



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR DUPLICATE LICENSE OR FRAMING CERTIFICATE

MISSOURI BOARD FOR ARCHITECTS,
 PROFESSIONAL ENGINEERS,
 PROFESSIONAL LAND SURVEYORS AND
 PROFESSIONAL LANDSCAPE ARCHITECTS
 3605 MISSOURI BLVD., SUITE 380
 JEFFERSON CITY, MISSOURI 65109

INSTRUCTIONS

This application must be typewritten.

Enter your name as it appears on the license.

Fill in your license number. In order to receive a duplicate license or framing certificate, your license must be current and in good standing.

Enter your current mailing address. This is the address to which you want all correspondence from the Board office to be sent.

Indicate whether you wish to receive a duplicate certificate suitable for framing or a duplicate license by checking the appropriate box(es).

Indicate below whether the original framing certificate or license has been lost, mutilated, destroyed, or other.

Read the affidavit and sign the application.

Have this application notarized.

This application must be accompanied by a check made payable to the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects. Duplicate Framing Certificate Fee: \$10.00; Duplicate License Fee: \$10.00. Per Board Rule 20 CSR 2030-6.010 fees are nonrefundable.

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.

APPLICATION

NAME	LICENSE NUMBER
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CURRENT MAILING ADDRESS (STREET, APT./SUITE #, CITY, STATE, ZIP CODE)

E-MAIL ADDRESS - REQUIRED	TELEPHONE NUMBER
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INDICATE BELOW WHICH ITEM(S) YOU WISH TO RECEIVE A DUPLICATE OF

WALL CERTIFICATE FOR FRAMING (11X14) CURRENT LICENSE (5X7 AND WALLET SIZE CARD)

ITEM(S) ABOVE IS BEING REQUESTED FOR THE REASON THAT THE ORIGINAL HAS BEEN: (CHECK ONE)

LOST MUTILATED DESTROYED OTHER _____

AFFIDAVIT

STATE OF	SS.	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.
COUNTY OF		
NOTARY SEAL	SIGNATURE OF APPLICANT	
	SUBSCRIBED AND SWORN TO BEFORE ME THIS	
		DATE
	MY COMMISSION EXPIRES	
		DATE
	SIGNATURE OF NOTARY PUBLIC	