



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 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 \$10.00
 Pocket ID Card \$10.00
 Both Wall and Pocket \$20.00

Last	First	Middle	Telephone Number
Number Street		City	State Zip Code+ 4
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 color passport photograph of your head and shoulders taken within 30 days of the date of this application in the space provided.			ATTACH 2 x 2 COLOR PASSPORT PHOTOGRAPH HERE
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 b 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: _____			