

## Certified Burner Reciprocity Affidavit

By executing this affidavit under oath, as an applicant for Certified burner reciprocity with the Georgia Forestry Commission, the undersigned applicant verifies the following with respect to their application.

The undersigned applicant hereby verifies that he or she is 18 years of age or older and has provided a verifiable document, as required with this affidavit.

Understands they are responsible for reading and knowing current Georgia state laws, rules, and regulations regarding outdoor burning (Georgia Forestry Commission Forest Fire Prevention & Control Act and the Prescribe Burning Act 12-6-90, 12-6-21, 12-6-145-149 and Georgia Environmental Protection Division Outdoor Burning Rules 391-3-1-02 (5)

Understands that they have the responsibility to abide by all local ordinances regarding outdoor burning which may be more stringent than state law/rules.

Understands that to maintain certification in the State of Ga. you must follow all current and future regulations as it pertains to certification and or recertification if there is any.

Attest to the fact that their prescribed burning License, /Certificate/credentials are not currently nor ever been revoked or suspended, or renewal refused or otherwise sanctioned by any board or agency in home state or any other state.

The verifiable document provided with this affidavit for age verification can best be classified as: check one

- 1) Drivers license
- 2) Passport

The verifiable document provided with this affidavit for certification can best be classified as: check one

- 1) State Prescribe Fire Certificate
- 2) State Prescribe Fire Re Recertification form

State issued \_\_\_\_\_ Certification # \_\_\_\_\_ Yr issued or re-certified \_\_\_\_\_

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\_(city),(state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS DATE  
\_\_\_\_\_DAY \_\_\_\_\_ MONTH OF 20\_\_\_\_\_

NOTARY PUBLIC  
My Commission Expires: