



## DECLARATION AND REQUEST FOR REPLACEMENT LICENSE OR CERTIFICATE

### 1. Personal Information

LAST NAME*:		FIRST NAME*:	
MIDDLE NAME*:	SUFFIX*:	LICENSE NUMBER: C -	
OTHER KNOWN NAME(S):			
ADDRESS OF RECORD:			
CITY:		STATE/PROVINCE:	ZIP/POSTAL CODE:
COUNTRY:		EMAIL (OPTIONAL):	
HOME PHONE:	WORK PHONE:	BIRTHDATE: / /	
*Only your legal name, including upper/lower case punctuation, or abbreviation is permitted		(MONTH)	(DAY) (YEAR)

### 2. Item Replaced (Each item is \$25)

☐ Wall Certificate - (11" x 8.5") ☐ Current License - (8.5" x 3.5") ☐ Current Pocket Receipt - (3.5" x 2.3")

### 3. Reason for Request

☐ Original Not Received ☐ Lost ☐ Stolen ☐ Destroyed  
☐ Mutilated\*\* ☐ Misspelling\*\* ☐ Name Change\*\* ☐ Other (Write Below):

\*\*The license or certificate must be returned with this declaration.

#### DO NOT SEND CASH

Send a check or money order for the appropriate amount made payable to the California Architects Board.

**PRIOR TO SIGNING THIS FORM, REVIEW ALL INFORMATION.** I declare under penalty of perjury under the laws of the State of California that all of my representations on this Declaration and Request for Replacement License or Certificate Form are true, correct, and contain no material omissions of fact to the best of my knowledge and belief. I will immediately return the license or certificate to the Board should said license or certificate be found or report its whereabouts should it become known to me.

#### FOR BOARD USE ONLY

RECEIPT NO.: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
AUDIT NO.: \_\_\_\_\_  
ISSUE DATE: \_\_\_\_\_  
ORIG. RETURN: \_\_\_\_\_

Signature

Date