



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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