

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 _____ GENDER 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 HAVE READ THE OPEN DOOR OUTREACH MINISTRIES STATEMENT OF FAITH AND AM IN COMPLETE AGREEMENT WITH ITS DECLARATIONS AND WILL ABIDE BY ITS DIRECTIVES. I WILL WORK IN OBEDIENCE TO THE BIBLE TO FULFILL THE CALL OF GOD ON MY LIFE.

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.