

**THIS FORM MUST BE FILLED
IN. HAND-WRITTEN FORMS
WILL NOT BE
ACCEPTED!!!!!!!!!!!!**



State of Louisiana
Department of Health & Hospitals
Louisiana Physical Therapy Board

104 Fairlane Drive, Lafayette, Louisiana 70507
337/262-1043 FAX 337/262-1054

REQUEST FOR A DUPLICATE LICENSE

Licensee requesting a duplicate license (wall certificate or wallet card) must complete the form below and mail to the board office for processing.

Instructions:

1. Complete all sections of this form.
2. The fee for a replacement wall certificate is \$50. The fee for a replacement wallet card is \$20.
3. If you choose to mail the request personal checks are acceptable. Make checks payable to "Louisiana Physical Therapy Board."
4. If the duplicate license you are requesting is found, either the replacement or original, must be returned to the Board.

Louisiana License Number:		Social Security Number: (Required)	
I am requesting one new wall certificate. The cost is \$50. <input type="checkbox"/> Yes <input type="checkbox"/> No		I am requesting a new wallet card. The cost is \$20. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:	First Name:	Middle Initial:	
Address:			
City:	State:	Zip Code:	
Please check as many of the following reasons necessary to explain why you are requesting a replacement: <input type="checkbox"/> Printed with Wrong Name <input type="checkbox"/> Never Received <input type="checkbox"/> Destroyed/Lost <input type="checkbox"/> Stolen-A copy of Police report must be submitted along with this request. <input type="checkbox"/> Other, explain:			

By clicking on the check box to the left, licensee swears or affirms that all information presented here is true and correct to the best of my knowledge and belief.

Licensee Signature

Date