



## Peer Review Provider Registration Form

Peer Review Provider Name: \_\_\_\_\_

Street: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Attach a copy of your valid Georgia Business License to this registration form

### Responsible Party Contact Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this form, attach a copy of your valid business license, and mail to:

#### **Expedited Commercial Plan Review Program**

330 West Ponce de Leon Avenue  
Decatur, GA 30030  
Suite 200

Or deliver in person to

330 West Ponce de Leon Avenue  
Decatur, GA 30030  
Suite 200

Or email to

[Expeditedplans@dekalbcountyga.gov](mailto:Expeditedplans@dekalbcountyga.gov)