

**APPLICATION FOR DUPLICATE LICENSE**

Use this form to apply for a duplicate personnel license or certificate, or facility license or registration.

**INSTRUCTIONS:** Complete this form and return with the fee for each duplicate license requested to:  
 California Department of Public Health  
 Accounting Section/Cashiering Unit  
 MS 1601, P.O. Box 997376  
 Sacramento, CA 95899-7376

<b>DO NOT WRITE IN THIS SPACE</b>	
Fee: _____	
License Number: _____	Date Issued: _____
Duplicate Number: _____	Date Issued: _____

Return original license if requesting duplicate because of change in name.

You can view the Fee Schedule on the LFS website at <http://www.cdph.ca.gov/programs/lfs/Documents/A-License-FeeSchedules.pdf>.

Name (first, middle, last) or Facility Name			
Address	City	State	ZIP
License/Certificate/Registration number	Type of license requested	Number of duplicates	Amount remitted
Signature	Print Name		Date

NOTE: Effective January 1, 1997, the Governor's Executive Order Number B-22-76 became operational. The order is intended to protect the privacy of individuals by regulating the gathering and maintenance of personal data. The information requested on this form is mandatory and authorized under the provisions of Chapter 3, Division 2 of the Business and Professions Code and Chapter 2, Title 17 of the California Code of Regulations. Mandatory information is used to properly identify an applicant and to determine an individual's eligibility for licensure. Failure to provide such information will preclude acceptance of your application. You have the right to review your file, which is maintained by the Chief, Laboratory Field Services, California Department of Public Health. For information you can call (510) 620-3800 or email LFSrenewals@cdph.ca.gov.