

GEORGIA BOARD OF PHARMACY

2 Peachtree Street N.W.,

6th Floor

Atlanta, GA 30303

(404) 651-8000

(Fax) 678-717-6694

ORDER FORM

for

DUPLICATE LICENSE CARDS AND LICENSE VERIFICATIONS

To request a duplicate license card or a 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 Pharmacy and mail to the address listed above.

Request for:

Duplicate Pocket-License Card

License Verification

Profession:

Pharmacist

Retail Pharmacy

Prison Pharmacy

Pharmacy Researcher

Nuclear Pharmacist

Hospital Pharmacy

Pharmacy Clinic

Wholesaler

Pharmacy Intern

Nuclear Pharmacy

Pharmacy School

Manufacturer

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)