



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 Georgia Board of Dentistry 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)

- If you wish to have the verification sent via E-mailed **instead** of U.S. mail, please list the email address here: _____