



# 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.)

Mr.  Mrs.  Ms.

① Name \_\_\_\_\_  
*First Middle Last*

② Address \_\_\_\_\_  
\_\_\_\_\_

③ Telephone (include area code) \_\_\_\_\_ E-mail \_\_\_\_\_

④ Date of birth \_\_\_\_\_ Nationality \_\_\_\_\_

⑤ **Marital Status**  Single  Married  Widowed  Divorced  Divorced/Remarried  
*(If divorced or divorced/remarried, please explain in separate writing.)*

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

⑩ Have you been baptized with the Holy Ghost, evidenced by speaking in tongues?.....Yes No

⑪ Were you baptized in water by immersion?.....Yes No

⑫ How long have you been a member of the Church of God of Prophecy? \_\_\_\_\_

⑬ Which local church are you now a member? \_\_\_\_\_

⑭ **If applying for a Bishop's license:**

⑮ What is the date of your Minister's License? \_\_\_\_\_ What is your Minister's License Number? \_\_\_\_\_

⑯ **If applying for a Minister's License:**

⑰ Have you previously served as a Lay Minister?.....Yes No

⑱ How long since you accepted your call into the ministry? \_\_\_\_\_

⑲ How strongly do you feel about this call? \_\_\_\_\_

⑳ Do you feel this call obligates you by God to pursue a preaching ministry?.....Yes No

㉑ Are you willing to dedicate yourself to the ministry as your first vocation?.....Yes No

㉒ Are you committed to an ongoing, aggressive preparation  
(*spiritual and academic*) to assure that your ministry is effective?.....Yes No

㉓ Have you completed the Foundations Materials?.....Yes No

㉔ If so, what is your certificate number? \_\_\_\_\_

㉕ Have you been licensed previously by this or any other church organization?.....Yes No

㉖ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Please Circle**

- ②7 Are you currently licensed with another organization?.....Yes No
- ②8 If yes, please explain: \_\_\_\_\_

- ②9 Do you give priority to daily personal devotions?.....Yes No
- ③0 Do you consider yourself faithful in the stewardship of all that God entrusts to you (this includes tithing and giving)?.....Yes No
- ③1 Are you submissive to those over you in the Lord?.....Yes No
- ③2 Are you willing to go wherever God's will dictates in order to fulfill your ministry?.....Yes No
- ③3 *As a licensed minister, you will be considered a leader in the Church. As a leader, you will live a life of servitude, and the power of example will be your most effective means of leading others. Do you hereby pledge yourself to a life of exemplary Christian conduct and service?* \_\_\_\_\_  
*Signature Require*

**OUR VISION**

*The Church of God of Prophecy will be a Christ-exalting, holiness, Spirit-filled, all nations, disciple-making, churchplanting Movement with a passion for Christian union.*

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

*Please include a photo of yourself with a solid background (2x2 Inches)(5x5 cm) to this application and carefully write your name on the back of the picture as well as your date of birth and name each picture individually on the scan with date of birth on the file.  
(Photo require for identification card.)*

**\*\*\*PLEASE DO NOT STAPLE PHOTO ON DOCUMENT**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office use only**

- ③4 State/Regional/National Overseer's Signature \_\_\_\_\_
- ③5 Overseer of \_\_\_\_\_ Date \_\_\_\_\_
- ③6 Signature of Approval of General Presbyter \_\_\_\_\_ Date \_\_\_\_\_
- ③7 Signature of Approval of General Overseer \_\_\_\_\_ Date \_\_\_\_\_

**STATE/REGIONAL/NATIONAL OFFICE**

- ③8 Date Foundations Course Approved \_\_\_\_\_
- ③9 Foundations Course Certificate Number \_\_\_\_\_
- ④0 Date of Review Board Meeting \_\_\_\_\_

**GENERAL PRESBYTER OFFICE:**

- ④1 Date Received \_\_\_\_\_
- ④2 Date Mailed to IO \_\_\_\_\_

**GENERAL OVERSEER OFFICE:**

- ④3 Date Received \_\_\_\_\_
- ④4 Date Mailed \_\_\_\_\_