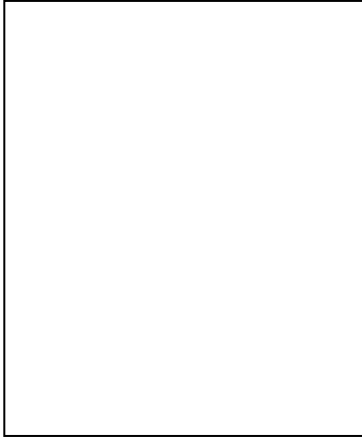


Section 2. Photograph



A passport "style" photo (2" x 2") must be attached below. The photo must have been taken within the last sixty (60) days. A photo **MUST** be attached to this form, or your request for a duplicate wall/wallet certificate and/or name change will not be processed.

Attach the passport "style" photo and sign your name in ink across the lower front portion of the photo.

DO NOT USE Polaroid Film. DO NOT crop photos.

I hereby declare under penalty of perjury under the laws and the State of California that the attached photo of myself was taken within sixty (60) days of the date hereof.

Licensee's Signature

Date

Section 3. Request for Duplicate Wall/Wallet Certificate(s)

When requesting a duplicate wall/wallet certificate, except due to loss, the original certificate must be returned with this request. Please allow 4-6 weeks to receive your duplicate wallet and/or wall certificate.

I _____ hereby certify that I am currently licensed to practice in the State of
Full Name

California as a _____ and I am the holder of license # _____.
Physical Therapist/Physical Therapist Assistant

Said _____ certificate was _____ on or about _____.
Wall or Wallet Stolen, Lost, Destroyed, etc. Date

Licensee's Signature

Date

For Board and Cashiering Use Only

Receipt #: _____

Amount: \$ _____

Check #: _____

ATS#: _____

Date: _____

Initials: _____