

**Certificate Request Form**

This form is used to request a replacement certificate (RSW, CSW, LMSW, LCSW) if the original was lost, damaged, or destroyed. This form should also be used to request duplicate certificates. Please email this form to maddy.andras@labswe.org.

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| REQUESTOR’S NAME |  |
| LICENSE NUMBER |  |
| ADDRESS |  |
| ADDRESS 2 |  |
| CITY, STATE, ZIP |  |
| PHONE NUMBER |  |
| EMAIL ADDRESS |  |

**INSTRUCTIONS FOR NAME ON CERTIFICATE**

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Fee for another certificate is $25.00 if paid by money order or cashier’s check, with an additional $3.00 processing fee for cards.

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| Name on card |  |
| Card Type (visa, mastercard, discover) |  |
| Card Number |  |
| Expiration Date |  |
| ZIP Code associated with card |  |

OFFICE USE ONLY

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