AFFIDAVIT OF GEORGIA ACCREDITED COMMERCIAL SPECIALIST (GACS) TRANSACTIONS

Applicant Name: _____ **GA License: #**_____ **M1: #**_____

The undersigned Applicant hereby certifies and swears that all information provided is true and factual. Should the GACS Board of Governors find through confirmation, or any other means, that any statements made by Applicant are not factual; such statements will jeopardize Applicant's ability to be awarded or to retain the GACS Certification. The undersigned Applicant declares that the following information is true.

I am an Applicant for the Georgia Accredited Commercial Specialist and as a part of that application process I certify that:

- **Number of Commercial Transactions**:
    - Either as the listing broker/agent, buyer's broker/agent, Landlord's leasing broker/agent, or Tenant 's leasing broker/agent, I have completed a minimum of six (6) commercial sale, lease, or combination of sale and lease transactions that have occurred within a six-year period defined as the three years preceding the date of completing my first class ('look-back period') and within three years of the date of completing my first course (post-completion period).

OR

- **Volume of Commercial Transactions:**
    - Either as the listing broker/agent, buyer's broker/agent, Landlord's leasing broker/agent, or Tenant 's leasing broker/agent, I have completed a minimum of $3,000,000 in total commercial sale, lease, or combination of sale and lease transactions that have occurred within a six-year period defined as the three years preceding the date of completing my first class ('look-back period') and within three years of the date of completing my first course (post-completion period).

Signature of Applicant:

_____

CERTIFICATION OF APPLICANT'S BROKER

I hereby certify that the above statement concerning the number of transactions in which the Applicant has worked is true and correct and accurately reflects the work done by Applicant.

Real Estate Firm Name: _____ Firm Lic: # _____

Name of Qualifying Broker (Please Print): _____

Signature of Qualifying Broker: _____ Date: _____