

STATE OF GEORGIA DEPARTMENT OF DEFENSE *MILITARY DIVISION* STATE DEFENSE FORCE PO BOX 17965 Atlanta, GA 30316-0965



SUBJECT: APPLICANT CERTIFICATION

As an inclusive part of my application for appointment/enlistment in the Georgia State Defense Force, and in recognition of the obligations and responsibilities acceptance into service with the Defense Force implies, I ______, the undersigned, do hereby certify that:

- I neither have nor interpose any objection to the conduct of a criminal history records check pertaining to me and authorize (Unit Name) of the Georgia State Defense Force to receive any criminal history information pertaining to me, which may be in the files of any local, state, or national criminal justice agency. Initials
- I accept accountability for and will protect, maintain, and safeguard against loss any and all Georgia State Defense Force (GSDF) uniforms, supplies, equipment or other property that may be issued to me or entrusted to my care as a function of or relative to my service in the GSDF. Initials
- 3. I accept responsibility and accountability for my GSDF Identification Card and will safeguard it against loss, illegal use, or misrepresentation of purpose. If my GSDF Identification Card should be lost, I will promptly notify my immediate unit supervisor. If for any reason I should leave or resign my service as a member of the Georgia State Defense Force, I will within five (5) working days turn in my GSDF Identification Card as well as all issued uniforms, supplies, equipment, and other GSDF property to my unit commander and obtain a receipt therefore. If I fail to do so, I may be prosecuted to the full extent allowed by law. Initials
- 4. I understand that if ordered to State Active Duty (SAD) as a member of the Georgia State Defense Force, I am subject to the Georgia State Uniform Code of Military Justice while serving on and until release from such duty status by appropriate authority.



Date of Signature

Signature of Applicant

Signature of Witness