Wyoming Board for Respiratory Care

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 personal check, cashier's check or money order made payable to the State of Wyoming.

Section B: Contact Information

Last Name	*First Name*	*Middle Initial*	*Previous Names Used*

License #	*Phone*	*Email*

Section C: Document Requested

☐ Wall Certificate $15.00
☐ Pocket Cards $5.00

Section D: Reason for Request

☐ Original Not Received ☐ Lost ☐ Stolen ☐ Destroyed
☐ Mutilated* ☐ Misspelling* *Free of Charge* ☐ 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.

Signature	*Date*