



# GEORGIA BOARD OF PHARMACY

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Atlanta, GA 30334

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Do Not Write in this Section:

Receipt#: \_\_\_\_\_

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## 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 per license verification**, made payable to the Georgia Board of Pharmacy and mail to the address listed above. Please allow 7 – 10 business days for processing.

**Request for:**

Duplicate Pocket-License Card

License/Registration Verification

**Profession:**

Select the appropriate license type.

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 OR email address:**

Email: \_\_\_\_\_

\_\_\_\_\_  
(Name or Agency Name)

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)