIS THE		Printed Name of Applicant	-
DAY OF	, 20			
NOTARY PU My Commiss				