

# DUPLICATE CARD OR CERTIFICATE REQUEST FORM

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Cost: Duplicate Card \$5.00

Duplicate Certificate \$25.00

Number cards requested: \_\_\_\_\_

Number of certificates requested: \_\_\_\_\_

Seal \$5.00

Number of seals requested: \_\_\_\_\_

Please enclose a cashier's check or money order for the purchase.

Please mail this form with your cashier's check or money order to: MSBOE SWMFT, P.O. Box 4508, Jackson, MS 39296-4508 .

I, the undersigned, do hereby solemnly affirm that I am the above licensee.

Licensee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_