



VENDOR GIFTS

Electronic Filing Access Code

Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Road
Suite 1402 - West Tower
Atlanta, GA 30334

PERSONAL IDENTIFICATION NUMBER APPLICATION

(** All Fields must be completed and legible in order to process registration **)

Vendor Identification - Please Print

Application Status _____

Vendor Name _____

Contact Person _____

Address _____

City, State Zip _____

Telephone _____ Fax _____

Email Address _____

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

Verification - Must Be Notarized

State of _____, County of _____.

I, the undersigned, 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 vendor gift 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 PERSON FILING
ON BEHALF OF VENDOR: _____

NOTARY PUBLIC (sign name): _____

NOTARY'S NAME: _____ My Commission expires: _____

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

For Office Use Only

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Approved By _____ Date _____