Douglas A. Ducey,
Governor

Arizona State Board of
Podiatry Examiners
"Protecting the Public's Health"

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REQUEST FOR REPLACEMENT OR DUPLICATE WALL LICENSE AND/OR WALLET CARD

Please complete and return this form to the Arizona State Board of Podiatry Examiners ("Board"). Your request must be accompanied by the required fee of $25.00. Payment can only be made by check, cashier's check or money order made payable to the Arizona State Board of Podiatry Examiners.

Licensee Information:

Name: _____ _____ _____
Last Name First Name MI

License Number: _____

Requesting:

Please select which document you are replacing or duplicating:

Reason for Replacement/Duplication: _____

_____

Personal Attestation:

I declare under penalty of perjury, under the laws of the State of Arizona, that the information given above is true and correct and that I am the person who was issued the original Arizona podiatry license by the Arizona State Board of Podiatry Examiners. I further certify that the replacement or duplicate license, I am requesting, is not being obtained and will not be used for fraudulent purposes.

Signature: _____ Date: _____

NOTARY

State of_____ **(Notary Seal Here)**

County of_____

Subscribed and sworn to before me this _____ day of _____, 20___

_____ _____
Signature of Notary Public **Date Commission Expires**

The Americans with Disabilities Act: Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative format upon request.