

For Board Use Only

Amount Submitted _____

Date. _____

Receipt # _____



For Board Use Only

Certificate No. _____

Date Issued _____

Applicant No. _____

GEORGIA STATE BOARD FOR THE CERTIFICATION OF LIBRARIANS
237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440
www.sos.state.ga.us/plb/librarians/

Fee of \$25.00 must accompany application, please allow 6-8 weeks to receive your wall certificate.

APPLICATION FOR WALL CERTIFICATE

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

PLEASE TYPE OR PRINT LEGIBLY

License Type Librarian

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

Name			
	<small>As it appears on our records--First</small>	<small>Middle</small>	<small>Last</small>

Home Address			
	<small>Number and Street (P.O. Box not acceptable)</small>	<small>City</small>	<small>State</small>
			<small>Zip</small>

Mailing Address <small>(if different than Street address)</small>			
	<small>Street or P.O. Box</small>	<small>City</small>	<small>State</small>
			<small>Zip</small>

Daytime Phone Number	()	E-mail Address	
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If you are requesting a name change, you must attach copy of legal documentation for Board records.

<small>First</small>	<small>Middle</small>	<small>Last</small>

Signature

Date

