GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD DIVISION OF MASTER PLUMBERS AND JOURNEYMAN PLUMBERS 237 Coliseum Drive Macon, Georgia 31217-3858 (478) 207-2440 [Telephone] (866) 888-9718 [Fax] www.sos.ga.go

www.sos.ga.gov/plb/construct

MASTER & JOURNEYMAN PLUMBERS STATEWIDE LICENSES •••GENERAL INFORMATION•••

OTHER MATERIALS MAILED TO APPLICANTS:

Approximately 45 Days Prior to the Examination

Letter from the Board notifying the applicant of approval or disapproval to take the examination. If approved, applicant will receive the Candidate Information Bulletin, which includes an outline of topics covered in the examination. *It is your responsibility to schedule a seat with the testing service by their required deadline!*

Approximately 2 Weeks Prior to the Examination

Admission Notice from AMP to scheduled applicant, giving the date and location of the examination, as requested on the AMP-GA22 form. [If you receive an approval letter from the Board, but do not receive an admission notice, contact AMP at (800) 345-6559.

Approximately 45 Days After the Examination

Examination Results. Applicants who failed the exam will receive a new Examination Scheduling Form to apply for another examination date. Applicants who passed the examination will receive their license identification card.

LICENSES REQUIRED

Master Plumber Licenses are required of persons who contract for plumbing services. Journeyman Plumber Licenses are required of persons, other than Master Plumbers, who install, maintain, alter, or repair plumbing fixtures and systems under the direction of a master plumber. See §43-14-2 of the enclosed Excerpts from the Board Laws and Rules for definitions and §43-14-13 for exemptions to the requirements.

RESTRICTIONS ON STATEWIDE PLUMBER LICENSES

Statewide Journeyman Licenses are required of persons, other than licensed Master Plumbers, who install, maintain, alter, or repair plumbing fixtures and systems under the direction of a Master Plumber. **Statewide Master Plumber Licenses** are required of persons who perform or contract to perform plumbing services. Statewide Class I Master Plumber Licenses are restricted to plumbing involving single family dwellings, one-level dwellings designed for no more than 2 families, and commercial structures not exceeding 10,000 square feet.

Statewide Class II Master Plumber Licenses are unrestricted.

Keep a complete copy of application materials you send to the board !

REQUIREMENTS FOR A STATEWIDE PLUMBER LICENSE

1. Completed original, notarized Application for License examination must be received in the Board office at least 60

- days prior to the examination date. The Master & Journeyman Plumber board does not reciprocate with any other state.
 2. Nonrefundable application fee: Check or money order made payable to "State Construction Industry Licensing Board." As provided by O.C.G.A. §16-9-20, a \$25.00 service fee will be assessed on dishonored checks.
- Documented Experience: Document experience in plumbing work as would be covered by the Georgia State Plumbing Code. Applicants for master plumber license must document Primary Experience as defined in Board Rule 121-2-.02. Primary Experience is experience installing plumbing fixtures and systems, as a licensed master plumber, licensed journeyman plumber, plumbing contractor, plumbing foreman, plumbing superintendent, or military plumber. Persons who have experience as a journeyman plumber, master plumber, or plumbing superintendent in a state that does not require a license, or who have experience as a plumbing foreman or plumbing superintendent in a job setting exempted from the licensure requirements, may submit documentation of the requirement or exemption with their application. Applicants for Class II Unrestricted Master Plumber License must document experience in commercial or industrial plumbing.
- 4. Master Plumber applicants <u>must</u> attach documentation of a current state issued journeyman license that has been active for at least 2 years or a master plumber license in another state. Documentation must include an issue date.
- 5. References: Three (3) references from licensed plumbers (at least one Licensed Master Plumber) who can attest to your good character and plumbing experience. **Beginning November 1, 2007**, reference forms from those people listed in Part III must be included with the application.

Personal History: **Beginning November 1, 2007**, all applicants must include a background check with the application. This can be obtained from your local law enforcement center.

- 6. Examination: Pass the examination with a minimum score of seventy (70).
- CREDIT FOR DEGREE IN ENGINEERING OR TECHNICAL INSTITUTION CERTIFICATE

Education may be applied to the experience requirements. See Board Rule 121-2-.02 (6). Submit a transcript from your college or technical institute with your application, if applicable.

APPLICATION DEADLINES

Applications and all supporting attachments, documentation, and **nonrefundable** application fee, must be **received in the Board office at least 60 days before the date of the examination**. Applications are reviewed by the Board. The Examination Scheduling Form (AMP-GA 22) must be received by AMP at least 40 days prior to the examination. Due to Federal Law, these deadlines cannot be waived. Please do not ask AMP, the Board, or staff to consider late applications.

LAWS AND RULES – Read the Excerpts from Georgia Construction Industry Licensing Board Laws and Rules thoroughly before completing the application. See the complete laws and rules at the board's web site at: www.sos.ga.gov/plb/construct by clicking on download forms, then excerpts from the Laws & Rules.

VETERANS

Veterans may be eligible for Veterans' Preference Points on their examination if they served on active duty in the Armed Forces, Reserves, or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President <u>and</u> either served on active duty for at least one year or were discharged for injury or illness incurred in the line of duty. To apply for veterans' preference, submit a copy of the DD214 form with the application. You will receive a separate letter notifying you of your eligibility.

DISABILITY ACCOMODATION : Persons who have a disability and may require accommodation should contact the Board office to obtain the "Request for Disability Guidelines" form. This application form, including requested documentation, must be received by the Board office by the application deadline.

RE-EXAMINATION

Applicants who fail the examination and wish to retake the examination must submit a new "Examination Scheduling Form" (GA-22) and examination fee. AMP must receive this form at least 40 days prior to the examination. Approved applications are active for 2 years from the approval date or 2 years after the last examination taken by the applicant. Applicants who do not retake the examination during a 2-year period must submit a new application form and fee to the Board.

EXAMINATION REVIEW COURSE

Applicants who fail the examination twice must complete an approved examination review course. (See List on Board website.) Documentation of a completed review course must be submitted to the Board office before being scheduled for the examination for the third time.

FOR QUESTIONS:

Regarding the application – contact the board by telephone at (478) 207-2440. Regarding the examination – contact AMP at 1-(800) 345-6559.

FOR BOARD USE ONLY
Amount Submitted
Date
Receipt number



FOR BOARD USE ONLY
License no
Date Issued
Applicant No

GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD 237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440 www.sos.ga.gov/plb/construct

APPLICATION FOR LICENSE EXAMINATION AS A MASTER OR JOURNEYMAN PLUMBER

Application Fee \$30.00 (non-refundable) In the form of a company or personal check or money order

License Type:

_Master Plumber non-restricted ____Master Plumber restricted ____Journeyman Plumber

Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards or by another state)

(If applying for a master license, you must attach documentation of having held a previous license.)

Method Obtained by:

Applicant is applying for above referenced license by:

(**XXX**) Examination

See separate application for re-instatement by re-examination for licenses lapsed more than 3 years.

Name					
	First	Middle		Last	Suffix
-	-			1 1	
Social Secur	ity Numb	er (used for tracking purp	ooses only)	Date of Birth	(mm/dd/yyyy) (required)
Physical Add	dress				
P.O. Box not ac	ceptable	Number and Street	Apt. No	City/Stat	e Zip
Mailing Addr	ess				
if different)	P.O. Box	OR, Number and Street	Apt. No	City/Stat	e Zip
Felephone Number Day		Telephone Number- Other			
E-mail:					
l am	requesting	Veterans' Preference I	Points, Attached	is a copy of my	DD-214

PART II – EXPERIENCE RECORD

INSTRUCTIONS: Please read instruction thoroughly before completing application

- Applicants for a Journeyman License must list at least 3 years of experience.
- Applicants for a Master License must list at least 5 years experience, at least 2 years of which were as a licensed journeyman plumber, plumbing contractor, plumbing foreman, plumbing superintendent, or military plumber. Class II Non-Restricted Master Plumber applicants must describe experience with commercial or industrial plumbing.
- For each period of employment, list the information requested.
- Describe briefly, but concisely, the plumbing work you performed, your duties, and degree of responsibility. See Board Rule Chapter 121-2-.02 for a description of the experience requirements.
- Give the approximate number of hours per week you performed the duties described.
- Attach additional pages, if necessary, using this format and writing your name at the top.

SPECIFY WORK RELATING TO PLUMBING DUTIES - BEGIN WITH PRESENT EMPLOYMENT

Name of Employer:		Phone:()
Employer's Complete Address:		
Name of Supervisor:	Job Title of Supervisor:	Type License Held:
Your Job Title:	Employed: FROM: [Mo/Yr]	TO: [Mo/Yr]
Approximate # of Hours/Week you performed	d duties listed below:	
Description of Plumbing Duties:		
Name of Employer:		Phone:()
Name of Employer: Employer's Complete Address:		Phone:()
Employer's Complete Address:	Job Title of Supervisor:	Phone:() Type License Held:
Employer's Complete Address:	Job Title of Supervisor: Employed: FROM: [Mo/Yr]	
Employer's Complete Address: Name of Supervisor:	Employed: FROM: [Mo/Yr]	Type License Held:
Employer's Complete Address: Name of Supervisor: Your Job Title:	Employed: FROM: [Mo/Yr]	Type License Held:
Employer's Complete Address: Name of Supervisor: Your Job Title: Approximate # of Hours/Week you performed	Employed: FROM: [Mo/Yr]	Type License Held:
Employer's Complete Address: Name of Supervisor: Your Job Title: Approximate # of Hours/Week you performed	Employed: FROM: [Mo/Yr]	Type License Held:
Employer's Complete Address: Name of Supervisor: Your Job Title: Approximate # of Hours/Week you performed	Employed: FROM: [Mo/Yr]	Type License Held:

EXPERIENCE RECORD, CONTINUED			
Name of Employer:		Phone:()	
Employer's Complete Address:			
Name of Supervisor:	Job Title of Supervisor:	Type License Held:	
Your Job Title:	Employed: FROM: [Mo/Yr]	TO: [Mo/Yr]	
Approximate # of Hours/Week you performed	d duties listed below:		
Description of Plumbing Duties:			
Name of Employer:		Phone:()	
Employer's Complete Address:			
Name of Supervisor:	Job Title of Supervisor:	Type License Held:	
Your Job Title:	Employed: FROM: [Mo/Yr]	TO: [Mo/Yr]	
Approximate # of Hours/Week you performed	d duties listed below:		
Description of Plumbing Duties:			
Name of Employer:		Phone:()	
Employer's Complete Address:			
Name of Supervisor:	Job Title of Supervisor:	Type License Held:	
Your Job Title:	Employed: FROM: [Mo/Yr]	TO: [Mo/Yr]	
Approximate # of Hours/Week you performed	d duties listed below:		
Description of Plumbing Duties:			

PART III – REFERENCES

List below the names, addresses, telephone numbers, and license numbers of three (3) Licensed Plumbers, who have knowledge of your plumbing experience, to whom the Division may refer. At least one plumber must be a Master Plumber. Attach reference letters from those persons listed below.					
Name:	Telephor	ne Number:()			
Address:Street	City		State	Zip Code	
License #:Issu	-	Master Plumber	Journeyman Plumber	·	
Name:	Telephor	ne Number:()			
Address:Street	City		State	Zip Code	
License #:Issu	uing state	Master Plumber	Journeyman Plumber		
Name:	Telephor	ne Number:()			
Address:Street	City		State	Zip Code	
License #: Issu	uing state	Master Plumber	Journeyman Plumber		
	PART IV –	PERSONAL	HISTORY		
Have you ever held a plumber's license?	No 🗌 Yes If yes, you man 🔲 Master State	must attach required board that issued lice	documentation. nse		
Have you ever had a license revoked, susp disciplinary proceedings, refused renewal of a No Yes If yes, explain				ied issuance of or, pursuant to	
Have you: (1) been convicted of a misdemeanor (other than minor traffic violation) within the past five years; (2) ever been convicted of or entered a plea of guilty, nolo contendere, or under "First Offender Act" on a felony. No (Attach background check) Yes If you answered "Yes", you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. Your application will not be processed until this information is received and reviewed by the Board.					
	PART V	- CERTIFIC	ATION		
I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Construction Industry Licensing Boards, and I agree to abide by these laws and rules, as amended from time to time.					
By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:					
1)I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on page 13 of the application.					
2)I am not a United States citizen, bu immigrant under the Federal Immigration and federal immigration agency. Please submit and, if needed, SEVIS number.	Nationality Act 18 years of	age or older with an alie	en number issued by the Department	of Homeland Security or other	
In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Construction Industry Licensing Boards and/or criminal prosecution.				-	
· · · · · ·		and sworn before me	Notar	y Seal	
Signature of Applicant	this	day of	,		
Date		Notary Public	My Commission E	Expires:	



Secretary of State Professional Licensing Boards Division of Master & Journeyman Plumbers 237 Coliseum Drive Macon, Georgia 31217-3858 www.sos.ga.gov/plb/construct

Dear Sir or Madam:

The applicant (individual) named on this form is required to furnish evidence of his or her ability, experience, and professional skill in the field of Plumbing. The applicant is required to furnish the State Construction Industry Licensing Board, Division of Master and Journeyman Plumbers with three professional references attesting to his or her qualifications. These references must be licensed plumbers with at least one reference from a Master Plumber. These references must have worked directly with the individual on plumbing projects.

The Division wishes to point out that the statements submitted must be from personal knowledge only and made with the full realization of the responsibility toward the public. In view of this responsibility, the Division requests your cooperation by answering truthfully, carefully, and completely the questions printed on the back of this letter. It is unlawful to make false statements regarding an applicant's experience.

Please be assured that the information you furnish will be treated as confidential and will not be released without specific authorization by the Division.

To further assure confidentiality, the enclosed form may be mailed by you (the reference) directly to:

Georgia State Construction Industry Licensing Board Attn: application reference Division of Master and Journeyman Plumbers 237 Coliseum Drive Macon, GA. 31217-3858

Sincerely, State Construction Industry Licensing Board *Division of Master & Journeyman Plumbers*

Division of Master & Journeyman Plumbers Applicant Reference Form

Professional reference for:(Individual's Name)
Your name
Your complete address and phone number
Company/firm you are associated with:
Company address:
Street City/State/Zip Type of plumbing license you hold, issuing state, and number: State Master #
How long have you known the applicant? From To
Are you in any way related to the applicant? No Yes If yes, how
If the applicant is connected with a firm, partnership or corporation, please give its name, address &
phone number
Describe your connection with the applicant that gives you personal knowledge of his or her experience a
knowledge of plumbing:
Do you know anything that would reflect adversely on the applicant's integrity or character? No YesIf yes, please explain:
Would you employ the applicant in a position of trust? No Yes
In your opinion, does the applicant have three (3) years of experience installing plumbing systems under a master plumber or 2 full years as a licensed journeyman plumber? No Yes
Do you recommend the applicant to be licensed as ajourneyman ormaster restricted ormaster non-restricted plumber
(In order to be allowed to take the master restricted or master non-restricted exam, the applicant must have held a state journeyman license for at least two (2) full years from issue date.)
I have read and understand the instruction letter accompanying this form. The above information provided to assist the board in safeguarding the public against faulty plumbing work. I swear the abort statements to be true to the best of my knowledge under penalty of law.
Signature Date
Subscribed and sworn to before me this day:

SEAL

Notary___

Notary Signature & Date commission expires



Secretary of State Professional Licensing Boards Division of Master & Journeyman Plumbers 237 Coliseum Drive Macon, Georgia 31217-3858 www.sos.ga.gov/plb/construct

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Division of Master & Journeyman Plumbers Applicant Reference Form

Professional reference for:(Individual's Name)	
Your name	
Company/firm you are associated with:	
Company address:	
Street Type of plumbing license you hold, issuing state, Master # Journey	City/State/Zip , and number: State yman #
How long have you known the applicant? From _	To
Are you in any way related to the applicant?	NoYes If yes, how
If the applicant is connected with a firm, partr phone number	hership or corporation, please give its name, address &
	gives you personal knowledge of his or her experience and
knowledge of plumbing:	
Do you know anything that would reflect adverse No YesIf yes, please explain: Would you employ the applicant in a position of	
) years of experience installing plumbing systems under a
master non-restricted plumber	as a journeyman or master restricted or ed or master non-restricted exam, the applicant must have 2) full years from issue date.)
	etter accompanying this form. The above information is e public against faulty plumbing work. I swear the above e under penalty of law.
Signature	Date
Subscribed and sworn to before me this day:	
Notary	SEAI

SEAL

Notary___

Notary Signature & Date commission expires



Secretary of State Professional Licensing Boards Division of Master & Journeyman Plumbers 237 Coliseum Drive Macon, Georgia 31217-3858 www.sos.ga.gov/plb/construct

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Division of Master & Journeyman Plumbers Applicant Reference Form

Professional reference for:(Individual's Name)
Your name
Your complete address and phone number
Company/firm you are associated with:
Company address:
Street City/State/Zip Type of plumbing license you hold, issuing state, and number: State Master # Journeyman #
How long have you known the applicant? From To
Are you in any way related to the applicant? No Yes If yes, how
If the applicant is connected with a firm, partnership or corporation, please give its name, address &
phone number
Describe your connection with the applicant that gives you personal knowledge of his or her experience an
knowledge of plumbing:
Do you know anything that would reflect adversely on the applicant's integrity or character? No YesIf yes, please explain:
Would you employ the applicant in a position of trust? No Yes
In your opinion, does the applicant have three (3) years of experience installing plumbing systems under a master plumber or 2 full years as a licensed journeyman plumber? No Yes
Do you recommend the applicant to be licensed as ajourneyman ormaster restricted ormaster non-restricted plumber
(In order to be allowed to take the master restricted or master non-restricted exam, the applicant must have held a state journeyman license for at least two (2) full years from issue date.)
I have read and understand the instruction letter accompanying this form. The above information is provided to assist the board in safeguarding the public against faulty plumbing work. I swear the above statements to be true to the best of my knowledge under penalty of law.
Signature Date
Subscribed and sworn to before me this day:

SEAL

Notary__________Notary Signature & Date commission expires



OFFICE OF SECRETARY OF STATE PROFESSIONAL LICENSING BOARDS DIVISION 237 Coliseum Drive Macon, Georgia 31217 (478) 207-2440

CONSENT FORM

I hereby authorize the Construction Industry Licensing Boards ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Pr	rint)			
				_
Physical Add	ress (P.O. Boxes <u>N</u>	OT Accepted)		_
Sex	Race	Date of Birth	Social Security Number	- 21
This autho		0/180/ (circle one) c	lays from date of signature. e consent to the Board to per sure with this state.	rform periodic criminal
Ç	Signature of Applicant		Date	
Special licensur	e provisions (check if	applicable):		
Working v	with mentally disabled with elder care with children	I		

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

<u>Secure and Verifiable Documents Under O.C.G.A. § 50-36-2</u> Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]