



## REQUEST FOR DUPLICATE LICENSE / PERMIT

Type of license being requested:

### OCCUPATIONAL THERAPIST

- Pocket License
- Wall Certificate
- Limited Permit

### OCCUPATIONAL THERAPY ASSISTANT

- Pocket License
- Wall Certificate
- Limited Permit

License/Permit was:                       Lost                       Stolen                       Destroyed\*

Other\*: \_\_\_\_\_

**(\*Must attach license that is being replaced.)**

**PLEASE PRINT:**

Name \_\_\_\_\_ OT/OTA \_\_\_\_\_  
Please circle one

Address \_\_\_\_\_  
Street and Number

City, State, Zip Code \_\_\_\_\_

Contact Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Email address (optional) \_\_\_\_\_

Sign and submit this form along with a check or money order in the amount of **\$25.00**, per item requested, to the California Board of Occupational Therapy at 1610 Arden Way, Suite 121, Sacramento, California 95815.

**\*\* Please note that this form does not constitute an address change**

*I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing request, including all supplementary statements.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

| FOR OFFICE USE ONLY |  |          |  |
|---------------------|--|----------|--|
| Cashier No          |  | Amount   |  |
| Date Keyed          |  | R/C Date |  |
|                     |  |          |  |