



**REQUEST FOR
DUPLICATE WALLET CARD OR CERTIFICATE**

Check here if this is a change to name and/or address

NAME: _____
(TYPE or Print) (Last) (First) (Middle) (Maiden)

ADDRESS: _____
(Street) (City) (State) (Zip)

Primary State of Residence: _____

License Number and/or Social Security Number: _____

\$20 Fee for EACH Duplicate Request

WALLET CARD

ARNP RN LPN

CERTIFICATE OF LICENSURE

ARNP RN LPN

REASON FOR DUPLICATE REQUEST

- Lost or Stolen Destroyed
 * Name Change * Address change
 * Did not receive the wallet card/certificate, however it is over 60 days of the issue date
 * Did not receive the wallet card/certificate and it is within 60 days of the issue date (**No Fee**)

** MUST submit the incorrect wallet card or certificate when requesting a duplicate.*

Notarization is ONLY required if you do not return the incorrect wallet card or certificate.

- I am returning the incorrect wallet card or certificate.
 I do not have the incorrect wallet card or certificate and understand this form must be notarized.
-

I affirm the above stated document has not been given to or sold to any person and I am the person to whom it was issued. I am aware that if at any time it is disclosed that my application contains any willful misrepresentation or falsification it shall result in Board disciplinary action.

NOTARY PUBLIC

Licensee's signature: _____
(To be signed in presence of a notary)

Notary public's signature: _____

Commission expires: _____

Subscribed and sworn to me this day ____ of ____, 20__.

State of: _____ County of: _____

SEAL