



Secretary of State

Professional Licensing Boards Division
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440 Phone
(478) 207-1468 Fax

CHANGE OF ADDRESS

Please mail or fax this form to the Board Office

After five business days, follow up by checking the Board website under "License Verification"
to make sure address change has been made and is correct

Name: _____
 First Middle Last

Social Security # _____

Old Address: _____

New Address: _____

E-Mail Address: _____

Work Phone: _____

Certificate (License) Number _____

Please sure to include both the Alpha & Numeric part of the
Certificate Number, i.e., W1-XXXXXX, WDXXXXXX, etc.

**Note: If you need a name change, the legal document that changed your name
must be sent with your request**

Applicants for Certification

List the type of Certification you applied for _____