

**OFFICE OF COMMISSIONER OF INSURANCE**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., West Tower, Atlanta, GA 30334



www.oci.ga.gov

**Illegal Immigration Reform And Enforcement Act
Citizenship Affidavit Form****ENFORCEMENT
GID-276-EN JUL2014
(replaces GID-235-SF)**

This affidavit is provided to satisfy the new or renewal requirements for an application in which one of the following types of business:

<input checked="" type="checkbox"/> INSURANCE (specify below):	<input type="checkbox"/> SAFETY FIRE* (specify below):	<input type="checkbox"/> INDUSTRIAL LOAN*
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Agency* <input type="checkbox"/> Carrier*	<input type="checkbox"/> Engineering <input type="checkbox"/> Hazardous Materials	
	<input type="checkbox"/> Manufactured Housing <input type="checkbox"/> Safety Engineering	

* If the person providing the affidavit serves as "the designated responsible party" (ex.: owner/operator, partner, executive, etc...) for one of these business types, please provide the name of the business: _____

If you know one of the following identifiers, please enter it here:

License # _____ NAIC # _____ Employer ID # _____

O.C.G.A. §50-36-1(e)(2) AffidavitBy executing this affidavit under oath, as an applicant for a license, certificate, registration, permit, etc., as referenced in O.C.G.A. §50-36-1, from the Office of Insurance, Safety Fire and Industrial Loan Commissioner, the undersigned applicant verifies one of the following with respect to my application for a public benefit:[Check **ONLY ONE** of the following:]

- 1) ☒ I am a United States citizen; OR
- 2) ☐ I am a legal permanent resident of the United States; OR
My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____
- 3) ☐ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.
My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1(e)(1), with this affidavit.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Grady (city), Georgia (state).

Signature of Applicant

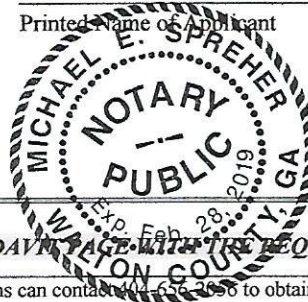
Lakesha Costa
Printed Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

21 DAY OF April, 2015

NOTARY PUBLIC

My Commission Expires: 2/29/19**!! SUBMIT ONLY THIS COMPLETED CITIZENSHIP AFFIDAVIT PAGE WITH THE REQUIRED DOCUMENTATION !!**

USA
Georgia
GOVERNOR *Nathan Deal*
COMMISSIONER *Rick Riley*

DRIVER'S LICENSE

DL NO. 055587762 DOB 04/07/1977
CLASS C EXP 04/07/2018

**LAKESHA LASHAE
COSTA**

3174 SARAH LOU DR
SNELLVILLE, GA 30078-3179
GWINNETT

Restrictions A End NONE
Iss 07/30/2013

Sex F Eyes BRO
Hgt 5'-05" Wgt 170 lb

DD # 169519210880049140



Rev 01/01/2013

1695192108800401



www.dds.ga.gov
(678) 413-8400
067
\$0.00

MEDICAL
INFORMATION:
None



CLASS: C-≤ 26,000 lbs. GVWR and Trailer ≤ 10,000 lbs. All recreational vehicles included

ENDORSEMENTS: None

RESTRICTIONS: A-None



04/07/1977

**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 908, West Tower, Atlanta, GA 30334

Phone: 404-656-2101 <> Fax: 404-656-0874 <> Email: agents@oci.ga.gov

www.oci.ga.gov



AGENTS LICENSING

GID-111-AL JAN11

CERTIFICATE OF EDUCATION COMPLETION

NAME OF APPLICANT: Lakesha Costa

RESIDENCE ADDRESS: 3174 Sarah Lou Drive

CITY, STATE AND ZIP: Snellville, GA 30078

NAME OF APPROVED SCHOOL: Prelicense.com a service of WebCE

NAME OF APPROVED COURSE: GA Accident & Sickness-Only Course

NAME OF INSTRUCTOR(S): Self Study

CLASSROOM LOCATION: Self Study

STREET ADDRESS: P.O. Box 850058

BUILDING/SUITE NAME: _____

CITY, STATE AND ZIP: Richardson, TX 75085

CLASS START DATE: 12/22/2014 CLASS COMPLETION DATE: 3/17/2015

COURSE PROVIDER NUMBER: 159132 COURSE NUMBER: 39001

THIS CERTIFIES THAT THE ABOVE NAMED APPLICANT HAS COMPLETED THE ABOVE APPROVED INSURANCE COURSE AS APPROVED BY THE GEORGIA INSURANCE DEPARTMENT, TAUGHT BY APPROVED INSTRUCTORS AND IN COMPLIANCE WITH ALL DEPARTMENT RULES.

CONTINUING EDUCATION HOURS EARNED: _____

PRE-LICENSING EDUCATION HOURS EARNED: 20.0

SIGNATURE OF APPLICANT

DATED

SIGNATURE OF APPROVED INSTRUCTOR

DATED 3/17/2015

Georgia Insurance Department



LAKESHA COSTA

3174 Sarah Lou Dr

Snellville

GA 30078

SSN: XXX-XX-0740

Candidate ID: GAINS0041026

Exam Date: 4/16/2015

Result: **PASS**Exam: **Georgia Life, Accident & Sickness Insurance Agent**

Congratulations on passing your examination!

A passing score report is NOT a license to transact insurance business. To apply for your license, you must send the following documents and the required fees to: Georgia Department of Insurance, Agents Licensing Division, P.O. Box 935132, Atlanta, GA 31193-5132. If you choose to use overnight delivery, the required documents and fees should be sent to: Wachovia Bank, Georgia Department of Insurance, Agents Licensing Division, P.O. Box 935132, 3585 Atlanta Avenue, Hapeville, GA 30354.

1. Completed application form GID 103; online application services are available at www.sircon.com/georgia.
2. Original of this score report
3. Certification of completion of 40-hour education requirement, or appropriate waiver
4. If previously licensed in another jurisdiction, letter of clearance from that jurisdiction
5. Fees of \$115 payable to "Insurance Commissioner - State of Georgia"

The applicant must pass the required examination for licensure within 12 months of the completion of the pre-licensing course. All applicants must apply for licensure within 12 months from receiving a passing grade on the examination.

Effective January 1, 2010, all new resident applicants are required to submit electronic fingerprints for a criminal background check. The applicant is responsible for the cost of the electronic fingerprints. Information regarding fingerprint requirements can be found on the Department's website at: www.oci.ga.gov.

Effective January 1, 2010, the application process for an agent license will no longer require sponsorship by an insurer. Upon issuance of the agent license, the licensee must obtain a certificate of authority from each insurer that they will represent. Sponsorship by an insurer is still required for all temporary license applicants.

PLEASE NOTE: If you hold an active temporary license, you must remit \$40 fee and submit a copy of your prelicensing course certificate along with your passing score report to Georgia Insurance Department.

If you have questions about licensing procedures, you may contact the Georgia Insurance Department at 404-656-2101.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
www.pearsonVUE.com/authenticate

Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.