

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



For Board Use Only
Date Ordered _____
Date Mailed _____

GEORGIA STATE BOARD OF ARCHITECTS AND INTERIOR DESIGNERS
237 Coliseum Drive – Macon, Georgia 31217 – 478-207-2440
www.sos.georgia.gov/plb/architects

Non-refundable fee of \$50.00 must accompany application, please allow 6-8 weeks to receive your wall certificate (size 10”X 13”).

APPLICATION FOR WALL CERTIFICATE

You **may not** order a wall certificate until **after** you have been licensed.

PLEASE TYPE OR PRINT LEGIBLY

License Type Architect Interior Designer

I was issued license No. _____ By the Board on _____
Month Day Year

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____

E-MAIL ADDRESS _____

If this order includes a name change, please enclose a copy of marriage license/certificate, court order or other documentation verifying legal name change.

Signature

Date