APPLICATION FOR DUPLICATE LICENSE
Iowa Department of Public Health/Professional Licensure Bureau
Lucas Office Bldg., 5th Floor, 321 E. 12th Street, Des Moines, IA 50319-0075
www.idph.state.ia.us/licensure

TO BE COMPLETED BY LICENSEE (TYPE OR PRINT)

1. ____________________________________ 2. ____________________________
   Last Name                           First Name and Middle Name

3. ____________________________________
   Current Mailing Address          City, State, Zip Code

4. ____________________________________ 5. ____________________________
   Profession & License Number       E-Mail Address

6. ____________________________ 7. ________________ 8. -- -- --
   Daytime Phone (Including Area Code) Date of Birth Social Security Number

Answer the question(s) below for the duplicate you are requesting. Incomplete applications will be returned.

☐ Reason for request for a duplicate wallet card. The fee is $20.00. Make check/money order payable to your licensing board.
  ☐ Lost.
  ☐ Stolen.
  ☐ Destroyed.
  ☐ Did not receive the original wallet card.
  Approximate date card(s) was lost, stolen, or destroyed (if applicable) ______________________.

☐ Reason for request for a duplicate license certificate. The fee is $20. Make check/money order payable to your licensing board.
  ☐ Lost.
  ☐ Stolen.
  ☐ Destroyed.
  ☐ Did not receive the original certificate of licensure.
  Approximate date certificate(s) was lost, stolen, or destroyed (if applicable) ______________________.

Online license verification: Go to www.licensediniowa.gov, select "License Search", insert the licensee's name or license number, select the profession from the dropdown list, and select "Print" for a paper copy.

THIS SECTION IS TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC

I hereby affirm that the above stated document has not been given away, loaned or sold to any person and that I am the person to whom it was issued. I am aware that if at any time it is disclosed that my application contains any willful misrepresentation or falsification, it may be deemed as fraud and deceit and that, if founded, the Board has the authority to impose disciplinary action.

Licensee's signature: ____________________________________
(To be signed in presence of a notary)

Notary of public signature: ____________________________  Commission expires: ____________________________

Subscribed and sworn to me this __________ day of ____________________________, 20____.

State of: _______________  County of: ____________________________

S E A L

FOR OFFICE USE ONLY

Approved: Y/N  Date duplicate issued: ________________  Staff Initials: __________  $20/$40 Check/Money Order

Revised 11/1/10