

Order Form
Decorative License Certificate (Physician)
Georgia Composite Medical Board
2 Peachtree Street, NW, 6th Floor
Atlanta, GA 30303

Return this completed form with the required fee to the address above:

Complete (print/type) form below. Your name will be printed on the wall certificate exactly as it is printed on your wallet identification card.

Submit this form with your payment of **\$50** per certificate by personal check, money order or cashiers check made payable to the Georgia Composite Medical Board. *Please allow 10 business days for delivery.*

Do not submit this order until you have received your wallet license card.

Name: _____ **License No.:** _____

Is this a new or corrected name? Yes No

Quantity ordered (\$50 each): _____ **Amount enclosed: \$** _____

Mailing Address: _____
(Street Address, including suite/unit number)

City State Zip

email address: _____ Telephone number: _____

Note: Wall certificates are signed at the monthly Board meeting. Therefore, please allow up to six weeks for delivery.