



BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS

2535 Capitol Oaks Drive, Suite 300, Sacramento, California, 95833-2944

Telephone: (916) 999-3600 – Toll Free: 1-866-780-5370

www.bpelsg.ca.gov



REPLACEMENT LICENSE FORM

SUBMIT WITH \$10 FEE *PER REQUEST*

Mail this completed form, along with one check or money order (\$10 fee per request) payable to the Department of Consumer Affairs (DCA), to 2535 Capitol Oaks Drive, Suite 300, Sacramento, California, 95833-2944. The Board is unable to accept online payments for this request.

REQUEST IS HEREBY MADE FOR:

Replacement of License Certificate

Replacement of EIT/LSIT/GIT Certificate

Replacement of Plastic Pocket ID Card

REASON FOR REQUEST:

Lost

Stolen

Original not received*

*No charge if the license/certificate was issued within the past 90 days.

Destroyed* (Return original)

Clerical Error* (Return original, no charge)

Name Change* (Return original)

*Under these three circumstances, original certificates must be returned before replacements will be issued.

Daytime Telephone Number: _____ Email Address: _____

NAME: _____ First _____ Middle _____ Last _____

ADDRESS: _____ Street _____ City _____ State _____ Zip Code _____ Country _____

DATE OF BIRTH _____ LAST 4 DIGITS OF SSN _____ LICENSE ISSUANCE DATE _____

LICENSE CLASSIFICATION(S) _____ LICENSE/CERTIFICATE NUMBER(S) _____

I hereby certify that the statements and information set forth above are correct.

SIGNATURE _____

DATE SIGNED _____