

BUREAU OF OCCUPATIONAL LICENSES
1109 Main St., Suite 220
Boise, Idaho 83702-5642
(208) 334-3233

BUREAU USE ONLY	
Receipt #	_____
Rec'd by	_____
Date Issued	_____

LOST, DESTROYED, OR INVALID LICENSE APPLICATION

INSTRUCTIONS

The fee of \$10.00 together with this completed application must be submitted to the Bureau of Occupational Licenses, for issuance of a certified copy or duplicate of a lost, destroyed, or invalid certificate, license or permit as set forth in Idaho Code Section 67-2613. (NOTE: The affidavit will not be processed unless the required fee is enclosed. If the fee is waived after review of this application, it will be refunded in its entirety.)

I, _____, being first duly sworn deposes and affirms
please print or type full name of licensee

that I am the legal and lawful owner of license, certificate, or permit number _____.
complete license number

Said license, certificate, or permit entitles me to practice or maintain a facility for the practice of

please print or type profession

in the State of Idaho in accordance with the applicable laws and rules of the regulatory board governing that profession. The original license, certificate, or permit identified above has either been lost or destroyed, or does not bear my legal name, or does not bear my current address. I hereby make application for the issuance of a certified duplicate or replacement of said license, certificate, or permit by the State of Idaho, Department of Self- Governing Agencies, Bureau of Occupational Licenses, in accordance with section 67-2613, Idaho Code.

The original document identified above is not in my possession, or is invalid because: (please print or type the facts surrounding the loss, destruction, or invalidity of the license, certificate, or permit in question. If you are requesting a replacement, due to a name change, a completed Name Change Affidavit must be on record with the Bureau, and all original licenses, certificates, or permits must accompany this application.)

Signature of Applicant (must be notarized below)

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____