



PHYSICIAN ASSISTANT BOARD
2005 Evergreen Street, Suite 1100, Sacramento, CA 95815
P (916) 561-8780 Fax(916) 263-2671 web www.pac.ca.gov



REQUEST FOR DUPLICATE

WALL CERTIFICATE AND WALLET RECEIPT

To obtain a Duplicate Wallet Receipt and/or Duplicate Wall Certificate from the Physician Assistant Board you must complete this form and return it with a \$10.00 PROCESSING FEE for EACH duplicate document requested to the address listed above. A total fee of \$20.00 should be submitted when requesting BOTH documents. Please mark appropriate box(es).

- Wall Certificate \$10.00
Wallet Receipt \$10.00
Both Wall and Wallet \$20.00

NAME (PRINT OR TYPE) TELEPHONE NUMBER

MAILING ADDRESS
NUMBER STREET CITY STATE ZIP + 4

EMAIL

CHANGE OF ADDRESS? DATE OF BIRTH
NO YES IF YES, YOUR RECORDS WILL BE CHANGED

APPROXIMATE DATE OF LOSS LICENSE NUMBER PA

PA LICENSE WAS
LOST STOLEN DESTROYED NOT RECEIVED
OTHER (PLEASE SPECIFY):

BRIEFLY DESCRIBE CIRCUMSTANCES OF LOSS

Attach a 2 x 2 passport quality photograph of your head and shoulders taken within 60 days of the date of this application in the space provided.
I declare under penalty or 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 60 days of the date of this application.
ATTACH PHOTOGRAPH HERE
2 X 2
PASSPORT QUALITY
SIGNATURE
DATE