



2020 Poll Deputy Registrar Certification for CLE Credit in Georgia

NAME _____

**GEORGIA
BAR #** _____

This will certify that I received _____ hours of training to serve as a poll deputy registrar in _____ County, Georgia on ____ / ____ / 20____.

Attorneys will receive CLE hours based on the number of hours of training up to 2 hours maximum.

Further, I certify that I served as a poll deputy registrar for a minimum of 2 hours on the date and location listed below.

**ADDRESS OF
POLLING PRECINCT** _____

DATE OF SERVICE
at the polling precinct _____ / _____ / 20____

SIGNATURE _____

Submit this form to deedeew@gabar.org with the subject line "Poll Deputy Registrar CLE."