

Wyoming Board of Hearing Aid Specialists

2001 Capitol Avenue, Room 127
Cheyenne, WY 82002

REPLACEMENT or DUPLICATE 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.

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 Requested

- ☐ Wall Certificate
- ☐ Pocket Cards

Section D: Reason for Replacement

- ☐ Original Not Received
- ☐ Lost
- ☐ Stolen
- ☐ Destroyed
- ☐ Mutilated
- ☐ Misspelling*
- ☐ Name Change*
- ☐ Other (State Reason Below)

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

Section E: Duplicate Request

Complete this section if you are requesting a duplicate wall certificate to be displayed at another location. **Please complete a separate form for each location.**

Business Name

Business Address

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.

Signature

Date