

# Pentecostal Assemblies of God of America, Inc.

P.O. Box 134, San Jacinto, CA 92581  
 www.paga.org / (909) 487-0410 – Office / (909) 927-0264 – Fax  
 (NOTE: "PAGA" is an acronym for Pentecostal Assemblies of God of America, Inc.)



## Credential Application

1. PERSONAL INFORMATION								
Last Name		First Name		M.I.	Nationality		Date	<b>ATTACH PHOTO</b>
Mailing Address				City		State	Zip	
Birth Date		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number				
Telephone		Fax Number		Email				
Married <input type="checkbox"/>		Single <input type="checkbox"/>		If married, provide spouse's name:				
Have either you or your spouse been married previously? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach explanation.								
Name and Address of Your Home Church/Pastorate								
2. CREDENTIAL APPLICANT INFORMATION AND AGREEMENT								
1. Are you born again? Yes <input type="checkbox"/> No <input type="checkbox"/> When?				Are you spirit filled according to Acts 2:4? Yes <input type="checkbox"/> No <input type="checkbox"/> Date				
2. In any form, do you use narcotics? Yes <input type="checkbox"/> No <input type="checkbox"/> Alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/> Tobacco? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, attach explanation.								
3. Are you called to the ministry? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you currently engaged in the ministry? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a resume of all ministerial work to date on a separate sheet.								
4. For which PAGA credential are you applying: Exhorter <input type="checkbox"/> License <input type="checkbox"/> Ordination <input type="checkbox"/>								
5. Provide a resume of your secular education to date on a separate sheet.								
6. Have you read, do you understand and agree to the PAGA constitution and bylaws? Yes <input type="checkbox"/> No <input type="checkbox"/>								
7. Do you agree to be totally liable for any and all liabilities of your ministry, and that you will not hold PAGA liable in any case? Yes <input type="checkbox"/> No <input type="checkbox"/>								
8. Do you agree to adhere and be amenable for conduct and doctrine to the PAGA constitution, bylaws and leadership? Yes <input type="checkbox"/> No <input type="checkbox"/>								
9. Will you accept the PAGA Board's credential placement decision? Yes <input type="checkbox"/> No <input type="checkbox"/>								
10. Do you agree that any disputes that may arise with PAGA or its leadership will be mitigated with Christian arbitration or mediation and not in a court of law? Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. SIGNATURES								
APPLICANT'S SIGNATURE:						DATE:		
PLEASE FURNISH TWO RECOMMENDATIONS BELOW:								
RECOMMENDED BY: (Print Name)						DATE:		
SIGNATURE:								
RECOMMENDED BY: (Print Name)						DATE:		
SIGNATURE:								
OFFICE USE ONLY:			Date:			Action:		
Reviewed by:								