

GEORGIA BOARD OF DENTISTRY

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6th Floor

Atlanta, GA 30303

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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 Board of the applicable profession and mail to the address listed above.

Request for:

☐

Duplicate Pocket-License Card

☐

License Verification

Profession:

☐

Dentist

☐

Dental Hygienist

☐

Conscious Sedation Permit

☐

General Anesthesia Permit

License #: _____

Name of licensee or facility: _____
(Please print CLEARLY)

Address/Location: _____
(Street or PO Box)

(City)

(State)

(Zip)

Phone #: (_____) _____

- **For Verification of license requests, please indicate where verification should be mailed if different from above:**

(Name or Agency Name)

(Mailing Address)

(City)

(State)

(Zip)