

Secretary of State
Professional Licensing Boards Division
Business & Occupations
237 Coliseum Drive
Macon, Georgia 31217

Phone (478) 207-1460

Fax (478) 207-1468

ORDER FORM
for
DUPLICATE LICENSE CARDS AND LICENSE VERIFICATIONS

To request a duplicate license card or a 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:

Athlete Agents

Used Motor Vehicle Parts

Auctioneers

Water/Wastewater

Funeral Services

Private Detective & Security Agencies

Used Motor Vehicle Dealers

License #: _____

License Type: _____

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)

Please allow 10-14 working days for processing.

If the information requested has been stored in archives, there may be a delay in the processing of the request.