

YOUR RENEWAL APPLICATION CANNOT BE PROCESSED WITHOUT THIS SIGNED FORM

GEORGIA OFFICE OF DISPUTE RESOLUTION

REGISTRATION RENEWAL APPLICATION SIGNATURE PAGE

2009 RENEWAL SEASON

Name _____ RegID _____ Original Renewal Date _____

SIGNATURE and CERTIFICATION

I certify that the information supplied on this application is truthful, and correct to the best of my knowledge, and that I will notify the Georgia Office of Dispute Resolution of any change in contact information. I understand that all information herein is subject to verification.

I further certify that:

- **I give my permission to the Georgia Office of Dispute Resolution to perform a Georgia criminal background check with law enforcement authorities, and I understand that the result of such an investigation will be used solely in considering my eligibility for registration/renewal of registration.**
- I understand GODR will audit continuing education hours from time to time. By signing this renewal application, I am agreeing to participate fully in any such audit.
- I have read Georgia Supreme Court Alternative Dispute Resolution Rules, Appendix C, Ethical Standards and Ethics Procedures, and I acknowledge that my work as a neutral in court-connected ADR cases is subject to those provisions. (Appendix C is available online at www.godr.org).

Signature of Applicant

Date



Submit completed renewal application and fees (if not submitted online) and this signature page to:

GEORGIA OFFICE OF DISPUTE RESOLUTION
NEUTRAL REGISTRATION RENEWAL
244 WASHINGTON ST. S.W., SUITE 300
ATLANTA, GA 30334-5900

PHONE: 404-463-3788 FAX: 404-463-3790 E-MAIL: gaodr@godr.org WEBSITE: www.godr.org

(Please reference your name on your check/money order • There will be a \$30 charge for returned checks.)

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