



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	<input type="checkbox"/> Business	<input type="checkbox"/> Residence	<input type="checkbox"/> 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"