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

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