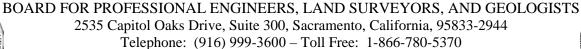
STATE OF CALIFORNIA GOVERNOR GAVIN NEWSOM



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REPLACEMENT LICENSE/CERTIFICATE 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:

Stolen			Destroyed* (Return original) Clerical Error* (Return original, no charge)		
Daytime Telephon	e Number:	Email <i>A</i>	Address:		
NAME:	First	Middle		Last	
ADDRESS:	Street	City	State	Zip Code	Country
DATE OF BIRTH	LAST 4 DIGITS OF SSN	LIC	ENSE/CERTIFIC	ATE ISSU	ANCE DATE
LICENSE/CERTIFICATE CLASSIFICATION(S)			LICENSE/CERTIFICATE NUMBER(S)		
I hereby certify tha	at the statements and informatio	n set forth abo	ove are correct.		
SIGNATURE			DATE SIGNED		