

(478) 207-2440

SECRETARY OF STATE
Professional Licensing Boards Division
Healthcare III
237 Coliseum Drive
Macon, GA 31217

(Fax) 877-371-5712

**REQUEST
FOR
DUPLICATE LICENSE, NAME/ADDRESS CHANGE OR VERIFICATION**

To request a duplicate license card or verification, please complete the following application 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.

Instructions for Completing Application.

PLEASE read the following instructions carefully to prevent processing delays.

Name Change:

- Complete application in your new **LEGAL NAME**. (This is the name that will appear on license.)
- Submit photocopy of legal documentation for changing name: Marriage Certificate, Filed Marriage License, Divorce Decree and Court Order. (Original documents will **not** be returned.)

Address Change/Lost or Stolen/ Limitations Removed:

- Complete application.

Profession:

- Registered Nurse Licensed Practical Nurse Licensed Dietitian

Reason for Duplicate License:

- Name Change Address Change Lost/Stolen Limitations Removed Other

Legal Name: _____
(Last) (First) (Middle) (Maiden Optional)

Current Address: _____
(Street or PO Box)

(City) (State) (Zip)

Social Security #: _____ - _____ - _____ **Phone #:** (_____) _____

Georgia License #: _____

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:** _____