

SPEECH AND HEARING
REPLACEMENT/DUPLICATE CERTIFICATE REQUEST
Bureau of Licensing for Professions & Occupations
150 North 18th Avenue, Suite 410
Phoenix, Arizona 85007

If you need a replacement/duplicate for multiple certificates, please submit a separate form for each.

APPLICANT INFORMATION			
Legal First Name	Legal Middle Name	Legal Last Name	License Number
Email Address		Phone Number (XXX) XXX-XXXX	
Street Address Apt, Unit, etc. #			
City	State	Zip Code	
REQUEST INFORMATION			
How many certificates are you requesting?			
PAYMENT INFORMATION			
<p>The fee for a replacement/duplicate certificate is \$25 per certificate. Please include a check or money order made payable to the Arizona Department of Health Services, Memo: "DUPL LIC#, Last Name"</p> <p>Send your letter and fee by mail to:</p> <p align="center">ADHS Bureau of Licensing for Professions & Occupations ATTN: SPHR-DUPLICATE 150 N 18th Avenue Suite 410 Phoenix AZ 85007.</p>			
APPLICANT SIGNATURE			
_____ Signature of Applicant		_____ Date Signed	