

**APPLICATION FOR**

**MINISTERIAL CREDENTIAL OR LICENSE**

**WITH THE**

**APOSTOLIC CHURCH  
OF JESUS CHRIST  
INTERNATIONAL INC.**

**APPLICATION FOR  
MINISTERIAL CREDENTIAL OR LICENSE  
WITH THE  
APOSTOLIC CHURCH OF JESUS CHRIST INTERNATIONAL INC.**  
HEADQUARTERS: SMACKOVER, ARKANSAS 71762  
870-725-3088  
**BISHOP LONNIE SMITH, NATIONAL OVERSEER**

|                                                                                                          |                        |                                                     |
|----------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------|
| 1. Applicant's Name                                                                                      | 2. Complete Address    | 3. Social Security No.                              |
|                                                                                                          |                        | 4. Home Phone                                       |
|                                                                                                          |                        | 5. Date of Birth<br>Mo.          Day          Year  |
| 6. Spouse's Name                                                                                         | 7. Complete Address    | 8. Social Security No.                              |
|                                                                                                          |                        | 9. Home Phone                                       |
|                                                                                                          |                        | 10. Date of Birth<br>Mo.          Day          Year |
| 11. Have you ever been married before?          Yes <input type="checkbox"/> No <input type="checkbox"/> |                        |                                                     |
| 12. If yes, give name, address and phone no.                                                             |                        | 13. Complete Address                                |
| First Name:          Middle:                                                                             | Maiden:          Last: | 14. Phone Number                                    |
| 15. Do you have any children?          Yes <input type="checkbox"/> No <input type="checkbox"/>          |                        |                                                     |
| 16. If yes, list complete names                                                                          |                        |                                                     |
|                                                                                                          |                        |                                                     |
| 17. Name of nearest relative not living with you.                                                        |                        |                                                     |
| Name:                                                                                                    | Address:               | Phone No.                                           |
| 18. List name, address and phone number of three friends.                                                |                        |                                                     |
| a.                                                                                                       |                        |                                                     |
| b.                                                                                                       |                        |                                                     |
| c.                                                                                                       |                        |                                                     |

# CHURCH RECORD

1. List all home churches you have attended regularly beginning with the most recent one.

| Name of Church | Address | Pastor | Phone No. | Attended<br>How Long? |
|----------------|---------|--------|-----------|-----------------------|
|                |         |        |           |                       |
|                |         |        |           |                       |
|                |         |        |           |                       |
|                |         |        |           |                       |
|                |         |        |           |                       |

2. For which license are you applying?

- ☐ a. Local License .....\$ 200.00
- ☐ b. General License.....\$ 225.00
- ☐ c. Ordination License ....\$ 250.00

3. Sponsor's signature

4. Recommended By:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

5. State License Committee:

A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

6. National Sec. & Treau. \_\_\_\_\_

7. Date of Examination \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

8. Applicant's Signature

Date

Month

Day

Year

## BIBLICAL BELIEFS

1. Have you been baptized in the name of Jesus Christ for the remission of sins as in Acts 2:38? \_\_\_\_\_
2. Have you been baptized with the Holy Ghost with signs following as in Acts 2:4? \_\_\_\_\_
3. Do you believe and teach that all those who receive the Holy Ghost speak with other tongues as the spirit gives them utterance as in Acts 2:4? \_\_\_\_\_
4. Are you called of the Holy Ghost to preach the gospel? \_\_\_\_\_
5. Have you been ordained? \_\_\_\_\_ 6. When? \_\_\_\_\_
7. By whom: \_\_\_\_\_
8. How long have you been in the ministry? \_\_\_\_\_
9. Are you a pastor? \_\_\_\_\_ Evangelist? \_\_\_\_\_ Missionary? \_\_\_\_\_
10. Name three (3) places you have preached: \_\_\_\_\_  
\_\_\_\_\_
11. Do you believe and teach that the ministry should be supported by tithes and offerings? \_\_\_\_\_
12. Do you believe and teach divine healing for the body? \_\_\_\_\_
13. Do you believe in the literal second coming of Jesus Christ? \_\_\_\_\_
14. Do you believe in eternal punishment for the wicked? \_\_\_\_\_
15. Do you believe abortion is wrong? \_\_\_\_\_
16. Do you believe homosexuality and lesbianism is a sin? \_\_\_\_\_
17. Do you understand that to be born of water and of the spirit as in John 3:5, one must be baptized in water as in Acts 2:38 and be filled with the Holy Ghost as in Acts 2:4? \_\_\_\_\_
18. Do you follow peace with all men and holiness without which no man shall see the Lord? \_\_\_\_\_
19. Will you earnestly contend for the faith that was once delivered to the saints? \_\_\_\_\_
20. Will you study to show thyself approved unto God, a workman that needeth not to be ashamed rightly dividing the word of truth? \_\_\_\_\_
21. Will you endeavor to keep the unity of the spirit in the bonds of peace till we all come in the unity of the faith? \_\_\_\_\_
22. Are you in harmony with the views taken by the Apostolic Church of Jesus Christ, that judgment begins at the house of God, including the marriage and divorce questions? \_\_\_\_\_
23. Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain briefly: \_\_\_\_\_