



OFFICE OF COMMISSIONER OF INSURANCE
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER
Ralph T. Hudgens, Commissioner



www.oci.ga.gov

Phone: 855-235-5174 ♦ E-mail: GAinslicensing@psionline.com

**AGENTS LICENSING
 GID-366-AL APR2015**

SELF-STORAGE PROVIDER LICENSE APPLICATION

INSTRUCTIONS:

The license is required for the principal or home office location only. An officer of the applicant must sign the application; officer's signature must be notarized. Each applicant for licensure must remit payment in the form of a check or money order for \$115 (\$100 license fee and \$15 application filing fee.)

Make check or money orders payable to: **PSI SERVICES LLC / GEORGIA INSURANCE DEPT**

Effective 1-1-2012, submit with the application the Citizenship Affidavit Form GID-276-EN which is required of persons making application for all licenses in order to comply with the Georgia Illegal Immigration Reform And Enforcement Act.

1.	Full Name of Self-Storage Provider	EIN
2.	Principal or Home Office Address (include suite number)	
	City	State
	Zip	County
3.	Principal or Home Office Business Phone Number	Principal or Home Office Business Fax Number
4.	Contact Name	
	Title	
5.	E-mail Address	

I certify that all employees have received or will receive basic training as to the types of insurance products specified in O.C.G.A. 33-23-12(e)(3) prior to the offering of such products.

Name of Officer of Self-Storage Provider	Title of Officer of Self-Storage Provider
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Signature of Officer of Self-Storage Provider	Date
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NOTARY	Sworn to and Subscribed before Me this _____ day of _____, _____. In the County of _____, State of _____. _____ (Notary Public)	_____ (My Commission Expires)	(Seal)
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Mailing Instructions along with payment, to:	<u>Regular Mailing Address With Payments:</u> PSI Services LLC P.O. Box 742983 Atlanta, GA 30348-2983	<u>Overnight Mailing Address With Payments:</u> Bank of America ATTN: PSI Services LLC Box 742983 1075 Loop Road (2nd Floor) Atlanta, GA 30337
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