MISSOURI BOARD FOR ARCHITECTS,
PROFESSIONAL ENGINEERS, PROFESSIONAL
LAND SURVEYORS AND LANDSCAPE ARCHITECTS
3605 Missouri Boulevard, Suite 380
P.O. Box 184
Jefferson City, Missouri 65109/65102

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

APPLICATION FOR DUPLICATE LICENSE OR FRAMING CERTIFICATE

I. INSTRUCTIONS

1. This application must be typewritten.
2. Enter your name as it appears on your license.
3. Fill in your license number. In order to receive a duplicate license or framing certificate, your license must be current and in good standing.
4. Enter your current address. This is the address to which you want all correspondence from the Board office to be sent.
5. Indicate in Section II, number 4, whether you wish to receive a duplicate license suitable for framing or a duplicate license (wallet size card) by checking one box.
6. Indicate in Section II, number 5, whether the original framing certificate or license has been lost, mutilated, destroyed, or other.
7. Read the affidavit and sign the application.
8. Have this application notarized.
9. This application must be accompanied by a check made payable to the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Landscape Architects. Duplicate Framing Certificate Fee: $10.00; Duplicate License Fee: $10.00.
10. Forward completed, notarized application with required fee(s) to the address indicated at the top of this application. If you have any questions regarding this application, you may call the board office at (573) 751-0047.

II. APPLICATION

1. NAME	2. LICENSE NUMBER

3. CURRENT MAILING ADDRESS (SEE INSTRUCTIONS ABOVE)

4. INDICATE BELOW WHICH ITEM(S) YOU WISH TO RECEIVE A DUPLICATE OF:

☐ WALL CERTIFICATE FOR FRAMING (11 X 14) ☐ CURRENT LICENSE (5 X 7 AND WALLET SIZE CARD)

5. ITEM(S) IN NUMBER 4 ABOVE IS BEING REQUESTED FOR THE REASON THAT THE ORIGINAL HAS BEEN: (CHECK ONE)

☐ LOST ☐ MUTILATED ☐ DESTROYED ☐ OTHER _____

III. AFFIDAVIT

STATE OF

COUNTY OF

SEAL

I, THE UNDERSIGNED, RESPECTFULLY REQUEST THE BOARD TO ISSUE AND FORWARD TO ME A DUPLICATE AS INDICATED ABOVE, AND BY THIS AFFIDAVIT, SWEAR THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE TRUE.

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS	DATE
MY COMMISSION EXPIRES	DATE

SIGNATURE OF NOTARY PUBLIC