



GEORGIA STATE COUNCIL
30th Episcopal District
Pentecostal Assemblies of the World, Inc.

OFFICE OF THEOLOGICAL EDUCATION, CREDENTIALS & LICENSING (OTECL)

Georgia State Council Local Minister Formation & Licensing Program

"Equipping the Saints: To Strengthen the Work of the Ministry"
(Ephesians 4:11-13)

TYPE OF APPLICATION

☐ New Local License

☐ Local License Renewal

Date of Application: _____

SECTION I: APPLICANT INFORMATION

Full Legal Name:

Preferred Name:

Home Address:

City: _____

State: _____ Zip: _____

Phone:

Email:

Date of Birth:

SECTION II: CHURCH AFFILIATION

Church Name:

Pastor:

Church Address:

Church Phone:

Length of Membership:

SECTION III: SPIRITUAL FOUNDATION

1. Have you been baptized in the name of Jesus Christ?

☐ Yes ☐ No

Date (if known):

Location:

2. Have you received the gift of the Holy Ghost?

☐ Yes ☐ No

Date (if known):

3. How long have you been filled with the Holy Ghost?

4. Briefly describe your Christian conversion experience:

SECTION IV: MINISTRY INVOLVEMENT

How long have you been actively involved in ministry?

- ☐ Less than 1 year
- ☐ 1-3 years
- ☐ 4-7 years
- ☐ More than 7 years

Please indicate your ministry areas:

- ☐ Preaching
- ☐ Teaching
- ☐ Evangelism
- ☐ Youth Ministry
- ☐ Worship Ministry
- ☐ Outreach Ministry
- ☐ Christian Education
- ☐ Administrative Ministry
- ☐ Chaplaincy
- ☐ Missions
- ☐ Other: _____

Describe your current ministry responsibilities:

SECTION V: MINISTERIAL READINESS

Why are you seeking a Georgia State Council Local License?

Describe your understanding of your call to ministry:

SECTION VI: CHARACTER & ACCOUNTABILITY

Please answer each question honestly.

Are you presently a member in good standing with your local church?

☐ Yes ☐ No

Are you currently under church discipline?

☐ Yes ☐ No

Have you ever had ministerial credentials suspended or revoked?

☐ Yes ☐ No

Have you ever been removed from ministry by a church organization?

☐ Yes ☐ No

If yes, please explain:

SECTION VII: FORMATION REQUIREMENTS

I understand that participation in the Georgia State Council Ministerial and Leadership Formation Initiative is required as part of the licensing process.

Applicant Initials: _____

I understand that licensing is both a privilege and a responsibility requiring spiritual maturity, accountability, integrity, and ongoing ministerial development.

Applicant Initials: _____

SECTION VIII: APPLICANT CERTIFICATION

I certify that the information provided in this application is true and accurate to the best of my knowledge.

I understand that submission of this application does not guarantee approval for licensing.

Applicant Signature:

Date:

SECTION IX: OTECL USE ONLY

Application Received:

Reviewed By:

Formation Session Verification

☐ Completed Required OTECL Formation Session(s)

Date Completed:

Verified By:

Application Status:

☐ Approved

☐ Approved with Conditions

☐ Deferred

☐ Additional Information Required

☐ Not Approved

Comments:

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License Number:

Effective Date:

License Valid Through:
