For Board Use Only
Fee Paid_____
Date_____
Receipt #_____
Applicant #_____

Secretary of State
Professional Licensing Boards Division
Residential and General Contractors
237 Coliseum Drive
Macon, Georgia 31217

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 State Licensing Board for Residential and General Contractors and mail to the address listed above.

Request for: ☐ **Duplicate Pocket-License Card** ☐ **License Verification**

License(s) Requested for Reprint:

☐**Individual - License #**_____
OR
☐**Qualifying Agent – License #**_____ **AND/OR**
☐**Company – 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.**

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 (or emailed) if different from above:

_____
(Name or Agency Name)

_____
(Mailing Address or email address)

_____
(City) (State) (Zip)

Signature:_____Date_____