



**REQUEST FOR REPLACEMENT LICENSE**

LEGAL NAME: \_\_\_\_\_  
 (Last) (First) (Middle)

KNOWN BY ANY OTHER NAME: \_\_\_\_\_  
 (Include Maiden Name)

ADDRESS: \_\_\_\_\_  
 (Number and Street) (City) (State) (Zip Code)

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

BIRTHDATE (Month/Day/Year): \_\_\_\_\_ LICENSE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**REQUEST IS HEREBY MADE FOR:**

- Replacement of Wall Certificate - \$15.00 (11" x 8.5")
- Replacement of Pocket License - \$15.00 (3.5" x 2.3")

**Attach money order, cashiers check, or personal check payable to "LATC." Credit cards are not accepted at this time.**

**REASON FOR REQUEST:**

- Lost  Destroyed  Mutilated\*
- Misspelled\*  Name Change†  Other(state reason below)

**\*The license or certificate being replaced must be returned with this declaration.**  
**†You must attach documentation verifying that your name has been legally changed.**

**REASON FOR REQUEST:**

\_\_\_\_\_

\_\_\_\_\_

In addition, please indicate in the space provided below **exactly** how you would like your name printed on your wall certificate, including upper/lower case and punctuation. Only your **legal name** or abbreviation is permitted.

Print name: \_\_\_\_\_

**I hereby certify under penalty of perjury under the laws of the State of California that statements and information set forth above are correct and that I will immediately return the license or certificate to the Landscape Architects Technical Committee should said license or certificate be found or report its whereabouts should I it become known to me.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only	Receipt #	Date Received	Amount Received
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