

Application for Replacement* Registration Certificate

*This application is only for a **replacement** registration certificate.

Once issued, the replacement registration certificate will void all other previously issued registration certificates.

Instructions: Complete this form before submitting it and the \$10 fee to the Office of the professions at the address at the end of the form.

Print Name

Last

First

Middle

For Department Use Only

License #: _____

Name Check: _____

Fee: \$10

Profession #: _____

Year: _____ RC

Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.

Mailing Address Home or Business

(You must notify the Department within 30 days of any address or name changes)

Line 1

Line 2

Line 3

City

State ZIP Code

Country/
Province

Profession

New York State License Number

-

Birth Date

Month Day Year

Last 4 Digits of Social Security Number

Daytime Telephone Number Home or Business

Area Code Phone

Contact Email Home or Business

Mail this form and \$10 fee to: New York State Education Department, Office of the Professions, Registration Unit, 89 Washington Ave, Albany, NY 12234-1000. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.