



BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS

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DECLARATION AND REQUEST FOR REPLACEMENT LICENSE

SUBMIT WITH \$10 FEE PER REQUEST

Request is hereby made for:

- Replacement of Wall Certificate
Replacement of EIT/LSIT Certificate

For Office Use Only
Date Received:
Audit # Issued:
FEE:
Approved by:

REASON FOR REQUEST:

- Lost Stolen
Original Not Received Clerical Error* (Return original)
Name Change* (Return original) Destroyed

Daytime Telephone Number:

e-mail Address

NAME: First Middle Last

ADDRESS: Street City State ZIP Code Country

DATE OF BIRTH SOCIAL SECURITY NUMBER LICENSE ISSUE DATE

LICENSE CLASSIFICATION LICENSE/CERTIFICATE NUMBER

* Under these two circumstances, original certificates must be returned before replacements will be issued.

I hereby certify under penalty of perjury under the laws of the State of California that the statements and information set forth above are correct, that I will immediately return the license, certificate, or registration to the Board should said license, certificate, or registration be found, or report its whereabouts should that information become known.

SIGNATURE

DATE SIGNED