

# Georgia Professional Standards Commission Temporary Certification Number Request Form

200 Piedmont Avenue, Suite 1702, Atlanta, GA 30334-9032

Please Use Black Ink or Type

---

Title  Mr  Ms Last Name

First Name  Middle or Maiden Name

Date of Birth (MM/DD/YY)  
 /  /

Mailing Address

City  State  Zip Code  -

Home Telephone  -  -  Work Telephone  -  -

Email Address (required): \_\_\_\_\_

---

I certify that I do not have a United States Social Security number and request that the Georgia Professional Standards Commission issue a temporary certification number to allow me to register for a MyPSC account.

By signing this form, I verify that I do not have a United States Social Security number and upon receipt of a U.S. Social Security number, understand that I must provide this information to the GaPSC to update my certification file.

---

Signature  
(Please print, sign and email a clear legible copy to mail@gapsc.com)

---

Date (mm/dd/yyyy)