

**APPLICATION FOR DUPLICATE LICENSE**

**This form is not to be used to request a duplicate due to a name change (see Application For Name Change)**

**Iowa Department of Public Health/Bureau of Professional Licensure**

Lucas Office Bldg., 5<sup>th</sup> Floor, 321 E. 12<sup>th</sup> Street, Des Moines, IA 50319-0075

Website: <http://www.idph.iowa.gov/licensure>

Online Licensure Services: <https://ibpllicense.iowa.gov>

TO BE COMPLETED BY LICENSEE (*TYPE OR PRINT*). Incomplete applications will be returned.

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*

Reason for request for duplicate **licensure/wallet cards**. 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 **8x10 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*) \_\_\_\_\_.

**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