REPLACEMENT/NAME CHANGE CERTIFICATION CHECKLIST

Type of certificate you are r	equesting:		
Teacher Principal Program Administrato Superintendent	School Counselor School Psychologist School Social Worker	School Speech Language Pathologist or Audiologist School Nurse School Occupational Therapist School Physical Therapist	
A replacement/name change requires \$15 per role (teacher, principal, school counselor, etc.). If you are requesting more than one certificate, please include the appropriate fee.			
Replacement or name	e change fee: (a) \$15 x =		
	(b) \$33 x =	OSPI processing	
	(c) =	_ (total a & b)	
SEND YOUR COMPLETE APPLICATION PACKET AND FEE TO OSPI, FISCAL OFFICE, P.O. BOX 47200, OLYMPIA, WA 98504-7200.			



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION Professional Certification
OLD CAPITOL BUILDING, PO BOX 47200
OLYMPIA WA 98504-7200
(360) 725-6400 TTY (360) 664-3631
Web Site: http://www.k12.wa.us/certification/E-Mail: cert@k12.wa.us

REQUEST FOR REPLACEMENT OR NAME CHANGE ON CERTIFICATE

This application for replacement or modification of your certificate must be completed and notarized. You must present to the notary public valid identification at the time of notarization (driver's license or birth certificate). Once the application is completed and notarized, it is then forwarded together with \$48.00 per certificate to OSPI - Fiscal Office. For a name change, send the original certificate with this application.

IO BE COMPLETED BY	Y ALL APPLICANTS		
Action requested: Replacement Name Chang	ge CERTIFICATE NUMBER		
NAME LAST FIRST	MIDDLE MAIDEN/FORMER NAME		
ADDRESS	DATE OF BIRTH		
CITY/STATE/ZIP	SOCIAL SECURITY NUMBER (OPTIONAL)		
TELEPHONE BUSINESS () HOME ()	E-MAIL		
Type/name of Certificate Requested:	= \$48		
Type/name of Certificate Requested:	+ \$48		
Type/name of Certificate Requested:	+ \$48		
	Total:		
THIS APPLICATION MUST E	BE SIGNED AND NOTARIZED		
AFFIDAVIT			
I, the undersigned, do solemnly swear (or affirm) that the foregoing replacement, I verify that the original certificate has been lost or or grounds for denial or revocation of my certificate.	ng statements are true and correct. In the case of a request for destroyed. I understand that providing false information may be		
	J		
	SIGNATURE OF APPLICANT DATE		
TO BE COMPLETED BY NOTARY PUBLIC			
State of	Subscribed and sworn to before me this day of		
County of			
NOTARY SEAL	I, the undersigned notary public, do affirm that the above individual has presented valid identification to me.		
	SIGNATURE OF NOTARY PUBLIC		

ISSUED

STATE OFFICE USE ONLY

CODES

MAILED