

# 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

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 No \_\_\_\_\_  
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 you are not a U.S. Citizen, do you have the right to work in the U.S.?  
**Attach a copy of documentation affirming U.S. legal status.** Permanently  yes  no Temporarily  yes  no
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? \_\_\_\_\_
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:** \_\_\_\_\_

Please make sure you 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 \_\_\_\_\_  
Street City State Zip  
 Daytime phone: \_\_\_\_\_ Email \_\_\_\_\_
- 2. Name \_\_\_\_\_ Church \_\_\_\_\_  
 Address \_\_\_\_\_  
Street City State Zip  
 Daytime phone: \_\_\_\_\_ Email \_\_\_\_\_
- 3. Name \_\_\_\_\_ Church \_\_\_\_\_  
 Address \_\_\_\_\_  
Street City State Zip  
 Daytime phone: \_\_\_\_\_ Email \_\_\_\_\_

**FRIENDS**

- 4. Name \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
Street City State Zip
- 5. Name \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
Street City State Zip
- 6. Name \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
Street City State Zip

**EMPLOYERS**

- 7. Name \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
Street City State Zip
- 8. Name \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
Street City State Zip

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**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.

Exam grade: Polity/Personal Life \_\_\_\_\_ Current Exam \_\_\_\_\_

Date of interview by district credentials committee: \_\_\_\_\_

The \_\_\_\_\_ District Council 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