

**BUREAU OF OCCUPATIONAL LICENSES**  
**700 West State Street, P.O. Box 83720**  
**Boise, Idaho 83720-0063**  
**(208) 334-3233**

BUREAU USE ONLY	
Receipt #	_____
Rec'd by	_____
Date Issued	_____

**LOST, DESTROYED, OR INVALID LICENSE/REGISTRATION APPLICATION**

**INSTRUCTIONS**

The fee of \$10.00 (\$20 for Registered Geologists) together with this completed application must be submitted to the Bureau of Occupational Licenses, for issuance of a certified copy or duplicate of a lost, destroyed, or invalid certificate, license/registration or permit as set forth in Idaho Code Section 67-2613. (NOTE: The affidavit will not be processed unless the required fee is enclosed. If the fee is waived after review of this application, it will be refunded in its entirety.)

I, \_\_\_\_\_, being first duly sworn deposes and affirms  
please print or type full name of licensee

that I am the legal and lawful owner of license/registration, certificate, or permit number \_\_\_\_\_  
complete license number

Please provide a duplicate copy of my (note: it is \$10 for each item requested or \$20 for each item for Registered Geologists):

- license/registration
- wall certificate
- permit

Said license/registration, certificate, or permit entitles me to practice or maintain a facility for the practice of

\_\_\_\_\_  
please print or type profession

in the State of Idaho in accordance with the applicable laws and rules of the regulatory board governing that profession. The original license/registration, certificate, or permit identified above has either been lost or destroyed, or does not bear my legal name, or does not bear my current address. I hereby make application for the issuance of a certified duplicate or replacement of said license/registration, certificate, or permit by the State of Idaho, Department of Self- Governing Agencies, Bureau of Occupational Licenses, in accordance with section 67-2613, Idaho Code.

The original document identified above is not in my possession, or is invalid because: (please print or type the facts surrounding the loss, destruction, or invalidity of the license/registration, certificate, or permit in question. If you are requesting a replacement, due to a name change, a completed Name Change Affidavit must be on record with the Bureau, and all original licenses/registrations, certificates, or permits must accompany this application.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant (must be notarized below)

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature

My Commission Expires \_\_\_\_\_