

AGENCY LICENSING SUPPLEMENT

STATE OF GEORGIA INSURANCE DEPARTMENT
AGENTS LICENSING SECTION
6TH FLOOR, WEST TOWER
FLOYD MEMORIAL BUILDING
#2 MARTIN LUTHER KING JR. DRIVE
ATLANTA GA, 30334

This form should be completed by all Agency owners, officers, and directors not licensed by the Georgia Insurance Department.

Full Name: _____
Last First Middle

Title: _____

Resident Address: _____
Street & Number

City State Zip Code

Social Security Number: _____

Date of Birth: _____

Agency Name: _____

Agency Location: _____
Street & Number

City State Zip Code

I hereby certify that the information contained in this entire application form GID130S is true and correct to the best of my knowledge and belief. I hereby give permission for a criminal background investigation.

Signature Date

Notary Seal Required

This _____ day of _____ 20_____

Notary Public

My Commission Expires: _____

THIS FORM MUST BE FILED WITH FORM GID130 (AGENCY LICENSING)