



REQUEST FOR DUPLICATE WALL CERTIFICATE AND POCKET ID CARD

To obtain a Pocket ID Card and/or Duplicate Wall Certificate from the Physician Assistant Board, you must mail the completed form and appropriate fee to the Board at the address above.

Please mark the appropriate box.

Wall Certificate \$10

Pocket ID Card \$10

Both Wall and Pocket \$20

Last		First		Middle		Telephone Number	
Address (include any applicable suite or apt number)							
Email							
Change of Address <input type="checkbox"/> Yes <input type="checkbox"/> No		License Number PA		Approximate Date of Loss		Last 4 Digits SSN	
PA License was <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Not Received <input type="checkbox"/> Other (Please specify): _____							
Briefly describe circumstances of loss:							
Attach a 2 x 2 photograph. Acceptable formats are a color copy of driver's license, or a color copy of a passport photograph.						ATTACH 2 x 2 PHOTOGRAPH HERE	
I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license by the Physician Assistant Board, a duplicate of which is requested here. I hereby certify that the attached photograph was taken within 30 days of the date of this application.							
Signed: _____				Date: _____			