

For Office Use Only
Date: _____
Remittance Number: _____
By: _____

THE GEORGIA STATE BOARD OF BARBERS
237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858
TELEPHONE NUMBER: 478-207-1430
FAX NUMBER: 478-207-1442
WWW.SOS.STATE.GA.US

DUPLICATE LICENSE APPLICATION

Duplicate Licenses are issued to licensees for the following reasons: (Please Check One)

_____ Lost or Stolen License _____ Address Change _____ Name Change

I, _____, hereby make application for a duplicate license. Enclosed is the appropriate fee for the duplicate license. All Salon/Shop address or ownership changes requires a new application. *Master Barber -\$25 Barber Apprentice \$25*

NAME AS REGISTERED BY BOARD:

LAST FIRST MIDDLE
PHYSICAL ADDRESS AS REGISTERED BY BOARD:

NUMBER AND STREET (P.O. BOX IS NOT ACCEPTABLE) APT. NO.

CITY STATE ZIP CODE

NEW NAME (If applicable) _____
LAST FIRST MIDDLE

NEW PHYSICAL ADDRESS (If applicable):

NUMBER AND STREET (P.O. BOX is not acceptable) Apt. No.

CITY STATE ZIP CODE

MAILING ADDRESS:

NUMBER AND STREET Apt. No.

(If you are granted a license, your name, mailing address and license number become public information and will be posted on the Secretary of State's website. The mailing address is used for renewal notices, and application processing.)

CITY STATE ZIP CODE

LICENSE NUMBER: _____ EXPIRATION DATE: ____/____/____

TYPE OF LICENSE (check one): [] MASTER BARBER [] APPRENTICE

Notary Seal

Signature of Licensee

Printed Name of Licensee

Sworn to and subscribed before me this _____ day of _____, 20__.

_____ My commission expires on ____/____/____.

Signature of Notary

Application must be complete, notarized and accompanied with a \$25 check or money order payable to the Georgia State Board of Barbers. DO NOT SEND CASH OR COUNTER CHECKS! Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C.G.A. §16-9-20. Name Changes must be accompanied with a copy of a marriage license or divorce decree or other official documentation. Rev/ 02-02-04