



Personal
Financial Disclosure
Electronic Filing Access Code
State Ethics Commission

205 Jesse Hill Jr. Drive, S.E.

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Atlanta, GA 30334

PERSONAL IDENTIFICATION NUMBER APPLICATION
(All Fields must be completed and legible in order to process application **)**

Filer's Identification - Please Print

Application Status	NEW	AMENDED
Filer's Name	_____	
Address	_____	
City, State, Zip	_____	
Telephone (Office)	_____	Telephone (Home) _____
Email Address	_____	
Name of Public Office Held/Sought or	_____	
Name of Authority/Board/Commission	_____	

I understand this confidential PIN number is assigned to the above filer and only the State Ethics Commission staff and the listed filer will have access to this confidential number.

Verification - Must Be Notarized

State of _____, County of _____.

FILER: I, the undersigned filer do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief. I acknowledge that any report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief.

SIGNATURE OF FILER: _____

NOTARY PUBLIC (sign name): _____

PRINT NOTARY'S NAME: _____

My Commission expires: _____

This document was sworn to or affirmed and subscribed before me on _____, 20____

For Office Use Only

FilerID:

Approved By _____ Date _____