

**LOUISIANA STATE RADIOLOGIC TECHNOLOGY BOARD
OF EXAMINERS
3108 CLEARY AVENUE, SUITE 207
METAIRIE, LOUISIANA 70002**

REQUEST FOR DUPLICATE LICENSE CERTIFICATE

I, _____, Social Security # _____-____-_____, am requesting a duplicate license certificate for the reason(s) stated below:

(Please attach supporting documentation if applicable)

I declare that the statement appearing on this request is accurate and true to the best of my knowledge. I also understand that a false statement knowingly made by me may be cause for revocation or suspension of my license to practice Radiologic Technology in the State of Louisiana.

Signature

Date

Current mailing address:

Number/street/apt#

Change of address

___ Yes ___ No

City/state/zip

Home Phone: (_____) _____

DUPLICATE LICENSE CERTIFICATE REQUEST FEE OF \$25.00 MUST BE INCLUDED WITH THIS REQUEST. CHECK OR MONEY ORDER ONLY. DO NOT SEND CASH THROUGH THE MAIL.

DOWNLOAD, PRINT OUT, FILL OUT AND MAIL THIS FORM TO THE LOUISIANA RADIOLOGY BOARD. PLEASE ALLOW UP TO 10 (TEN) WORKING DAYS FOR THIS REQUEST TO BE PROCESSED.