



# Georgia Board of Nursing

237 Coliseum Drive  
Macon, Georgia 31217  
(844) 753-7825 [www.sos.ga.gov/plb/nursing](http://www.sos.ga.gov/plb/nursing)

## Declaration of Primary State of Residency and Address Change Form

This form must be received within ninety (90) days of the issuance of a single state license and you must meet all uniform licensure requirements to be eligible for a multistate license. If Georgia is not your primary state of residence, you are not eligible for a Georgia multistate license.

### Demographic Information

Please Print Legibly or Type all Information

Last Name:	First Name:
Middle Name:	Previous Name(s):
Social Security Number:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:

Physical Address Information – Applicants must provide a physical address of record. A post office box is not acceptable for this field.

Physical Address:

City:	State:	Zip:
-------	--------	------

Mailing Address Information - Pursuant to O.C.G.A. §43-1-2(k), if issued a license, your mailing address and license number are public information and will appear on the Board's website. A post office box may be used for this field.

Mailing Address:

City:	State:	Zip:
Phone:	Alternate Phone:	

### Declaration of Primary State of Residency

To be considered for a multistate license, Georgia must be your primary state of residency.

I declare Georgia as my primary state of residency and I am providing a Georgia address.

_____	_____
Printed Name of Applicant	Date
_____	
Applicant Signature	

Please submit this form by email to [nursing@sos.ga.gov](mailto:nursing@sos.ga.gov) or by fax to 877-371-5712.