



APPLICATION FOR REPLACEMENT “LVN” LICENSE

The Board of Vocational Nursing and Psychiatric Technicians acknowledges receipt of your request for a replacement license. Please follow the instructions below to obtain a replacement license:

- ◆ **Complete this form and attach a check or money order for \$25.00 made payable to the “BVNPT.”**
- ◆ **Mail the form and check to the Board at the address shown above.**
- ◆ **Please allow 3-4 weeks for processing your request.**

PRINT OR TYPE (DO NOT USE PENCIL)

1. Last Name	First Name	Middle Name
2. VN License #:	Date of Birth	Social Security Number (Optional)
3. Address (Street or PO Box Number)		
4. City	State	Zip Code
5. Telephone Numbers	Business () _____ Area Code	Home () _____ Area Code
6. A. Is this a Name Change? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Is this an Address Change? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: A request for a “name change” must be submitted with documentary evidence showing your new legal name (e.g., copy of your driver’s license, social security card, divorce decree or marriage certificate).		
7. Complete Section A or B: A. My license was (check one): <input type="checkbox"/> Damaged. <input type="checkbox"/> Issued in my former name and/or address. (Note: MANDATORY REQUIREMENT: License being replaced must be attached to this affidavit.) B. My license was (check one): <input type="checkbox"/> Lost. <input type="checkbox"/> Stolen. <i>I am aware that my license could be illegally used by an unauthorized person and that I will immediately report to the Board if the license is found or its whereabouts become known to me.</i> The circumstances regarding this loss or theft are as follows: _____ _____ _____		
8. PLEASE READ CAREFULLY BEFORE SIGNING. – I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. False statements included in this application can result in licensure denial.		
SIGNATURE: _____		DATE: _____