

OPEN DOOR OUTREACH MINISTRIES

PO Box 16963, Asheville, NC 28816



MINISTER'S LICENSE APPLICATION

FIRST NAME _____ M.I. _____ LAST NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ COUNTRY _____

PHONE _____ FAX _____ EMAIL ADDRESS _____

BIRTHDATE _____ SEX M F MARITAL STATUS SINGLE MARRIED DIVORCED

HOW LONG HAVE YOU BEEN A CHRISTIAN? _____

HAVE YOU RECEIVED THE HOLY GHOST ACCORDING TO ACTS 2:4? _____

DO YOU BELIEVE AND PRACTICE BIBLE HOLINESS? _____

ARE YOU FREE FROM ALCOHOL, TOBACCO AND DRUGS? _____

DO YOU BELIEVE AND STUDY THE BIBLE TO SHOW YOURSELF APPROVED UNTO GOD? _____

DO YOU TITHE TO THE LORD'S WORK? _____

WHAT IS YOUR CALLING IN THE MINISTRY? _____

ARE YOU A PASTOR? _____ IF SO WHAT IS THE NAME OF YOUR CHURCH? _____

I AFFIRM THAT I HAVE BEEN CALLED OF GOD TO PERFORM THE MINISTRY I HAVE INDICATED ON THIS APPLICATION. I WILL WORK IN OBEDIENCE TO THE BIBLE TO FULFILL THE CALL OF GOD.

SIGNATURE OF APPLICANT _____ DATE ____/____/____

TWO LICENSED MINISTERS MUST SIGN YOUR APPLICATION AFFIRMING THAT THEY KNOW YOU AND BELIEVE YOU TO BE A QUALIFIED CANDIDATE TO BE A LICENSED MINISTER OF THE GOSPEL OF JESUS CHRIST.

PRINT NAME _____ PRINT NAME _____

SIGNATURE _____ SIGNATURE _____

ADDRESS _____ ADDRESS _____

CITY _____ CITY _____

STATE _____ ZIP CODE _____ STATE _____ ZIP CODE _____

For Office Use Only	
License# _____	
Category _____	Ordination Date ____/____/____

PLEASE RETURN THIS COMPLETED APPLICATION. ATTACH A RECENT PHOTOGRAPH OF YOURSELF FOR OUR FILES. THERE IS NO COST FOR THIS LICENSE BUT WE REQUEST A \$25.00 LOVE OFFERING TO HELP PAY THE POSTAGE AND PROCESSING FEES. WE WILL LET YOU KNOW BY RETURN LETTER OF OUR DECISION.