

**For Board Use Only**

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

Date: \_\_\_\_\_

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

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



**GEORGIA STATE BOARD OF COSMETOLOGY AND BARBERS**

237 Coliseum Drive  
Macon, Georgia 31217  
Phone (478) 207-2440  
[www.sos.ga.gov](http://www.sos.ga.gov)

**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 Georgia State Board of Cosmetology and Barbers and mail to the address listed above. Salon/Shop or school licensees who are requesting a duplicate license are approved only for a **lost or stolen** license. **A change of business name, address/location, or ownership requires a new application.** (See website for application forms.)

**Request for (check one):**  Duplicate Pocket-License Card       License Verification

**Type License (check one):**  Master Cosmetologist       Hair Designer  
 Esthetician       Nail Technician  
 Cosmetology Apprentice       Master Barber  
 Salon/Shop  
 School

**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; Corporations Amendment. Salon/Shop or schools who are changing names will have to submit a new application (see website for application forms).**

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

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

\_\_\_\_\_  
(Mailing Address)

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

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