



REQUEST FOR REPLACEMENT LICENSE

This completed form must be submitted along with a check or money order made payable to SLPAHADB. The fee is \$25.00 per document. All documents will be mailed to the address of record. Please allow 3-4 weeks for processing.

When requesting replacements due to name and/or address change, the documents being replaced must be returned with this form.

Please Note: All licensees are permitted one wall license and one pocket license. Duplicates are not provided for any reason including license verification and/or multiple locations.

Please print or type:

NAME: _____

LICENSE TYPE: (Check one) SP AU DAU SPA HA RPE

LICENSE NUMBER: _____ **CONTACT PHONE #:** _____
(Please include area code).

ADDRESS OF RECORD: _____
Would you like your address of record changed? (Street) _____
(City, State, Zip Code) _____
 YES NO

SELECT THE LICENSE YOU ARE REQUESTING: (\$25.00 fee per document)

Original Wall License Renewal Wall License Pocket License

REASON FOR REQUEST:

Lost Stolen Original Not Received

Address Change Name Change
(Please be sure to complete the Notification of Name Change and send supporting documentation).

I certify under penalty of perjury of the laws of the State of California that I am the person who was issued the original wall and/or pocket certificates by the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board, for which I am requesting replacements. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE: _____ **DATE:** _____

INFORMATION COLLECTION AND ACCESS

The Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board's Executive Officer is the person who is responsible for information maintenance. Section 2532 of the Business and Professions Code is the authority, which authorizes the maintenance of the information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.