Request for Duplicate Certificate of Registration

Revised 10/21/2014

Please issue a duplicate certificate of registration

Last Name First Name Middle Name License Number

Licensee's Signature Date

The mailing address I want listed with the Board **and** printed on my certificate is:
NOTE: Mailing addresses are public information.

Street Address 1

Street Address 2

City State Zip

Phone Number ☐ Business ☐ Residence ☐ Other

Please mail certificate to ☐ the above address **OR** ☐ the address below:

Street Address 1

Street Address 2

City State Zip

NOTE: If you have other addresses that need to be updated, please log in to Applicant/Licensee Services on our website www.Oregon.gov/OMB and click "Change My Address"