

## DUPLICATE CARD OR CERTIFICATE REQUEST FORM

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

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

Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Cost:            Duplicate Card \$5.00            Seal \$5.00            \*Duplicate Certificate \$25.00

\*Number of certificates requested: \_\_\_\_\_            Number of seals requested: \_\_\_\_\_

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

\*If you request a certificate, a card and seal will come with it. Do not include more than \$25.00.

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: MBOE 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: \_\_\_\_\_