

**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:

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(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.**