

**STATE OF ARIZONA  
REQUEST FOR REPLACEMENT  
WALL CERTIFICATE AND/OR WALLET CARD**

Please complete and mail this form, along with the specified fee below to: Board of Respiratory Care Examiners, 1400 W. Washington, Suite 200, Phoenix, AZ 85007. For any questions related to this form, please contact the Board office at [licensing@rb.az.gov](mailto:licensing@rb.az.gov) or 602-542-5995.

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

License #: \_\_\_\_\_

**DOCUMENT NAME**

You must submit a copy of your photo ID with your request in order to verify your identity to ensure your information is released only to you.

Please remit:

Replacement Wall Certificate - \$25.00

Replacement License Card - \$25.00

To the address below:

Street/PO Box \_\_\_\_\_

City, State Zip \_\_\_\_\_

Reason for Replacement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

Payment must be made in advance. You may pay by check, cashier's check or money order, payable to "BOARD OF RESPIRATORY CARE EXAMINERS".