



Medical Board of California
BOARD OF PODIATRIC MEDICINE
2005 Evergreen Street, Suite 1300, Sacramento, CA. 95815-3831
P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov



APPLICATION FOR DUPLICATE LICENSE (\$40)

Please type or print clearly. A processing fee of \$40 is charged for each duplicate wall or wallet license. Affix your photograph taken within the past 60 days bearing your signature to the bottom right portion of this application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Request for: [ ] Wall License [ ] Wallet License

I hereby certify that I am currently licensed to practice podiatric medicine in California. I am requesting a duplicate license for the following reason (check one):

- [ ] Address change
[ ] My podiatric medical license was \_\_\_\_\_ on or about \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_.
(lost, stolen, etc.) (date)

The circumstances of the loss are as follows:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Signature

(Affix photo here)

Date