

For Board Use Only
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GEORGIA STATE BOARD FOR THE CERTIFICATION OF LIBRARIANS
237 Coliseum Drive
Macon, Georgia 31217
Phone (844) 753-7825
www.sos.ga.gov/plb/librarians

ORDER FORM FOR LICENSE VERIFICATIONS

To request a license verification, please complete the following form and enclose a check or money order in the amount of **\$35.00** made payable to the Georgia State Board for the Certification of Librarians and mail to the address listed above. **License verification fees are non-refundable.**

Type License (check one): Librarian

License #: _____

Name of licensee: _____
(Please print CLEARLY)

Mailing Address: _____
(Street or PO Box)

(City) (State) (Zip)

Daytime Phone #: () _____ Cell Phone: () _____

Email Address: _____
(Please print CLEARLY)

By submitting this request, I am requesting that verification of my license be sent to the state/entity/individual listed below:

(Name or Agency Name)

(Mailing Address – Street or P. O. Box)

(City) (State) (Zip)

(Email Address – please print clearly) **Email is the most efficient way for verifications to be sent.**

Signature: _____ Date _____