



Georgia Board of Dentistry

2 MLK Jr. Drive, SE, 11th Floor

East Tower

Atlanta, GA 30334

(404) 651-8000

www.gbd.georgia.gov

Do Not Write in this Section:

Receipt#: _____

Amount: _____

Applicant#: _____

Initials/Date: _____

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)