



**Request for Duplicate/Replacement License**



**INSTRUCTIONS:**

When requesting a duplicate license, the original license must be returned. If the original license cannot be returned, please explain why on line 1. When there is a name change, documentation must be provided *i.e.*, copy of marriage certificate, divorce decree, or court order.

In order to process, the above documents must be submitted with this request.

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**SECTION I**

1. My reason for making this application is as follows: **(If lost, please state so on this line)**

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**SECTION II**

1. My name in full as it currently appears on the records of the Dental Hygiene Committee is:

2. If name change, your **new** legal name in full as you wish it to appear on Dental Hygiene Committee records:

3. Residence Address: \_\_\_\_\_

4. Telephone - Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Email address: \_\_\_\_\_ @ \_\_\_\_\_

7. My social security number is: \_\_\_\_\_

8. My license number is: \_\_\_\_\_

I HEREBY CERTIFY AND/OR DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mark whether you are requesting a duplicate wall license or duplicate pocket license. Check all that apply.**

**Application for substitute Wall License.....Fee - \$25.00 each**

**Application for substitute Pocket ID.....Fee - \$25.00 each**

Registered Dental Hygienist

Registered Dental Hygienist in Alternative Practice

Registered Dental Hygienist Extended Functions