



Georgia Board of Dentistry

2 Peachtree Street, N.W., 6th Floor
Atlanta, GA 30303

(404) 651-8000

www.gbd.georgia.gov

Roster Request Form

All rosters come in Text format along with instructions on downloading into Excel.

The rosters contain license #, name, address, city, state, zip, county, issue date, and expiration date.

The list is in license number order and **does not include phone numbers or email addresses.**

Partial list are not available (i.e., certain counties, cities, zip codes, etc.) The list contains all of the licensees in Georgia. It also contains a record layout of the files.

Payment must accompany request. We accept check or money orders made payable to the **Georgia Board of Dentistry. Please Do Not Send Cash.** We do not accept Purchase Orders or Credit Cards.

If you have any questions or concerns regarding our licensee roster, please contact customer service at (404) 651-8000.

Complete the form below and mail with payment to:

Georgia Board of Dentistry
2 Peachtree St., N.W.
6th Floor
Atlanta, Ga 30303

Name: _____

Company/Business Name: _____

Daytime Telephone Number: _____

Mailing Address: _____

City, State Zip: _____

Email Address: _____

**** Request will not be sent until payment has been received. ****

**** Rosters will be sent via email.**

<i>LICENSE TYPE</i>	<i>PRICE</i>
Dental Faculty	\$25.00
Dental Hygienist	\$100.00
Dentist	\$100.00