

# Duplicate License Request

**INSTRUCTIONS:** This form may be used to request a duplicate practitioner or establishment license. The form must be completed and returned to the Section's office, along with the required items listed below.

**Required items:**

1. A completed Duplicate License Request Form (this form).
2. A legible copy of your driver's license.
3. \$10.00 Duplicate License Fee

**Applicant Information:**

First Name		Middle Name		Last Name	
Address		Apt #	City		State
Phone Number		Email Address			
SSN	Date of Birth		License Number		

**License Information:**

Which license(s) do you want duplicated? (circle all that apply)					
Cosmetology	Manicure	Aesthetician	Instructor	Electrology	Establishment

**Reason for duplication request:**

<input type="checkbox"/> Original license was lost/destroyed <input type="checkbox"/> Original license was never received <input type="checkbox"/> Licensee is requesting a name change (please attach a copy of a legal document to substantiate the name change, such as a driver's license OR marriage license, divorce decree, etc.)		
<b>Name change request:</b>		
From: _____		
First Name	Middle Name	Last Name
To: _____		
First Name	Middle Name	Last Name
Notes:		

By signing this form, I certify that the information provided is correct to the best of my knowledge.

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
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