



Gavin Newsom, Governor

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:

Table with 4 columns: For Official Use Only, Receipt #, Date Received, Amount Received