



## AFFILIATIONS FORM FOR UNLICENSED AGENCY OWNERS, OFFICERS, DIRECTORS OR PARTNERS

All owners, officers, directors, or partners affiliated with agencies who are not licensed in the State of Georgia must complete this form. Select the add button when adding your affiliation. This form must be completed, including signature, and submitted by the individual. The completed form will be submitted electronically to Pearson VUE for processing.

To remove an owner, officer, director or partner no longer affiliated with the agency, select the remove button. After completing all information in Section 1 and 2, complete the attestation in Section 4 below confirming authorization.

If you need assistance, please contact Pearson VUE at 1-800-274-8969 or via [pvgainsurance@pearson.com](mailto:pvgainsurance@pearson.com).

### 1. Unlicensed Owner, Officer, Director or Partner

<input type="radio"/> Add  <input type="radio"/> Remove			
	Last Name	First Name	Middle Name
	Title	Date of Birth	

**RESIDENT ADDRESS:**

Street Address		
City	State	Zip Code

### 2. Agency Information

Agency Name		
Physical Street Address		
City	State	Zip Code
	Agency Contact Phone Number	
Agency License Number		

### 3. Attestation

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

Signature	Date

### 4. Attestation for Authority to Remove Owner, Officer, Director or Partner from Agency Record

I hereby certify that I am authorized to remove the individual listed above from the agency record.

Signature	Printed Name	Email Address
Date: _____		