

MINISTERIAL LICENSE APPLICATION

Church of God of Prophecy International Offices

And I thank Christ Jesus our Lord, who hath enabled me, for that he counted me faithful, putting me into the ministry (1 Timothy 1:12 KJV)

For which license are you applying? Minister: Male Female	Bishop
Please type or print clearly. (Print name as you want it to appear on your certificate.) ☐ Mrs. ☐ Ms.	
3 Telephone (include area code) E-mail 4 Date of birth Nationality	
 (4) Date of birth Nationality (5) Marital Status Single Married Widowed (6) Name of spouse 7) List name and age of children: 	
Please Circle where necessary 8 Date converted 9 Have you experienced sanctification as a second definite work of grace?	Yes No Yes No Yes No
If applying for a Minister's License:	
 Is it your understanding that your calling includes a preaching ministry? Are you willing to dedicate yourself to the ministry as your first vocation? Are you committed to an ongoing, aggressive preparation 	
(spiritual and academic) to assure that your ministry is effective?	
Have you been licensed previously by this or any other church organization?	Yes No

	Please Circle		
	Are you currently licensed with another organization? If yes, please explain:		No
	Do you give priority to daily personal devotions?	Yes	No
\sim	entrusts to you (this includes tithing and giving)?	Yes	No
	Are you submissive to those over you in the Lord?		No
32)	Are you willing to go wherever God's will dictates in order to fulfill your ministry?	Yes	No
_	As a licensed minister, you will be considered a leader in the church. As a leader, you and the power of example will be your most effective means of leading others. Do y life of exemplary Christian conduct and service? Signature Require	ou hereby	nledge vourself to a
	OUR VISION The Church of God of Prophecy will be a Christ-exalting, holiness, Spirit- disciple-making, churchplanting Movement with a passion for Christ	•	
	ADDITIONAL COMMENTS:		
	the back of the picture as well as your date of birth and name each picture individually on the s (Photo require for identification card.) ***PLEASE DO NOT STAPLE PHOTO ON DOCUMENT		e of birth on the fue.
	Applicant's SignatureDate		
Fo	r Office use only		
34)	State/Regional/National Overseer's Signature		
35)	Overseer ofDate		
36)	Signature of Approval of General Presbyter	Date	
37)	Signature of Approval of General Overseer	Date	
	STATE/REGIONAL/NATIONAL OFFICE (41) Date Rec		TER OFFICE:
38)		OIO	
39	Foundations Course Certificate Number		
(40)	Date of Review Board Meeting GENERA		EER OFFICE:
	Date Rece		
	US letter size and A4 friendly		