

(478) 207-2440  
Customer Service

**SECRETARY OF STATE**  
**Professional Licensing Boards Division**  
**237 Coliseum Drive, Macon, GA 31217**

**REQUEST FOR VERIFICATION OF A LICENSE (\$25 Fee)**

To request a verification of a license, please complete the following application and enclose a cashier's check or money order in the amount of **\$25.00** (per verification requested) made payable to the Professional Licensing Board you are licensed under and mail to the address listed above.

**Profession:** \_\_\_\_\_ **GA License #** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Last) (First) (Middle) (Maiden Optional)

# of License Verifications Requested: \_\_\_\_\_ (Enclose a \$25 fee for **EACH** Verification you are requesting - Please also complete a separate request form for verifications to be sent to different locations)

**Mailing Address (or Fax # - E-Mail address) where you wish the verification to be sent:**

To Whom: \_\_\_\_\_

\_\_\_\_\_  
Street or P.O. Box # (City) (State) (Zip)

**FAX #:** ( ) \_\_\_\_\_ **or, E-Mail Address:** \_\_\_\_\_  
(Please PRINT Clearly)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\* **OR** \*\*\*\*\*

**REQUEST FOR LICENSE POCKET CARD (\$25 Fee)**

To request a license pocket card be printed and mailed to you, please complete the following application and enclose a cashier's check or money order in the amount of **\$25.00** (per card to be printed) made payable to the Professional Licensing Board you are licensed under and mail to the address listed above.

NOTE: You may print a copy of your license yourself by following the links on the website [www.sos.ga.gov/plb](http://www.sos.ga.gov/plb).

**Profession:** \_\_\_\_\_ **GA License #** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Last) (First) (Middle) (Maiden Optional)

# of Pocket Cards Requested: \_\_\_\_\_ (Enclose a \$25 fee for **EACH** pocket card you are requesting)

**Mailing Address where you wish the pocket card(s) to be sent:**

To Whom: \_\_\_\_\_

\_\_\_\_\_  
Street or P.O. Box # (City) (State) (Zip)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Fee(s) must be included or your request will not be processed. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20*