



*Department of Veterans Service
Floyd Veterans Memorial Building
2 Martin Luther King Jr. Drive SE, Suite E-970
Atlanta, Georgia 30334-4800*

(404) 656-2300 (O)
(404) 656-7006 (F)
www.veterans.georgia.gov

APPLICATION FOR VETERAN'S CERTIFICATE OF STATE LICENSE/TAX EXEMPTION

Date: _____

1. Name: _____
(Last) (First) (Middle Initial / Name)

2. Home Address: _____
(Street Number, Name, Apartment/Unit Number)

(City) (County) (State) (ZIP Code)

3. Date of Birth: _____ Are you a resident of Georgia: _____
(MM/DD/YYYY) (Yes / No)

4. I am a veteran of: World War II Vietnam War Era Persian Gulf
Korean Conflict Peacetime Service OEF/OIF

5. Date of entry on active duty: _____ Date of release from active duty: _____
(MM/DD/YYYY) (MM/DD/YYYY)

6. (a) Service Nr.: _____ (b) VA File Nr.: _____ (c) SSN: _____

7. Percentage of disability: _____

8. Nature of business to be operated, using the Certificate of State License Tax Exemption applied for herein:

9. Indicate trade name of business to be operated: _____

10. Location of business: _____
(Street Number, Name, Unit Number, City, County, State, ZIP Code)

11. Show below the names of each place of business you operate with the address or location of each establishment:

12. Probate Court issuing Certificate of Eligibility: _____

I, _____, do solemnly swear under oath the facts and statements made by me to the foregoing questions on this application are true and correct and no false, misleading or fraudulent statement is make therein.

Signature of Applicant