

**For Board Use Only**

Fee Paid \_\_\_\_\_

Date \_\_\_\_\_

Receipt # \_\_\_\_\_

Applicant # \_\_\_\_\_



(478) 207-2440

**Secretary of State  
Professional Licensing Boards Division  
237 Coliseum Drive  
Macon, Georgia 31217**

**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 Professional Licensing Boards and mail to the address listed above.

**Request for:**       Duplicate Pocket-License Card       License Verification

**Profession:**

<input type="checkbox"/> Landscape Architect	<input type="checkbox"/> Professional Engineer
<input type="checkbox"/> Professional Geologist	<input type="checkbox"/> Land Surveyor
<input type="checkbox"/> Registered Forester	<input type="checkbox"/> Engineer in Training
<input type="checkbox"/> Registered Architect	<input type="checkbox"/> Land Surveyor in Training
<input type="checkbox"/> Registered Interior Designer	

**License #:** \_\_\_\_\_

**Name of licensee or facility:** \_\_\_\_\_  
(Please print CLEARLY)

**Mailing Address:** \_\_\_\_\_  
(Street or PO Box)

\_\_\_\_\_  
(City) (State) (Zip)

**Daytime Phone #:** ( ) \_\_\_\_\_ **Fax#:** ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

<sup>3/4</sup> **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)

Please allow 4 to 6 weeks for processing.  
If the information requested has been stored in archives, there may be a delay in the processing of the request.