

For Board Use Only
Fee Paid: _____
Date: _____
Receipt #: _____
Applicant #: _____



GEORGIA STATE BOARD OF BARBERS
 237 Coliseum Drive
 Macon, Georgia 31217
 Phone (478) 207-2440
www.sos.ga.gov

ORDER FORM
 for

DUPLICATE LICENSE CARDS AND LICENSE VERIFICATIONS

To request a duplicate license card or license verification, please complete the following form and enclose a check or money order in the amount of \$25.00 made payable to the Georgia State Board of Barbers and mail to the address listed above. Barber shop or school licensees who are requesting a duplicate license are approved only for a **lost or stolen** license. **A change of business name, address/location, or ownership requires a new application.** (See website for application forms.)

Request for (check one): Duplicate Pocket-License Card License Verification

Type License (check one): Master Barber Barber Apprentice
 Barber Shop – Duplicate \$25.00 School – Duplicate \$25.00

License #: _____

Reason for Duplicate License:

Name Change** Address Change Lost/Stolen

****Complete application in your new LEGAL NAME. Submit photocopy of legal documentation for changing name: Marriage Certificate; Filed Marriage License; Divorce Decree; Court Order; Corporations Amendment. Barber shops/schools that are changing names will have to submit a new application (see website for application forms).**

Name of licensee or facility: _____
 (Please print CLEARLY)

Mailing Address: _____
 (Street or PO Box)

 (City) (State) (Zip)

Daytime Phone #: () _____ **Fax#:** () _____

Email Address: _____

For Verification of license requests, please indicate where verification should be mailed if different from above:

 (Name or Agency Name)

 (Mailing Address)

 (City) (State) (Zip)

Signature: _____ **Date** _____