

For Board Use Only  
Fee Paid \_\_\_\_\_  
Date \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Applicant # \_\_\_\_\_



**Secretary of State  
Professional Licensing Boards Division  
Foresters  
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:**  **Registered Forester**

**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.**

**Name of licensee:** \_\_\_\_\_  
(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 (or emailed) if different from above:**

\_\_\_\_\_  
(Name or Agency Name)

\_\_\_\_\_  
(Mailing Address or email address)

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

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