

List B

DOCUMENT THAT ESTABLISH IDENTITY

For individuals 18 years of older

- Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex height, eye color and address.
- ID card issued by federal, state or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, eye color, and address (including U.S. citizen ID card [INS Form I-197] and ID card for use of Resident Citizen in the U.S. [INS Form I-179])
- School identification card with a photograph
- United States military card or draft record
- Military dependent's identification card
- United States Coast Guard Merchant Mariner Card
- Native American tribal document
- Driver's license issued by a Canadian government authority

STATE OF GEORGIA)
)
COUNTY OF _____)

**AFFIDAVIT RE: PERSONAL IDENTIFICATION
FOR LICENSURE / REGISTRATION**

PERSONALLY APPEARED before the undersigned officer, duly authorized to administer oaths, came the undersigned, who after having been duly sworn, states under oath, the following:

1. That my name is _____ and that I am who I say I am;
2. That my address is _____;
3. That I have presented sufficient personal identification to the notary that is true and accurate;
4. That I am legally in the United States of America;
5. That I am applying to the Georgia Department of Human Services, Residential Child Care Licensing, to operate a business / activity to be located at the following address:
_____ is subject to regulation by the Department of Human Services and that this affidavit is a material part of the application;
and
6. That if the Department subsequently determines that the material information contained in this affidavit is false, I will be in violation of licensing / registration requirements, which may result in revocation of my license or registration or denial of my application for licensure.

Sworn to and subscribed before me)

This _____ day of _____, _____.)

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NOTARY PUBLIC
STATE OF GEORGIA

Affiant

My commission expires:_____.