

Wyoming Board of Examiners in Optometry

2001 Capitol Avenue, Room 127
Cheyenne, WY 82002

REPLACEMENT DOCUMENTS REQUEST FORM

Section A: Instructions

If there is a change to any of your contact information, please also submit the *Address / Name Change Request* form in addition to this form. Your replacement document(s) will be mailed to your preferred address on file with the Board Office.

You must enclose a check or money order made payable to the State of Wyoming.

Section B: Contact Information

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Previous Names Used</i>
<i>License #</i>	<i>Phone</i>	<i>Email</i>	

Section C: Document(s) Requested

- ☐ Wall Certificate \$25
- ☐ Pocket Cards \$25

Section D: Reason for Request

- | | | | |
|--|--|---------------------------------------|--|
| ☐ Original Not Received | ☐ Lost | ☐ Stolen | ☐ Destroyed |
| ☐ Mutilated* | ☐ Misspelling*
<i>Free of Charge</i> | ☐ Name Change* | ☐ Other* (State Reason Below) |

*The original licensure certificate must be returned with this request.

Section E: Signature

I verify that I am the person making the foregoing statements and that they are made in good faith and are true in every respect.

<i>Signature</i>	<i>Date</i>
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