

GEORGIA BOARD OF PHARMACY

2 Peachtree Street N.W.,

6th Floor

Atlanta, GA 30303

(404) 651-8000

(Fax) 470-386-6137

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/Registration Verification

Profession:	Pharmacist	Nuclear Pharmacist	Pharmacist Intern
	Retail Pharmacy	Hospital Pharmacy	Retail/Home Health
	Retail/PBM	Researcher Pharmacy	Opioid Treatment Center
	Outpatient Clinic	Prison Pharmacy	School Pharmacy
	Wholesaler	Third-Party Logistics Provider	Reverse Distributor
	Manufacturer	Remote Automated Medication	Nuclear
	Non-Resident Pharmacy	System(RAMS)	Limited Chemical Wholesale
	Pharm. Tech Registration		Distributor

License/Registration #: _____

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)