



## 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):

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- Mail completed form and check to:

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

Cashiering: Transaction Code 8001