



Georgia Conservation Tax Credit Program
Qualified Organization Certification Application

Name of Organization: _____

Main Office Address: _____

Main Office Telephone: _____ Fax: _____

Website: _____ Employee Identification Number: _____

Georgia Office Address (if different from Main Office): _____

Georgia Office Telephone: _____ Fax: _____

President/CEO: Name: _____ Title: _____

Primary contact in Georgia: Name: _____ Title: _____

Telephone: _____ E-mail: _____

I certify that the above named organization is:

[] Currently registered with the Georgia Secretary of State as authorized to do business in Georgia (attach proof of current corporate registration);

[] A tax-exempt nonprofit public charity under Section 501(c)3 of the Internal Revenue Code that has received its tax exempt determination letter from the Internal Revenue Service and that the letter is current (attach copy of IRS determination letter);

[] An organization that meets the requirements of U.S. Treasury Regulations Section 1.170A-14(c) for a "qualified organization," including the authority, capacity and commitment to enforce the terms of conservation easements held; and

[] An organization whose board of directors has adopted the Land Trust Alliance's Land Trust Standards and Practices (2004) as guidelines for its operations and commits to making continual progress toward implementation of these Standards and Practices (attach copy of board resolution).

Authorized signature: _____ Date: _____

Printed name: _____ Title: _____

Notarized by (affix seal): _____ Date: _____