



Georgia Installment Lenders Association

Supervisor Verification

I, _____ have read the materials provided and have taken the test. I am prepared for the final 2 days of classes to become a Loan Manager for a finance company operating under the Industrial Loan Act.

Attendee name (please print)

Manager or Supervisor name (please print)

Signature

Signature

Email Address

Email Address

Date

Date

Please return to:

GILA
PO Box 801
Macon, GA 31202-0801

Fax to: 478-743-8278

Email to: angie@giloan.org