

## Application for Local License

# Georgia State Council – 30<sup>th</sup> Episcopal District

Of the Pentecostal Assemblies of the World, Inc.

### LAW GOVERNING THE ISSUING OF ALL PAPERS WITH THE ABOVE ORGANIZATION

To be eligible for local Credentials, called Fellowship Certificate, or Missionary Papers, the candidate must be baptized in Jesus Name, and have the baptism of the Holy Ghost. He/she must be faithful and support his/her local home church to the fullest.

<b>Name:</b>				
<b>Home Address:</b>		<b>City:</b>		<b>Zip:</b>
<b>Telephone No:</b>		<b>Email Address:</b>		
<b>Church Name:</b>				
<b>Church Telephone No:</b>				
<b>Pastor:</b>				
<b>Church Secretary:</b>				

### QUESTIONS TO BE ANSWERED BY CANDIDATE

1. When and where were you baptized in Jesus Name? \_\_\_\_\_
2. When and where did you receive the Holy Ghost? \_\_\_\_\_
3. How long have you had the Baptism of the Holy Ghost? \_\_\_\_\_
4. Have you been tried for sin since you received the Baptism of the Holy Ghost? \_\_\_\_\_
5. Were you found guilty? \_\_\_\_\_
6. Do you attend church regulary? \_\_\_\_\_
7. Do you pay tithes? \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PASTOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(In order for this application to be processed your pastor's signature must be on this form. No **EXCEPTIONS**)

OFFICE USE ONLY			
<b>Application Verification Date:</b>		<b>Verified By:</b>	
<b>Application Received:</b>		<b>Location:</b>	
<b>License Number Assigned:</b>		<b>Expiration Date:</b>	

