



**GEORGIA DEPARTMENT OF AGRICULTURE**

Gary W. Black, Commissioner

www.agr.georgia.gov

**Structural Pest Section**

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\_\_\_\_\_  
Date

**CHANGE OF ADDRESS FORM**

This will affect the following (please check where applicable)

- Certification \_\_\_\_\_ (enter number)  
Name \_\_\_\_\_
- Company License \_\_\_\_\_ (enter number)  
Name \_\_\_\_\_
- Mailing address
- Physical address

The effective date for this change is \_\_\_\_\_

THE NEW ADDRESS IS:

\_\_\_\_\_

CITY	STATE	ZIP CODE
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New Phone Number (if applicable)

( ) \_\_\_\_\_

New Fax Number (if applicable)

( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signed by/Submitted by: \_\_\_\_\_

Submit this form by mail, fax or e-mail ( [timothy.taylor@agr.georgia.gov](mailto:timothy.taylor@agr.georgia.gov) )