



Request to Order Duplicate License Certificate(s)

Each certificate ordered requires a \$25.00 fee

- Please provide:

Name: _____

License #: 20A _____

- Place a check mark next to the certificate(s) you wish to order:

Pocket Certificate () Wall Certificate () Both ()

- Explanation as to why you are requesting duplicate certificate(s):

- Mail completed form and check to:

Osteopathic Medical Board of California
1300 National Drive, Suite 150
Sacramento, CA 95834-1991

Cashiering: Transaction Code 8001