

**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 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

Send to the address below:

Street/PO Box _____

City, State Zip _____

E-mail (license card) _____

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".