PENTECOSTAL CHURCHES OF THE APOSTOLIC FAITH ASSOCIATION, INTL, INC.



LOCAL TEACHERS LICENSE APPLICATION

Please Print	Part 1

Name					
Last	First		Middle		
Address					
Telephone Number					
	Area Code	N	lumber		
Birth date					
Month	Day	y	Year		
School AttendedName	Address	City	State	Zip	
Highest grade finished in so	rhool	City			
Name of Pastor					
Name of Assembly Attendir					
Year and date baptized in Je	0				
Year and date received the	Holy Ghost				
What is your calling?					
When were you called?					
Have you been disfellowshi					
Marital Status: Marrie					
Are you subject to your Pas		_			
Will you undertake further					
If yes, how soon?					
Are you a Council Member?	Yes	No			
What job(s) do you perforn					
	<i>y</i>				
Do you pay Tithe? Yes	No	If no, W	hy not?		
		,			
Who is your employer?					
	Name		Address		
City	State		Zip		
Name one business referen	ce				
	Name		Addr	ess	
City	State		Zip		
Name, address and telepho	ne number of two	characters i	eferences other t	han pastor:	
•	ture of Pastor				
Signat	ture of District Eld	ıer			

(Revised 1/9/2012)