



GEORGIA STATE BOARD OF PODIATRY EXAMINERS
237 Coliseum Drive
Macon, Georgia 31217-3858
1(844) 753-7825(Telephone)
<http://sos.ga.gov/index.php/licensing/plb/41>

DECORATIVE WALL CERTIFICATE ORDER FORM

INSTRUCTIONS:

- **Do not** submit this form until **after** you are in receipt of your license.
- Type or print clearly.
- Enclose \$50.00 fee (non-refundable) – check or money order made payable to the Georgia State Board of Podiatry Examiners. **Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.**
- Submit form to the address above.

NAME: _____

LICENSE NUMBER: _____

MAILING ADDRESS: _____
(Street Address)

(City) (State) (Zip)

Daytime telephone number : _____

E-mail address: _____

*Email is the most efficient way for staff to get in contact with you if any additional information is needed from you with regard to your request. Please be sure to include a valid email address. Note that your email address will not be shared with any third party.

**PLEASE ALLOW 8 WEEKS FROM THE DATE OF SUBMISSION TO
RECEIVE YOUR CERTIFICATE BY MAIL.**

FOR BOARD USE ONLY

FEE AMOUNT: _____

RECEIPT #: _____

DATE DEP.: _____

DATE ORDERED: _____

DATE RETURNED: _____

DATE MAILED: _____