

**Secretary of State  
Professional Licensing Boards Division  
Georgia State Board of Podiatry Examiners  
237 Coliseum Drive  
Macon, GA 31217**

(478) 207-2440

(Fax) 207-1434

**ORDER FORM**  
for  
**DUPLICATE LICENSE CARDS AND LICENSE VERIFICATIONS**

To request a duplicate license card or license verification, please complete the following form and enclose a check or money order in the amount of **\$25.00** made payable to the Board of the applicable profession and mail to the address listed above.

**Request for:**

Duplicate Pocket-License Card

License Verification

**Profession:**

Podiatrist

**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)