

(478) 207-2440

**SECRETARY OF STATE**  
**Professional Licensing Boards Division**  
**Attn: License Verification**  
**237 Coliseum Drive, Macon, GA 31217**

Instructions for Completing Request

**PLEASE** read the instructions carefully to prevent processing delays.

To request a duplicate license pocket card or verification, please complete the following information and enclose a check or money order in the amount of **\$25.00** made payable to the Professional Licensing Boards and submit to the address listed above. (Please use a separate form for each verification requested and include an additional \$25 payment for each.)

There is **NO CHARGE** to change a name or address on a license. Complete application in your new **LEGAL NAME** (this is the name that will appear on license), and submit a photocopy of legal documentation for changing name: Marriage Certificate, Filed Marriage License, Divorce Decree and Court Order. (Original documents will not be returned.)

**For a Duplicate License Pocket Card or a Verification of License, you must submit this form with check or money order (\$25.00 Fee) to the address noted above.**

Duplicate License Pocket Card     Verification of License     Name Change/Address Change

**Profession:** \_\_\_\_\_ **GA License #** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Last) (First) (Middle) (Maiden Optional)

**Physical Address:** \_\_\_\_\_  
(Street Only – NO P.O. Box # Accepted)  
\_\_\_\_\_  
(City) (State) (Zip)

**Mailing Address:** \_\_\_\_\_  
(Street or P.O. Box – This address will appear on the public listing of your license)  
\_\_\_\_\_  
(City) (State) (Zip)

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Phone #:** (\_\_\_\_\_) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_  
(Please PRINT Clearly)

**For Verification of License requests, please indicate where verification should be mailed or emailed if different from above: (Please complete a separate form for each verification requested and include an additional \$25.00 payment for each.)**

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

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

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

Signature: \_\_\_\_\_