

APPLICANT'S NAME:

CONTROL PERSONS

The applicant must provide the following information for **each person** who directly or indirectly, has the power to direct or cause the direction of the management and policies of the applicant. The term control person includes, but is not limited to, each executive officer or person holding similar position.
Make additional copies of this form as needed.
(Please type or print)

Name:	Title:	
Address:		
City:	State:	Zip Code:
Date of Birth:	Social Security Number:	

**The person named above MUST provide a ten year employment history beginning with the most recent employment.
Attach separate sheets if needed.**

All persons who have custody of charitable donations must submit to a criminal background check. By signing this form, the person named above authorizes the Secretary of State to conduct a criminal history check pursuant to the charitable organization's registration in the State of Georgia.

Signature of Control Person _____

This _____ Day of _____

Official Witness (Notary) Signature _____