



# APPLICATION FOR PROMOTION

PENTECOSTAL CHURCH OF GOD  
PO Box 850, Joplin, Missouri 64802  
Phone: (417) 624-7050

FOR GENERAL  
OFFICE USE

- Approved
- Denied

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
Acct # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Credentials for which you are now applying:  Ordination  License

Credentials you now hold:  License  Exhorter

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ Date of Conversion \_\_\_\_\_ Place \_\_\_\_\_

When did you receive the credential you now hold? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you read the entire Bible (all 66 books)? .....  Yes  No

Have you completed the required Minister's Study Series or its equivalence? .....  Yes  No

Are you in the full-time active ministry? .....  Yes  No

Type of ministry in which you are presently engaged:  Pastor  Associate Pastor  Evangelist  Other \_\_\_\_\_

If pastor: \_\_\_\_\_  
(Name of Church) (Location)

How long have you been in the full-time active ministry? \_\_\_\_\_

How long have you derived your support from the ministry? \_\_\_\_\_

*Having read the Bylaws and all the requirements of this application, I accept and agree to abide by the same. I further authorize you to contact all persons whom you desire to interview and question about facts concerning my application or my private and public life. I further pledge that I will never file suit or cause of action against the Pentecostal Church of God.*

\_\_\_\_\_  
Applicant's Signature

Recommended or introduced by: \_\_\_\_\_  
(Pastor)

\_\_\_\_\_  
(Presbyter)

\_\_\_\_\_  
(Minister)

**TO BE COMPLETED BY DISTRICT**

Approved by the Board of the \_\_\_\_\_ District at a meeting  
held at \_\_\_\_\_ on \_\_\_\_\_  
(Place) (Date)

Approved for:  Ordination  License  
Did applicant complete the required Minister's Study Series or its equivalence?  Yes  No

What score did the applicant make on the credential examination? \_\_\_\_\_

**IF APPLYING FOR PROMOTION TO ORDINATION, COMPLETE THE FOLLOWING:**

When is applicant to be formally ordained? \_\_\_\_\_

Where is applicant to be formally ordained? \_\_\_\_\_

Who is to be the presiding officer? \_\_\_\_\_

\_\_\_\_\_  
(Signed: District Secretary or Bishop)