



Tax Commissioner's Office  
188 Third Street  
Macon, GA 31201

## INSTRUCTIONS FOR APPLICANTS IN THE STATE OF GEORGIA TO OBTAIN FINGERPRINT FOR A BACKGROUND CHECK

The Macon-Bibb Tax Commissioner's Office requires a fingerprint background check on all applicants. The Georgia Bureau of Investigation (GBI) awarded Gemalto the contract to provide a service for electronic submission of fingerprints for Georgia applicants. The service, Georgia Applicant Processing Service (GAPS), decreases the need for submitting hard-copy fingerprint cards to obtain an applicant's criminal history background check. GAPS Print Sites are strategically located throughout the State of Georgia.

The criminal history results will be available to the Tax Commissioner's Office within 48 hours after the applicant has been fingerprinted, and the prints are received by the GBI, Georgia Crime Information Center (GCIC).

**The GAPS fingerprint background check process is simple and easy to use.** Follow the instructions below. If assistance is required, contact the Gemalto/GAPS at 1-888-439-2512.

### GAPS REGISTRATION PROCESS

1. Visit the GAPS website: <https://www.aps.gemalto.com/index.htm>
2. Select **Georgia GAPS**.
3. Locate the Registration menu at the bottom of the page and choose **Applicant Registration**.
4. On the registration options page, select **City/County and Law Enforcement tab**.  
**PLEASE SELECT THE CORRECT OPTION** – Errors in fingerprinting results due to improper registration are the responsibility of the user.
5. Select "Alcohol and Liquor License."
6. Read and Accept the Privacy Act Terms and Conditions.
7. You are now at Step 1 of the applicant registration.

**Transaction Information.** In this area, you must:

- A. Enter **GA923133Z** in the “Reviewing Agency ID” field.
- B. Click on the drop box under “Reason for Fingerprinting” and select “Alcohol/Liquor Licensee.”
- C. Click on the drop box next to **Payment**, and select the Credit Card Option, you will be prompted to enter additional information on the next screen, so please have a credit card available during the registration process.

**\*\*\*\*\*Please Do Not Check the Box Marked Fingerprint Card User \*\*\*\*\***

**Transaction Information and Address Information.** In this area, you must:

1. Complete all fields marked with an asterisk.
  2. If you have a Social Security number and Driver’s License, enter the information in the appropriate fields.
  3. The next screen will allow you to verify your information.
  4. Once complete, select “Submit.”
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8. The next screen is the payment page; complete your payment information and submit.
  9. Print your receipt page.

### **Identification Needed for Fingerprinting**

Click on the **Identification Needed for Fingerprinting** link located under the **Print Site Locations** tab on the GAPS main web page. In addition to the **Registration ID** number, you will be asked to present **identification documents** prior to being fingerprinted. This link provides a list of acceptable identification documents.

### **Print Locations and Hours**

Once you have completed the registration process, click on **Print Location and Hours** on the GAPS main web page to find the nearest GAPS Print Location to go to for fingerprinting. Click on the region most convenient for you. The numbers in red circles indicate sites that have GAPS Print Locations available. Under **Company**, select the site that is most convenient for you to go for fingerprinting. If you click on the link for a site, information concerning the site such as Location, Hours of Operation, Directions, etc. will be displayed. Prior to traveling to the Print Location, please verify that the site is still a GAPS Print Location and that the hours of operation are accurate.

**NOTE:** If a site is no longer providing fingerprint services, please email [GAApplicant@gbi.ga.gov](mailto:GAApplicant@gbi.ga.gov), and provide the Print Location’s name, address, phone number (if available), and the date that the applicant was told that the location is no longer providing services. Thank you.

# OUT-OF-STATE APPLICANTS ONLY

## Georgia Applicant Processing Service

### Hardcopy Fingerprint Card Submission Instructions

Overview	Applicants that are out-of-state, unable to visit an electronic fingerprinting location, or are otherwise unable to be electronically fingerprinted may submit hardcopy fingerprint cards to Gemalto Cogent.
Process	<p>Applicants who are submitting ink cards for a required Georgia background check should follow the steps below:</p> <p>All applicants must be registered prior to sending hardcopy fingerprint cards. You can register online at <a href="https://www.aps.gemalto.com">https://www.aps.gemalto.com</a>. Be sure to select the Fingerprint Card User box. Applicants may also contact the Registration Call Center to register by phone: 1-888-439-2512</p> <p>Payment may be made online or a money order can be sent with your fingerprint card:</p> <p><i>Online Payment</i> Applicants may pay online at the time of registration using a credit/debit card, or the transaction may be billed to your employer using agency pay.</p> <p><b>Registration ID</b> - All applicants will receive a Registration ID. Write this number on the back of your fingerprint cards.</p> <p><b>Submission</b> Mail the cards (and if applicable, payment) to:</p> <p>Gemalto Cogent, Georgia CardScan APS Department #165 2964 Bradley Street Pasadena, CA 91107</p> <p><b>Results</b> - Background check results will be sent directly to the Tax Commissioner's Office. Gemalto Cogent does not have access to background check results or make employment determinations. Please check with the Tax Commissioner's Office regarding questions about your background check results.</p>

## Out-of- State Fingerprinting Process

Fingerprint cards are the only option for out-of-state applicants or optional for applicants who are unable to be printed electronically at a Livescan system. The instructions for Hardcopy Fingerprint Card Submissions may be found at Gemalto Website <https://www.aps.gemalto.com/ga/index.htm> , and summarized below.

Here are the steps to take to complete the process:

- Find someone (local police jurisdiction or State Police) who can take ink-based fingerprints and place them on FBI fingerprint cards. If you need fingerprint cards, you can download them from the FBI's website at <http://www.fbi.gov/about-us/cjis/background-checks/standard-fingerprint-form-fd-258>.
- Complete registration as outlined above. In Step 1 on the Applicant Registration page, select the box in the Transaction Information section next to Fingerprint Card User, and complete the registration and payment. The fee must be paid online with a credit card. Registration may also be done by phone by calling 1-888-439-2512.
- Mail in the completed cards, a copy of the registration receipt and a money order (if applicable) to the address below (address for Gemalto Cogent will be provided once you finish registering online).
- **Important Note** - The FBI needs two separate sets of ink print cards submitted before they will do a name search. So, if there are any issues with having difficulty obtaining clear prints (medical condition that doesn't allow you to fully open your hands, worn fingerprints, etc.) you might be required to submit a second set of fingerprints. This isn't always necessary, but if the first set isn't clear and the FBI rejects them this will add a significant delay if you did not get two sets completed initially. Please be sure to get two done, send them both and the second set will be held to see if the FBI rejects the first set.

**Mail the completed fingerprint card to:**

**Gemalto Cogent, Georgia CardScan  
APS Department #165  
2964 Bradley Street  
Pasadena, CA 91107**

## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

## PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Applicant Privacy Rights  
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction or updating an FBI identification record is set forth in Title 28 Code of Federal Regulations 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 – 16.33 or go to the FBI website at <http://fbi.gov/about-us/cjis/background-checks>.

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Signature

Print Name

Date



**Tax Commissioner's Office  
188 Third Street  
Macon, Georgia 31201**

## **Alcohol Beverage License Change of Agent Application**

**Business Name:** \_\_\_\_\_ **Corporation Name:** \_\_\_\_\_

### **Agent Information**

1. Agent must complete and sign the Name-Based Criminal History Record Information Consent/Inquiry Form
2. Provide an Unexpired Identification Card Issued by Any U.S. State or United States government, bearing a current photograph of the applicant.
3. Agent must be fingerprinted once application & fees are completed and paid
4. Proof of Alcohol Handler's Permit from Agent and Owners
5. Completed (S.A.V.E.) Systematic Alien Verification for Entitlements O.C.G.A. § 50-36-1 (e) (2) Affidavit

### **Location/Business Information**

6. If NON-PROFIT entity...Proof on Nonprofit Status



# **Alcoholic Beverage License Application Instructions**

## **AGENT INFORMATION**

1. All applications must name one person as the agent of the licensee, who shall be responsible for any matter relating to the licenses. Mailing any notice required under the law to the agent named, at the mailing address provided shall be deemed sufficient notice to a licensee.
2. Any person named as agent on this application must be employed and regularly scheduled to work at the licensed location a minimum of 30 hours per week; and must be an employee with directorial authority over the operations of the enterprise, including (1) authority to hire and fire staff or oversee the process for making personnel decisions; (2) responsibility to train staff or oversee staff training, and to enforce staff policy compliance requirements; (3) authority to set and revise local business policies and practices, or to oversee the implementation or revision of local business policies and practices; and (4) authority to purchase and receive alcoholic beverage inventory for the enterprise, or to oversee alcoholic beverage inventory purchasing;
3. Any person named as agent on this application shall be personally and independently responsible for ensuring that all statements submitted on any license application or renewal are true and correct, and for ensuring that all state and local laws governing the commercial manufacture, distribution, and sale of alcoholic beverages are followed.
4. If any licensee, or any employee or other person acting at the direction thereof, shall be cited or charged with any violation of the Macon-Bibb County Code of Ordinances relating to the commercial manufacture, distribution, or sale of alcoholic beverages, then the agent of such licensee may also be charged with the offense of serving as an agent of a licensee in violation of the same Code provision if the agent in question directed, aided, participated in, ratified, or had knowledge of the actions underlying said violation; or that the agent in question had knowledge of the commission of a prior, similar violation committed by the same person, licensed entity, or employee within the previous calendar year.
5. If an agent becomes unwilling or unable to serve as agent for any reason, the licensee has ten business days in which to appoint a new agent, and to provide in writing all information required of agents as part of an application for a new license. Licensees and applicants may appoint a new agent by filing a written notice with the Department of Business Development Services on an approved form. Until a new agent is appointed, the mailing of any notice to the most recent agent of record shall be sufficient notice to a licensee. The new agent must also be fingerprinted and shall be responsible for paying any fees associated therewith. The failure to appoint a new agent within ten business days shall be grounds for revocation of your license.

**BUSINESS**

Corporate and Trade Name: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ State Tax ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Business Phone #: \_\_\_\_\_

**AGENT**

Agent's Name: \_\_\_\_\_ Agent's Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Agent Certification**

The undersigned certify that the information contained in this application and accompanying documentation is true and correct, and that the Agent named herein has directorial authority over the operations of the business to be licensed. The undersigned further agree to abide by, observe, and conduct the licensed business according to all county ordinances and state laws and regulations in respect thereof, and understand that the Agent named herein may be held personally responsible for violations of County Alcohol Code committed by others at the Agent's direction, or with the Agent's knowledge.

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ (Agent) signed his/her name to the forgoing statement after stating to me under oath administered by me, that all statements and answers are true and correct.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

## ALCOHOL HANDLER'S LICENSES

1. Macon-Bibb County now requires certain individuals responsible for the service or sale of alcoholic beverages at retail to obtain an "Alcohol Handler's License." This license ensures that individuals responsible for selling alcohol at retail, or overseeing the sale of alcohol at retail, are known to Macon-Bibb County, and are properly trained in the safe sales and service of alcoholic beverages.
  
2. In order to obtain ANY license that includes the sale of beer, wine, or liquor, whether for consumption on premises or packaged to go, including brewpub, malt beverage taproom, or cocktail room licenses, the following people must possess valid Alcohol Handler's licenses:
  - (A) Any person who holds a twenty-five percent or greater ownership interest, whether directly or through any number of legal entities, in the business to be licensed, except that this requirement does not apply to publicly traded companies; and
  
  - (B) The agent, if any, designated on the alcohol license.
  
3. **NOTE:** Applicants may receive a license as long as all of the people listed above have alcohol handler's licenses. However, for businesses selling alcohol for consumption on premises, other than restaurants earning more than 50% of their revenue from food sales, all employees or independent contractors responsible for pouring, mixing, or opening alcoholic beverages; and every person responsible with supervising or managing those employees or independent contractors, **MUST each have their own alcohol handler's licenses** in order to work at the licensed business.



**TAX COMMISSIONER'S OFFICE**  
**188 Third Street**  
**Macon, Georgia 31201**

**Alcohol Handler's Beverage License Application**

**APPLICANT**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- A certificate showing completion of an Alcohol Handler's training course taken within the last three years.**
- An unexpired identification card issued by any U.S. State or The United States government, bearing a current photograph of the applicant.**
- Two current Color (passport size) photographs of applicant.**
- \$25 money order, cashier check, check or debit/credit (in office) Payable to Macon-Bibb County Tax Commissioner**

**CERTIFICATION**

I certify that the information disclosed in this application is true and correct, and I agree to abide by, observe, and conduct business according to the rules and regulations prescribed by Macon-Bibb County, the acts of the Georgia General Assembly, and the State Department of Revenue.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I hereby certify that \_\_\_\_\_ signed his/her name to the forgoing statement after stating to me under oath administered by me, that all statements and answers are true and correct.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

# Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the **Bibb County Sheriff's Office** to conduct an inquiry and receive any Georgia criminal history record information pertaining to me, which may be contained in the files of any state or local criminal justice agency in Georgia.

<b>Full Name (print):</b>			
<b>Home Address:</b>			
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.  
 I, \_\_\_\_\_, give consent to the above name to perform periodic criminal history background checks for the duration of my employment with this company.

\_\_\_\_\_  
Signature Date

**\*\*\*Include a copy of your valid State/Government issued identification\*\*\***

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code used: (check one)

<input type="checkbox"/>	<b>Employment (E)</b> – Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	<b>Employment with Mentally Disabled (M)</b> – Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	<b>Employment with Elder Care (N)</b> - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	<b>Employment with Children (W)</b> - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	<b>Public Records (P)</b> – Provides <i>Georgia Felony Convictions</i> Only

**The inquiry resulted in the following: (check all that apply)**

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

\_\_\_\_\_  
Agency Designee Signature and Title Date

**MACON-BIBB COUNTY, GEORGIA**  
**(S.A.V.E.) SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS**  
**O.C.G.A. § 50-36-1 (e) (2) Affidavit**

By executing this affidavit under oath, as an applicant for a Macon-Bibb County, Georgia, Occupation Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. § 50-36-1; the undersigned applicant verifies **one** of the following with respect to my application for a public benefit:

- 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 document as indicated on the attached list.**
  
- 2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

**Please check only one option above and submit the required documents with your application.**  
**Please note that the failure to do so will result in a processing delay.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1 (e) (1), with this affidavit.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Business Name: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

\*Signature of Applicant: \_\_\_\_\_

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

SUBSCRIBED AND SWORN BEFORE ME ON

THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2 Issued February 20, 2018, by the Office of the Attorney General, Georgia**

- The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), 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(g). 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.
- **An unexpired United States passport or passport card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired United States military identification card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired 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 unexpired 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]
- **An unexpired 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 accessed at: <https://www.bia.gov/tribal-leaders-directory> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired United States Permanent Resident Card or Alien Registration Receipt Card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired Employment Authorization Document** that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired 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]
- **An unexpired Free and Secure Trade (FAST) card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- **An unexpired NEXUS card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired 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]
- Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.
- **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]
- **Certification of Report of Birth issued by the United States Department of State** (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Certification of Birth Abroad issued by the United States Department of State** (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Consular Report of Birth Abroad issued by the United States Department of State** (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal** [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)]