

Douglas A. Ducey
Governor



Charles D. Brown
Executive Director

ARIZONA STATE BOARD OF PHYSICAL THERAPY

4205 N. 7th Ave, Ste 208 ♦ Phoenix, AZ 85013
(602) 274 - 0236 ♦ Fax (602) 274 - 1378

Web site: www.ptboard.az.gov

**REQUEST FOR
ARIZONA DUPLICATE OR REPLACEMENT
LICENSE / CERTIFICATE and WALLET CARD**

~ DO NOT FAX THIS FORM ~

Name of Licensee / Certificate Holder: _____

License Number / Certificate Number: _____

Current Home Address: _____
Street/PO Box # City State Zip

Current Home Telephone Number: (____) _____

Current Business Name: _____

Current Business Address: _____
Street/PO Box # City State Zip

Current Business Telephone Number: (____) _____

I am requesting (check all that apply):

- A replacement wall certificate (include \$10.00 fee – personal/business check, money order or cashiers check)
- A replacement wallet card (no charge)

Duplicate or replacement License/Certificate and wallet card will be mailed within 3 to 5 business days.

Mail ~ Do Not Fax ~ this request and payment to:

**Arizona State Board of Physical Therapy
4205 N. 7th Avenue, Suite 208
Phoenix AZ 85013**