

APPLICATION FOR UPGRADE TO LICENSE

This form is to be used only by the applicant who currently holds a Certificate of Ministry credential with the Assemblies of God and now desires to upgrade to License. If you do not currently hold an Assemblies of God credential, please complete and submit to the district* office an application for ministerial credentials. Applicants for credentials should read carefully the qualifications in the General Council and the District Council bylaws. After all questions have been fully considered and answered, this application should be returned to the district secretary's office. This and any other required application forms must be completed prior to an interview being scheduled with the district credentials committee. A signed and notarized authorization and release form for you (and your spouse) must be submitted with your application. If a copy of your Social Security card is not on file with your district, please provide one.

This application should be accompanied by a credential fee of \$ _____

Please print or type

Account number _____
(from Fellowship Card)



PLEASE ATTACH PHOTO

(Please do not staple)

To be used in your permanent records

1. Full name _____
2. Address _____
City, State, Zip _____
E-mail _____ Home Phone _____ Cell Phone _____
3. Date of birth _____ Social Security Number _____
Gender at birth Male Female Spouse gender at birth (if married) Male Female
Present marital status: Single Married Divorced Widowed
4. U.S. Citizen? yes no If not a U.S. Citizen, do you have the right to work in the U.S.? Permanently Temporarily
Type of visa or worker's permit and expiration date: _____ *(please include a copy)*
5. Full name of spouse _____
6. Spouse date of birth _____ Spouse place of birth _____
7. Date of marriage _____ Has your spouse ever been divorced? yes no
8. Does your spouse hold credentials? yes no Type _____
9. Names and birth dates (m/d/y) of children: _____

10. Have you experienced any marital status change since your first application for credentials? yes no
If yes, please explain _____
11. a. What credential do you presently hold? Certified Minister
b. Date you received this credential _____
c. Name of district in which your credential was issued _____
12. What is your ministry position? _____
Where (name and location)? _____
13. What other ministry have you engaged in since you were granted your present credential? _____

14. List all college or correspondence courses you have taken since receiving your present credential. ***(Attach all transcripts to this application.)*** _____

15. List other seminars or conferences you have attended which were for the purpose of enhancing your ministry.

16. Do you voluntarily consent to a General Council mandated background check including credit history? yes no
If your answer is no, your application will not be processed.

Your signature: _____ Date: _____
Digital signatures not accepted.

Please complete the back side of this form.

REFERENCES:

Give as references the names and addresses of three ordained ministers (preferably Assemblies of God). If the applicant is not a senior pastor, one of the ministers listed as a reference should be the applicant's senior pastor. In addition, please give the names of three friends, at least one of whom is beyond your church acquaintance, and two former employers. It is important that the people listed as references know you well enough to answer such questions as "How would you describe the applicant's spiritual maturity?" and "Was the applicant prompt and regular in work attendance?"

MINISTERS

1. Name _____ Church _____
Address _____ City _____ State _____ Zip _____
Daytime phone _____ Email _____

2. Name _____ Church _____
Address _____ City _____ State _____ Zip _____
Daytime phone _____ Email _____

3. Name _____ Church _____
Address _____ City _____ State _____ Zip _____
Daytime phone _____ Email _____

FRIENDS

4. Name _____
Address _____ City _____ State _____ Zip _____
Daytime phone _____ Email _____

5. Name _____
Address _____ City _____ State _____ Zip _____
Daytime phone _____ Email _____

6. Name _____
Address _____ City _____ State _____ Zip _____
Daytime phone _____ Email _____

EMPLOYERS

7. Name _____
Address _____ City _____ State _____ Zip _____
Daytime phone _____ Email _____

8. Name _____
Address _____ City _____ State _____ Zip _____
Daytime phone _____ Email _____

THIS SECTION TO BE COMPLETED BY DISTRICT OFFICE ONLY

OFFICIAL ENDORSEMENT:

All references were reviewed, and none contained information suggesting that the applicant is unfit for ministry.

Polity Exam Grade: _____

Date of interview by district credentials committee: ___/___/___ The _____ District

approved did not approve this candidate on _____, 20___ for recommendation to the General Council for _____
Certificate should be dated: _____

Signed: _____
District Secretary or District Superintendent

*The term *district* is interchangeable with *network* throughout this form.