



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 - \$300.00 (11" x 8.5")

Replacement of Pocket License - \$300.00 (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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