



1414 Montreal Road
 Tucker, Georgia 30084
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 Email: supra@gamls.com

NON-MEMBER AFFILIATE SUPRA KEY APPLICATION

Lessee Name: _____
First Middle Initial Last

Lessee Home Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____
Area Code Phone Number Area Code Phone Number

E-Mail Address: _____ Website: _____

License/Certification # _____ (If Applicable)

Company Name: _____

Office Address: _____
Street City State Zip

Office Phone: _____ Office Fax: _____
Area Code Phone Number Area Code Phone Number

Company Business License#: _____ Issuing County: _____

What type of business are you in?

Home Inspector Pest Control Inspector Appraiser Other (Please specify) _____

I hereby certify that the foregoing information furnished by me is true and correct. I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my key lease if granted. I also agree to abide by the Rules and Regulations and any additions or changes that may be incorporated.

Lessee Signature: _____ Date: _____

For Staff Use Only

Lock Box Key Issued by _____ Date: _____

Lock Box Key # _____ Pin Code _____

Documents attached:

- Picture ID (i.e. Driver's License, Passport)
- Business License (not required for offices already in the GAMLS system)
- Company Letter of Employment (not required if business owner)
- Georgia Crime Information Center Report (obtain through your local sheriff's office or police station)